

**PLEASE ATTACH: COPY OF INSURANCE CARD (FRONT/BACK) AND DEMOGRAPHIC SHEET**  
Missing Information May Delay Turn-Around-Time and Reporting of Results.

**1 PATIENT INFORMATION**

**Collection Date:** \_\_\_\_\_

Facility name (if applicable) Attach Facesheet of patient info

Patient Name (Last) (First) (Middle)

Date of Birth Race Ethnicity

Social Security Number Gender

Address

City State Zip Phone

**3 INSURANCE INFORMATION** Clearly mark all mandatory billing sections

Is this patient a **SKILLED (Medicare A) patient?**  YES  NO

Primary Insurance Policy # Group#

Person Insured Self/Spouse DOB of Insured

Secondary Insurance Policy # Group#

Person Insured Self/Spouse DOB of Insured

Prior Authorization #

**2 PROVIDER INFORMATION**

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

Are you a mobile provider  YES  NO If yes, fill out section #1 in its entirety.  
Does patient live in  Residential Home  LTC

**4 PCR MOLECULAR PANELS**

**TruUTI™ with ABR**

**TruWound™ with ABR**

**TruPPP™ with ABR**

**TruNail™ with ABR**

**TruDerm™ with ABR**

**Tru Women's Health™ with ABR**

**TruGI™ with ABR**

**TruTox™**

**TruBPP™**

**TEST SELECTION CHECK APPLICABLE BOXES**

**ALLERGIES:**

**SPECIMEN INFORMATION**

Date Collected: \_\_\_\_/\_\_\_\_/\_\_\_\_ Time \_\_\_\_:\_\_\_\_ AM PM  
 0001 Venipuncture Fasting \_\_\_\_ hrs  Y  N Collector: \_\_\_\_\_

**CLINICAL NOTES:**

**ICD-10 CODES**

**AMA PANELS**

TEST CODE	PANEL	TUBE	TEST CODE	PANEL	TUBE	TEST CODE	PANEL	TUBE
5000	<input type="checkbox"/> <b>ELECTROLYTES PANEL</b> Na, K, CL, CO2	SS	5029	<input type="checkbox"/> <b>THYROID COMPREHENSIVE PANEL</b> TU, T4, FT3, T3, FT4, TSH	SS	5023	<input type="checkbox"/> <b>IRON DEFICIENCY PANEL</b> Fe, UIBC, TIBC + Iron, Sat%, Ferritin, Transferrin	SS
5002	<input type="checkbox"/> <b>BASIC METABOLIC PANEL</b> Na, K, CL, CO2, Glu, BUN, Cr, Ca	SS	5030	<input type="checkbox"/> <b>B12 + FOLATE DEFICIENCY PANEL</b> B12, Folate	SS	5069	<input type="checkbox"/> <b>STD PANEL (FEMALE)</b>	SS
5001	<input type="checkbox"/> <b>COMPREHENSIVE METABOLIC PANEL</b> Na, K, CL, Glu, Cr, Ca, TP, Alb, TBil, ALP, AST, ALT, CO2, BUN	SS	5015	<input type="checkbox"/> <b>DIABETIC PANEL</b> Glu, Hgb A1c	GY, LV	5020	<input type="checkbox"/> <b>EBV VIRUS PANEL</b> EBV VCA IgG/IgM, EBV EA IgG, EBV NA IgG	SS
5003	<input type="checkbox"/> <b>HEPATIC FUNCTION PANEL</b> Alb, TBil, Dbil, ALP, AST, ALT, TP	SS	5011	<input type="checkbox"/> <b>ARTHRITIS PANEL</b> CBC, ANA, ASO, CRP, RF, ESR, UA	SS, LV	5070	<input type="checkbox"/> <b>STD PANEL (MALE)</b>	SS
5004	<input type="checkbox"/> <b>LIPID PANEL</b> Trig, Chol, HDL, LDL calc, VLDL calc, Ratios	SS	5010	<input type="checkbox"/> <b>ANEMIA PANEL</b> CBC, Retic, Iron, UIBC, Ferritin, B12, Folate	SS, LV	5103	<input type="checkbox"/> <b>THYROID PANEL - TSH, FREE T4</b>	SS
5102	<input type="checkbox"/> <b>RENAL PANEL</b> Na, K, CL, CO2, Alb, Ca, BUN, Cr, Glu, Phos	SS	5066	<input type="checkbox"/> <b>HEPATITIS COMPREHENSIVE PANEL</b> HAV Ab IgG, HAV IgM, HBsAg, HBs Ab, Hbc Ab, Hbc IgM, HCV Ab	SS			
5021	<input type="checkbox"/> <b>ACUTE HEPATITIS PANEL</b> HepA IgM, HBsAg, Hbc Ab IgM, HCAb	SS	5037	<input type="checkbox"/> <b>PSA FREE /TOTAL % PANEL</b>	SS			
			1184	<input type="checkbox"/> <b>QUANTIFERON PANEL</b>	TB Gold			

