



97511501-6 9347241-0

**SPECIMENS MUST BE
 TESTED IN A QLS
 LABORATORY**

ACCOUNT NAME: HCAA-UNIV OF TX AT SAN ANTONIO
 JERRY GREESON-ATHLETICS DEPT
 1 UTSA CIR
 SAN ANTONIO, TX 78249-1644
 TELEPHONE #: 210-458-4178

DATE COLLECTED: _____ TIME: AM PM TOTAL VOL/HRS. _____ ML _____ HR Fasting Non Fasting

NPI/UPIN ORDERING PHYSICIAN AND/OR PAYORS
 1639222664 HOLCOMB, RICHARD A

Ordering Phys: _____ Lic/NPI/UPIN _____

Phone Number: () _____

Fax
 Results to: (310) 458-5118

Send Duplicate Report to: _____

Client # or Name: _____

Address: _____

City: _____ ST _____ ZIP _____

PRINT PATIENT NAME (LAST, FIRST, MIDDLE) _____
 REGISTRATION # (IF APPLICABLE) _____ DATE OF BIRTH: M / M / D / D / YEAR _____ SEX _____
 PATIENT SOCIAL SECURITY # _____ OFFICE / PATIENT ID # _____
 ROOM # _____ LAB REFERENCE # _____ PATIENT PHONE # () _____
 PRINT NAME OF INSURED/RESPONSIBLE PARTY (LAST, FIRST, MIDDLE) - IF OTHER THAN PATIENT _____
 PATIENT STREET ADDRESS (OR INSURED/RESPONSIBLE PARTY) _____ APT. # _____ KEY # _____
 CITY _____ STATE _____ ZIP _____

**CLIENT BILL ONLY
 NO PATIENT
 OR
 THIRD PARTY
 BILLING ON
 THIS ACCOUNT**

(X)@ 37679 SICKLE CELL W/REFL

NO ADDITIONAL TESTS ARE PERMITTED TO BE ORDERED ON THIS TEST REQUISITION.

ADDITIONAL TESTS: (MUST INCLUDE COMPLETE TEST NAME AND ORDER CODE.)

* Additional charge for ID/Susceptibility studies. Reflex tests are performed at an additional charge.

COMMENTS, CLINICAL INFORMATION:

TOTAL TESTS ORDERED

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Physician Signature _____

CHWBKNNCAA1	97511501	9347241	97511501	9347241
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9347241	97511501	9347241	97511501	9347241