

Check One

- Account Bill
- Patient Bill
- Medicare
- Tricare
- Insurance

Specimen Type

- Urine = U
- Blood Card = BC
- Blood
 - Serum Separator tube = SST
 - Lavender Top(EDTA) = LAV
 - Yellow Top(ACD, Solution B) = YEL
- Tissue = T
- Sputum = SP
- Bronchoalveolar Lavage = BAL
- Nasal Wash = NW
- Nasal Swab = NS

Frozen? Yes No Date Frozen: ____/____/____ Date Sent: ____/____/____

Patient's Name (Last, First, MI) Sex
 Male
 Female Date of Birth
MO | DAY | YR

Collection Date Collection Time Is this a follow-up test?
 Yes No

Patient's Phone: _____ Patient Email: _____

**MEDICARE ADVANCE
BENEFICIARY NOTICE (ABN)**

**Medicare Patients Must
Complete ABN on reverse**

I hereby authorize the release of medical information related to the service described herein and authorize payment directly to RealTime Laboratories, Inc. for all FDA approved testing. I agree to assume responsibility for payment of charges for laboratory services that are not covered by my healthcare insurer.

Patient Signature: _____ Date: _____

Physician's Name (Last, First) Physician's Signature
_____ X _____

NPI _____ Diagnosis/Signs/Symptoms in ICD Format (Highest Specificity)
REQUIRED

MYCOTOXIN TESTS	TYPE
<input type="checkbox"/> E8400 Quad Mycotoxin Panel (E8501, E8502, E8503, E8510)	Urine Only
<input type="checkbox"/> E8501 Ochratoxin A	T/SP/BAL/NW/U
<input type="checkbox"/> E8502 Aflatoxin Group (B1, B2, G1, G2)	T/SP/BAL/NW/U
<input type="checkbox"/> E8503 Trichothecene Group	T/SP/BAL/NW/U
<input type="checkbox"/> E8510 Gliotoxin Derivative - NEW	SST/U

IMMUNOLOGY-SERUM	TYPE
<input type="checkbox"/> Inhalant Allergens	SST
<input type="checkbox"/> A1000 Bermuda	
<input type="checkbox"/> A1001 Rye	
<input type="checkbox"/> A1002 Johnson	
<input type="checkbox"/> A1003 Bahia	
<input type="checkbox"/> A1004 Common Ragweed	
<input type="checkbox"/> A1005 Wormwood	
<input type="checkbox"/> A1006 English Plantain	
<input type="checkbox"/> A1007 Lamb's Quarters	
<input type="checkbox"/> A1008 Russian Thistle	
<input type="checkbox"/> A1009 Marsheilder	
<input type="checkbox"/> A1010 Firebush (Kochia)	
<input type="checkbox"/> A1011 Pigweed (Carelessweed)	
<input type="checkbox"/> A1012 Dock (Sorrel)	
<input type="checkbox"/> A1013 Maple (Box Elder)	
<input type="checkbox"/> A1014 Mountain Cedar	
<input type="checkbox"/> A1015 Oak, Live	
<input type="checkbox"/> A1016 Elm, American	
<input type="checkbox"/> A1017 Cottonwood	
<input type="checkbox"/> A1018 Pecan	
<input type="checkbox"/> A1019 Cat	
<input type="checkbox"/> A1020 Dog	
<input type="checkbox"/> A1021 Mite (d.farinae)	
<input type="checkbox"/> A1022 Mite (d.pteronysinus)	
<input type="checkbox"/> A1023 Cockroach	
<input type="checkbox"/> P5114 Mold Panel IgE	SST
<input type="checkbox"/> P5115 Mold Panel IgG	SST
Penicillium, Cladosporium, Aspergillus fumigatus, Candida, Alternaria, Helminthosporium, Rhizopus, Pullularia, Phoma, Rhodotorula, Epicoccum, Chaetomium, Stachybotrys	
<input type="checkbox"/> B2000 Blood Draw Fee	SST

HUMAN GENETIC SCREENING	TYPE
<input type="checkbox"/> C4002 Glutathione Panel (C4000, C4001)	LAV/BC
<input type="checkbox"/> C4000 Glutathione GSTT1	LAV/BC
<input type="checkbox"/> C4001 Glutathione GSTM1	LAV/BC

TOTAL GLUTATHIONE	TYPE
<input type="checkbox"/> C4100 Glutathione Level	YEL

MICROBIOLOGY
<input type="checkbox"/> E9000 Fungal culture

MOLECULAR FUNGAL TESTING	TYPE
<input type="checkbox"/> M8605 Aspergillus Panel	T/SP/BAL/NW
M8601 A. niger	
M8602 A. flavus	
M8603 A. fumigatus	
M8604 A. terreus	
<input type="checkbox"/> M8612 Penicillium Panel	T/SP/BAL/NW
M8610 P. chrysogenum	
M8611 P. verrucosum	
<input type="checkbox"/> M8608 Stachybotrys Panel	T/SP/BAL/NW
M8606 S. chartarum	
M8607 S. echinata	
M8609 Fusarium solani	
<input type="checkbox"/> M8617 Candida Panel	U
M8613 C. albicans	
M8614 C. krusei	
M8615 C. glabrata	
M8616 C. tropicalis	

OTHERS	TYPE
Please Write Test and Type	
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Received Date: ____/____/____ Time: ____:____ am pm Carrier: UPS FedEx USPS Other: _____

RTL Personnel: _____ Requisition Complete? Yes No Payment: Credit Card Check Doctor Other: _____

Notes: _____

LabForms 886-200-5114