**Custom Profile / Additional Tests**

1133 <input type="checkbox"/> AFP, Tumor Marker	SS	1010 <input type="checkbox"/> CO2	SS	1120 <input type="checkbox"/> Homocysteine	SS	1129 <input type="checkbox"/> PTH, Intact	SS	<b>THERAPEUTIC DRUG MONITORING</b>	
1001 <input type="checkbox"/> Albumin	SS	1098 <input type="checkbox"/> Cortisol	SS	5142 <input type="checkbox"/> HSV 1& HSV-2 IgG	SS	1196 <input type="checkbox"/> Reticulocyte Count	LV	1270 <input type="checkbox"/> Acetaminophene (Tylenol)	SS
1002 <input type="checkbox"/> Alkaline Phosphatase	SS	1096 <input type="checkbox"/> C-Peptide	SS	2138 <input type="checkbox"/> HSV-1 & 2 IgM	SS	1043 <input type="checkbox"/> RF (Rheumatoid Factor)	SS	1112 <input type="checkbox"/> Carbamazepine (Tegretol)	RE
1003 <input type="checkbox"/> ALT (SGPT)	SS	1012 <input type="checkbox"/> Creatinine	SS	5169 <input type="checkbox"/> Immunoglobulin IgG, IgM, IgA, Total	SS	1269 <input type="checkbox"/> RPR w/ reflex	SS	1251 <input type="checkbox"/> Clozaril (Clozapine)	RE
1024 <input type="checkbox"/> Amylase	SS	1027 <input type="checkbox"/> Creatinine Kinase (CPK)	SS	1220 <input type="checkbox"/> IgE, Total	SS	1142 <input type="checkbox"/> Rubella Ab IgG	SS	1113 <input type="checkbox"/> Digoxin (Lanoxin)	RE
1138 <input type="checkbox"/> ANA	SS	1036 <input type="checkbox"/> CRP	SS	1067 <input type="checkbox"/> Influenza A/B Ag	SS	1160 <input type="checkbox"/> Sed Rate (ESR)	LV	1116 <input type="checkbox"/> Dilantin (Phenytoin)	RE
1047 <input type="checkbox"/> Apo A1	SS	1210 <input type="checkbox"/> CRP HS	SS	1130 <input type="checkbox"/> Insulin	SS	1107 <input type="checkbox"/> Sex Hormone-Binding Globulin (SHBG)	SS	1114 <input type="checkbox"/> Gentamicin (Garamycin)	RE
1050 <input type="checkbox"/> Apo B	SS	1338 <input type="checkbox"/> Cystatin C	SS	5008 <input type="checkbox"/> Iron & UIBC	SS	1212 <input type="checkbox"/> Sickie Screen	LV	1040 <input type="checkbox"/> Lithium (Eskalith)	SS
1121 <input type="checkbox"/> Troponin I	SS	1132 <input type="checkbox"/> DHEA-Sulfate	SS	1031 <input type="checkbox"/> Iron, Total	SS	1016 <input type="checkbox"/> Sodium	SS	1115 <input type="checkbox"/> Phenobarbital (Phenobarbitone)	RE
1026 <input type="checkbox"/> ASO	SS	1109 <input type="checkbox"/> Ferritin	SS	1037 <input type="checkbox"/> LDH	SS	1126 <input type="checkbox"/> T3, Free	SS	1052 <input type="checkbox"/> Salicylic Acid (salicylates)	RE
1005 <input type="checkbox"/> AST (SGOT)	SS	1111 <input type="checkbox"/> Folate	SS	1020 <input type="checkbox"/> LDL	SST	1125 <input type="checkbox"/> T3, Total	SS	1117 <input type="checkbox"/> Theophylline (Elixophyllin)	RE
1097 <input type="checkbox"/> Beta hCG	SS	1103 <input type="checkbox"/> FSH	SS	1068 <input type="checkbox"/> Lead	RB	1213 <input type="checkbox"/> T3, Uptake	SS	1118 <input type="checkbox"/> Valproic Acid (Depakote level)	RE
1339 <input type="checkbox"/> Beta-2 Microglobulin	SS	1030 <input type="checkbox"/> GGT	SS	1102 <input type="checkbox"/> LH	SS	1127 <input type="checkbox"/> T4, Free	SS	1119 <input type="checkbox"/> Vancomycin (Vancocin)	RE
1007 <input type="checkbox"/> Bilirubin, Direct	SS	1061 <input type="checkbox"/> Globulin, Calculated	SS	1025 <input type="checkbox"/> Lipase	SS	1128 <input type="checkbox"/> T4, Total	SS		
1006 <input type="checkbox"/> Bilirubin, Total	SS	1063 <input type="checkbox"/> Glucose_Hrs. P.P.	GY	1139 <input type="checkbox"/> Lyme (B. burgdorferi) IgG/IgM	SS	1184 <input type="checkbox"/> TB QuantIFE ON®-Gold	QFT	<b>URINE TESTS</b>	
