

# Client Customized Requisition

12053120



Quest Diagnostics Incorporated  
One Malcolm Avenue  
Teterboro, NJ 07608-1070

ame BRONX LEONARD HOSPITAL  
SEARCH INTERFACE  
dressed 1650 GRAND CONCOURSE  
BRONX NY 10457

Telephone 718-516-5036

Account Number 124973 - 0 367

RE-ORDER #726312

PATIENT INFORMATION PLEASE PRINT CLEARLY				SPECIMEN INFORMATION			
Last Name		(First Name)		Date Collected	Time Collected	<input type="checkbox"/> AM Fasting <input type="checkbox"/>	<input type="checkbox"/> Timed Urine Collection
Care of:				Accession Number		<input type="checkbox"/> PM Non Fasting <input type="checkbox"/>	Volume <input type="text"/> mL
Patient / Insured's Address		Apt #		Comments (To Print on Report)			
City		State	Zip	Special Instructions to Laboratory Technologists			
<input type="checkbox"/> Male	Date of Birth (Month, Day, Year)	Patient Soc. Sec. #		Fax To:			
<input type="checkbox"/> Female		Patient I.D.		PLEASE BILL TO: <input type="checkbox"/> Patient <input type="checkbox"/> Insurance <input type="checkbox"/> Physician Acct.			
Telephone Number (9 a.m. to 5 p.m.)				Insured's Name (if different from Patient)			
ORDERING PHYSICIAN INFORMATION		CPT/DX CODES		Patient Relationship to Insure			
Physician's Name (To Print on Report) Required for Group Practice.				<input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent			
				Primary Insurance Name and Plan		Employer/Group Name	
				Policy I.D. Number	Group / Plan / Book #	Cat. #	
Physician's NPI/PIN #		License #	PIN #	Ordering Physician's Signature (Required by Medicaid)			
DUPLICATE REPORT TO		Physician's Name		Quest Diagnostics Acct. #	Street	City	State Zip

Custom Profiles/Laboratory Tests - Please Mark Desired Profiles/Tests ANY PROFILE COMPONENT MAY BE ORDERED SEPARATELY See back of req. for panel components

357811X HCV RNA GENOTYPE, LIPA  
 318636X HCV RNA, QN, RNA/TNA  
 3118114R HCV RNA, QN, REAL TIME PCR

ADDITIONAL TEST(S) - Print Test No. and Name