



Collection Date: 7/11/2023 Collection Time: 8:00 AM EREQ. Link Requisition #: L2304624439
 External Control #: OYL10909
 Account #: 27010730 Own Your Labs Pt Name: Doe, John J
 9999 Main St #123 DOB: 1/23/1945 Gender: M Age: 50
 Any Town, CA 11111 Pt ID: Alt Pt ID:
 (702) 482-8244 Pt Phone: (555) 555-5555 SS #:
 Physician: SMITH, JOHN J NPI: 1234567890 UPIN: Prov #: Phys. ID:
 Bill To: Client Diagnosis Code:
 Responsible Party: Relationship:
 Responsible Party SS #:
 Responsible Party Phone #:
 Hospital Status:
 Primary Insurance: Secondary Insurance:

 Subscriber #: Subscriber #:
 Insurance Group #: Insurance Group #:
 Emp/Group Name: Emp/Group Name:
 Worker's Comp:

CODE	TEST ORDERED (TOTAL 15)	SUBMIT TO LAB
CHM 005009	CBC With Differential/Platelet	1-SERUM-FR
CHM 322000	Comp. Metabolic Panel (14)	2-SR GEL-RT
CHM 004259	TSH	1-SR GEL-REF
CHM 001974	Thyroxine (T4) Free, Direct	1-BLACK/YEL-REF
CHM 010389	Triiodothyronine (T3), Free	1-LAV-RT
CHM 303756	Lipid Panel	
CHM 123638	NMR LipoProfile+Lipids+IR+Gph	
CHM 167015	Apolipoprotein B	
CHM 016873	Apolipoprotein A-1	
CHM 001057	Uric Acid	
CHM 004333	Insulin	
CHM 001453	Hemoglobin A1c	
CHM 081950	Vitamin D, 25-Hydroxy	
CHM 706500	Carnitine, Total and Free	
CHM 000810	Vitamin B12 and Folate	
CHM 120766	C-Reactive Protein, Cardiac	

Additional Information					
Fasting: N	Urine Vol:	Weight:	Height:	Call Results:	Referring Physician: Own Your Labs LLC
Clinical Comments:					
0 SERUM,0 SR GEL,0 SR GEL,0 BLACK/YEL,0 LAV					

Authorization - Please Sign and Date

I hereby authorize the release of medical information related to the services described hereon and authorize payment directly to Laboratory Corporation of America. I agree to assume responsibility for payment of charges for laboratory services that are not covered by my healthcare insurer.

 Physician/Authorized Signature

 Date

 Patient Signature

 Date

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