1123 <input type="checkbox"/> BNP	SS	1058 <input type="checkbox"/> Glucose Tolerance Test (GTT)	GY	1038 <input type="checkbox"/> Magnesium	SS	1135 <input type="checkbox"/> P2PSA	SS	1289 <input type="checkbox"/> Chlamydia/GC	UR
1008 <input type="checkbox"/> BUN/UREA	SS	1062 <input type="checkbox"/> Glucose, Fasting	SS	1140 <input type="checkbox"/> Measles Ab, IgG	SS	1106 <input type="checkbox"/> Testosterone, Total	SS	1290 <input type="checkbox"/> Creatinine 24 Hrs.	UR
1081 <input type="checkbox"/> C3- Complement	SS	1213 <input type="checkbox"/> Growth Hormone	SS	5143 <input type="checkbox"/> MMR	SS	1241 <input type="checkbox"/> Testosterone, Free	SS	1281 <input type="checkbox"/> Creatinine Clearance	UR/SS
1082 <input type="checkbox"/> C4- Complement	SS	1013 <input type="checkbox"/> Glucose Random	GY	1141 <input type="checkbox"/> Mumps IgG	SS	1182 <input type="checkbox"/> Thyroglobulin	SS		
1091 <input type="checkbox"/> CA 125	SS	1153 <input type="checkbox"/> H. Pylori Antibody, IgG	SS	1122 <input type="checkbox"/> Myoglobin	SS	1095 <input type="checkbox"/> Thyroid Peroxidase Antibody (TPO)	SS	1072 <input type="checkbox"/> Creatinine Random	UR
1092 <input type="checkbox"/> CA 15-3	SS	1341 <input type="checkbox"/> Haptoglobin	SS	1039 <input type="checkbox"/> Phosphorus	SS	1155 <input type="checkbox"/> Toxoplasma Gondii IgG	SS	1291 <input type="checkbox"/> 14 Panel Urine Drug Screen w/reflex	UR
1093 <input type="checkbox"/> CA 19-9	SS	1066 <input type="checkbox"/> Hb Electrophoresis	LV	1014 <input type="checkbox"/> Potassium	SS	1156 <input type="checkbox"/> Toxoplasma Gondii IgM	SS	1080 <input type="checkbox"/> Microalbumin	UR
1009 <input type="checkbox"/> Calcium	SS	1021 <input type="checkbox"/> HDL Cholesterol	LV	1100 <input type="checkbox"/> Progesterone	SS	1044 <input type="checkbox"/> Transferrin	SS	1292 <input type="checkbox"/> Pregnancy	UR
5005 <input type="checkbox"/> CBC/w Differential	LV	1211 <input type="checkbox"/> Hemoglobin A1c	LV	1101 <input type="checkbox"/> Prolactin	SS	1018 <input type="checkbox"/> Triglycerides	SS	1206 <input type="checkbox"/> Protein 24 hrs.	UR
1108 <input type="checkbox"/> CEA	SS	1083 <input type="checkbox"/> Hepatitis A Ab IgG	SS	1015 <input type="checkbox"/> Protein, Total	SS	1124 <input type="checkbox"/> TSH	SS	1293 <input type="checkbox"/> Trichomonas Vaginalis	UR
1340 <input type="checkbox"/> Ceruloplasmin	SS	1088 <input type="checkbox"/> Hepatitis B Core Ab IgM	SS	1267 <input type="checkbox"/> PSA, Free	SS	1045 <input type="checkbox"/> Uric Acid	SS	5007 <input type="checkbox"/> Urinalysis	UR
1011 <input type="checkbox"/> Chloride	SS	1085 <input type="checkbox"/> Hepatitis B Surf Ab	SS	1104 <input type="checkbox"/> PSA Total	SS	1143 <input type="checkbox"/> Varicella Zoster IgG	SS	5104 <input type="checkbox"/> Ammonia	LV
1017 <input type="checkbox"/> Cholesterol	SS	1086 <input type="checkbox"/> Hepatitis B Surf Ag	SS	1157 <input type="checkbox"/> PT/INR	BL	1110 <input type="checkbox"/> Vitamin B12	SS	5105 <input type="checkbox"/> Hepatitis A Ab IgM	SS
1028 <input type="checkbox"/> CK-MB	SS	1089 <input type="checkbox"/> Hepatitis C virus Ab	SS	1159 <input type="checkbox"/> PTT	BL	1131 <input type="checkbox"/> Vitamin D, 25-Hydroxy	SS		
1146 <input type="checkbox"/> CMV IgG Ab	SS	1090 <input type="checkbox"/> HIV 1/2 Screening	SS						
1147 <input type="checkbox"/> CMV IgM Ab	SS								

