UT HEALTH NORTHEAST PATHOLOGY /MICROBIOLOGY
CAP # 20793-01; CLIA # 45D0483716
SHIP SPECIMENS (NOT ISOLATES) TO:
UT Health Northeast Pathology/Microbiology
11937 US Hwy 271
Tyler, Texas 75708-3154
Phone: 903-877-5745 FAX 903-877-2816
MAKE ALL CHECKS PAYABLE TO: UT HEALTH NORTHEAST

A doctor's signature is required at the bottom of this form.

Name* _____ **DOB*** _____ Sex ___
Last First

Specimen # _____ ***Social Security #** _____ Race ___

Clinical Diagnosis/HX/***ICD 9 CODE(s)**

***Source of Specimen:**

What organisms are you suspecting to grow if any?

***Specimen Collection Date:**

AFB culture Y / N

AFB sensitivity (if growing AFB) Y / N

Mycology/ Fungal culture Y / N

Routine Aerobic bacterial culture Y / N

If anything grows from cultures, there are separate charges for ID and sensitivity

Special Instructions:

***REQUIRED INFORMATION FOR INSURANCE PURPOSES**

REPORT TO BE SENT TO:

NAME: PHONE:

ADDRESS: FAX:

BILLING ADDRESS/INSURANCE INFORMATION; Attach insurance photocopy & a copy of physician test order (this is mandatory). Note: Physician is responsible for "out of network" charges. We do NOT accept out of state medicaid insurance.

NAME: PHONE:

ADDRESS: FAX:

ATTENDING/ORDERING PHYSICIAN

NAME: PHONE:

ADDRESS: FAX:

PHYSICIAN SIGNATURE REQUIRED: 7/10/13