**Patient Consent**

I am voluntarily seeking laboratory service and hereby consent to provide a sample as requested. I have the right to refuse testing, but I understand this may impact my treatment. This agreement can be revoked by me at any time with written notification and is valid until revoked. I hereby assign to the laboratory my right to insurance benefits that may be payable to me for services provided arising from any insurance policy, self-insured health plan, Medicare or Medicaid in my name or on my behalf. I further authorize payment of benefits directly to the laboratory. I understand acceptance of insurance does not relieve me from any responsibility concerning payment for laboratory services and that I am financially responsible for all charges whether or not they are covered by my insurance. I understand that any payment I receive for services rendered by the laboratory from my insurance provider should be forwarded to the laboratory immediately.

**Patient Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Medical Provider Consent**

This test is medically necessary for the risk assessment, diagnosis or detection of a disease, illness, impairment, symptom, syndrome or disorder. The results will determine my patient's medical management and treatment decisions. By my signature below, I indicate that I am the referring physician or authorized health care provider. I have explained the purpose of the test. The patient has been given the opportunity to ask questions and/or seek further counsel. The patient has voluntarily decided to have the test performed by Vero Diagnostics, LLC or Uni Lab Inc. dba Vero Diagnostics. As the medical provider, I am responsible for documenting applicable ICD-10 diagnosis codes.

**Medical Provider Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

LEGEND	SS SEP	LV LAV	GY GRAY	BL BLUE	GN GREEN	RE RED	YE YELLOW	BX TISSUE	UR URINE	UC URICLT	ST STOOL	SW SWAB	SL SLIDE	OT OTHER
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**B00100X**

Patient Name: \_\_\_\_\_

Patient D.O.B.: \_\_\_\_\_

**B00100X**

Patient Name: \_\_\_\_\_

Patient D.O.B.: \_\_\_\_\_

**B00100X**

Patient Name: \_\_\_\_\_

Patient D.O.B.: \_\_\_\_\_

## AMA APPROVED PANELS

<b>5000 ELECTROLYTES PANEL</b> Na-Sodium K-Potassium Cl-Chloride CO2-Bicarbonate	<b>5001 COMPREHENSIVE METABOLIC PANEL</b> Na-Sodium K-Potassium Cl-Chloride CO2-Bicarbonate Glu-Glucose BUN-Urea Cr-Creatinine Ca-Calcium	<b>5003 HEPATIC FUNCTION PANEL</b> Alb-Albumin TBil-Total Bilirubin DBil-Direct Bilirubin ALP-Alkaline Phosphatase AST-SGOT ALT-SGPT Globulin Calculate	<b>5004 LIPID PANEL</b> Trig-Triglyceride Chol-Cholesterol HDL-High Density lipoprotein LDL-Low Density lipoprotein VLDL,Cholesterol calculated LDL-Low Density lipoprotein, calculation
<b>5002 BASIC METABOLIC PANEL</b> Na-Sodium K-Potassium Cl-Chloride CO2-Bicarbonate	Glu-Glucose BUN-Urea Cr-Creatinine Ca-Calcium		

## OTHER COMPREHENSIVE PANELS

<b>5029 THYROID COMPREHENSIVE PANEL</b> TU-T3,Uptake T3-T3,Total T4-T4,Total FT3-T3, Free TSH	<b>5023 IRON DEFICIENCY PANEL</b> Fe-Iron TIBC Sat%-  <b>5030 B12 + FOLATE DEFICIENCY PANEL</b> B12- VitB12 Fol- Folate  <b>5066 HEPATITIS COMPREHENSIVE PANEL</b> HAV Ab- HAV IgM HBSAg-Hepatitis B Surf Ag HBS Ab- Hepatitis B Surf Ab HBc Ab- Hepatitis B core Antibody IgM HCV Ab	<b>5069 STD PANEL ( FEMALE )</b> Chlamydia Trachomatis Hepatitis B Surface AB Hepatitis C Ab, EIA HIV AG/AB 4th Gen Mycoplasma Culture N. Gonorrhea Trichomonas Vaginalis  <b>5015 DIABETIC PANEL</b> Glu-Glucose HgBA1C-Hemoglobin A1c  <b>5037 PSA PANEL</b> PSA FREE AND TOTAL	<b>1184 QUANTIFERON PANEL</b> TB QuantIFE ON <sup>®</sup> -Gold  <b>5070 - STD PANEL ( MALE )</b> Chlamydia Trachomatis Hepatitis B Surface AB Hepatitis C Ab, EIA HIV AG/AB 4th Gen Mycoplasma Culture N. Gonorrhea Trichomonas Vaginalis Urea/Plasma Culture  <b>5011 ARTHRITIS PANEL</b> CBC-CBC/w Differential ANA-ASO CRP-HS RF-Rheumatoid Factor ESR-Sed Rate UA-Uric Acid  <b>5020 EBV VIRUS PANEL</b> EBV Capsid Antigen Ab (IgG) EBV Capsid Antigen Ab (IgM) EBV Nuclear Antigen, Ab(IgG) EBV Early Antigen, Ab
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## COMMONLY USED ICD 10 CODES

The below codes are CMS approved coding for outpatient services (<https://www.cms.gov/Medicare/Coding/.../ICD-10-IOCE-Code-Lists.pdf>). Please select all applicable diagnosis in relation to the laboratory services ordered. Please use the bottom “Other” Section to add any unmentioned ICD-10 or diagnosis descriptions. Please verify that the ordered test have the necessary appropriate diagnosis code.

<b>ANEMIA PANEL</b> Iron Deficiency Vitamin B12 Def LDH	<b>D64.9</b> D50.8 D51.1 R74.0	<b>ARTHRITIS PANEL</b> Joint pain CRP Lyme Disease ab	<b>M06.9</b> M25.5 E72.2 R53.82	<b>MALE PANEL</b> Lipid Panel CBC W/Diff Chem 24 Ferritin Hemoglobin A1C Homocysteine Vit B12/Folate Vit D1,2,5, Dihydroxy Vit D,25-Hydroxy Microlab, Urine Random PSA Total Testosterone Thyroid Comprehensive Urinalysis (UA) Iron & TIBC	E78.5                I10 D64.9 E11.9               D64.9 E55.9 E55.9               N40.0               E03.9	<b>COMMON TOXICOLOGY CODES</b> Long-term (current) Opiate Other Long-term Drug Therapy Therapy Drug Monitoring Level Alcohol Abuse, Uncomplicated Opioid Abuse, Uncomp Opioid Dependency, Uncomp Cannabis Abuse Cannabis Dependency Other Psych Substance Abuse Nicotine Dependency Pain, UNS <input type="checkbox"/> <input type="checkbox"/>	<b>Z79.891</b> Z79.891 Z79.899 Z51.81 F10.10 F11.10 F11.20 F12.10 F12.20 F19.10 F17.200 R52	<b>FATIGUE PANEL</b> Thyroid Panel TSH T3 T4 CBC W/Diff	<b>R53.82</b> E03.9 E03.9 E03.9 E03.9 D64.9
<b>ABNORMAL LIVER PANEL</b> Anti Endomyial Anti Liver/Kidney Anti Mitochondrial Ab Anti Smooth Muscle Ceruloplasmin Ferritin IgA, Serum IRON + TIBC Trancolutaminate	<b>R74.0</b>               D64.9 D64.9	<b>PRE-OP PANEL</b> CBC W/ Diff CMP PT PTT Urinalysis (UA)	<b>M06.9</b> M25.5 E72.2 R53.82	<b>GENERAL ADULT EXAMINATION</b> CBC W/Diff Ferritin Iron + TIBC Thyroid Comprehensive Vitamin D Lipid Panel Urinalysis GLYCO Hgb A1c RPR	D64.9 D64.8 E03.9 E55.9 E78.5 N39.0 E11.9 Z11.3	<b>FEMALE PANEL</b> Lipid Panel CBC W/Diff Chem 24 Ferritin Hemoglobin A1C Homocysteine Serum Iron + TIBC TSH Hormone Panel LH Prolastin Estradiol Progesterone	<b>D64.9</b> E78.5               D64.9 E11.9               D64.9 E03.9 R53.83               N92.6 N92.6 N92.6	<b>STD TESTING</b> Chlamydia/Gonorrhea HIV RPR Herpes	<b>Z11.3</b> Z13.220 B19.9 Z13.1/ E11.9

PLEASE NOTE: This resource is provided for informational purposes only and does not guarantee that billing codes will be appropriate or that coverage and reimbursement will result. Providers should consult with their payers for all relevant coverage coding and reimbursement requirements. It is the sole responsibility of the provider to select proper codes. This resource is not intended as legal advice or a substitute for a provider’s independent professional judgment.

Ver0 & UniLab, assumes no liability for the results or consequences associated with the use of this quick reference guide and makes no representation, warranty, or guarantee as to the accuracy or validity of any of the information contained herein. For comprehensive coding guidance see the complete ICD-10-CM code set and Official Coding Guidelines, 2017 edition.

## INFORMED CONSENT TO PERFORM HIV TESTING:

I agree to testing for HIV infection. If I am found to have HIV, I agree to additional testing which may occur on the sample I provide today to determine the best treatment for me and to help guide HIV prevention programs. I also agree to future tests to guide my treatment. I understand that I can withdraw my consent for future tests at any time.

**For pregnant women only:**  
 In addition to the testing described above, I authorize my health care professional to repeat HIV diagnostic testing later in this pregnancy. I understand that my health care provider will discuss this testing with me before the test is repeated and will provide me with the test results. The consent to repeat diagnostic testing is limited to the course of my current pregnancy and can be withdrawn at any time.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Test subject or legally authorized representative)

If legal representative, indicate relationship to subject: \_\_\_\_\_

Printed Name: \_\_\_\_\_

## ADVANCE BENEFICIARY NOTICE (ABN)

To the Beneficiary: Your physician may sometimes order laboratory testing that he or she believes to be necessary for your care, but which does not qualify for coverage under Medicare’s standards. Medicare will only pay for services that it determines to be “reasonable and necessary” based upon the diagnosis information furnished to VERO & UNILAB by your physician. If, under Medicare’s standards, your diagnosis does not support the testing ordered, Medicare will deny coverage. In those cases where Medicare denies coverage, the billing will be forwarded to you, and you will be responsible for the cost of the laboratory tests.

Beneficiary Agreement: I have been notified by my physician/supplier that he or she believes that, in my case, Medicare may deny payment for the services above. If Medicare denies payment, I agree to be personally and fully responsible for payment.

### SPECIMEN COLLECTION KEY CODE

<b>L</b> = Lavender Top	<b>R</b> = Red Top	<b>GY</b> = Grey Top	<b>ES</b> = E-Swab
<b>GR</b> - Green Top	<b>Y</b> = Yellow Top	<b>RB</b> = Royal Blue	<b>CUP</b> = Random Urine
<b>SV</b> = Swab-Viral Culturette	<b>O&amp;P</b> = Ova and Parasite Kit	<b>BLD, CUL</b> = Blood Culture	<b>P</b> = Pink Top
<b>W</b> = PPT	<b>S</b> = Serum Separator Top	<b>T</b> = Tan Top	<b>24</b> = 24 Hour Urine
<b>U</b> = Urine Tube Timed Urine	<b>BOR</b> = Boricult	<b>FOBT</b> = FOBT Kit	
<b>Aptima</b> = Aptima Swab	<b>ES</b> = E-Swab	<b>LB</b> = Light Blue Top	