

 <p><b>TOWER LABORATORY SERVICES</b>  <b>CLINICAL LABORATORY</b>                  8635 W 3RD STREET                  SUITE 1090W                  LOS ANGELES, CA 90048                  PHONE: (310) 659-0705                  FAX: (310) 659-0952                  CLIA 05D1092632</p> <p><b>LABORATORY DIRECTOR:</b>                  JOEL ARONOWITZ, M.D.</p>	<b>ORDERING PROVIDER</b>	<b>PATIENT INFORMATION</b>
	PROVIDER NAME (FIRST LAST, CREDENTIALS) _____ PHONE NUMBER _____ FAX NUMBER _____	PATIENT NAME (LAST, FIRST, MI) _____ DOB _____ GENDER _____ ETHNICITY _____ RACE _____ PREGNANT?(Y/N) _____ ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____
	<b>ADDITIONAL COPIES TO:</b>	PHONE NUMBER _____ EMAIL _____
	NAME _____ PHONE/FAX _____	

BILLING INFORMATION (ATTACH FRONT & BACK COPY OF PATIENT INSURANCE CARD)											
<p><b>CHECK ALL THAT APPLY:</b></p> <p><input type="checkbox"/> PRIMARY INSURANCE  <input type="checkbox"/> MEDICARE  <input type="checkbox"/> MEDICAID  <input type="checkbox"/> PATIENT  <input type="checkbox"/> CLIENT  <input type="checkbox"/> SECONDARY INSURANCE</p>	<p><b>INSURANCE INFORMATION:</b></p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">INSURANCE COMPANY NAME _____</td> <td style="width:25%;">MEMBER NAME (LAST, FIRST, MI) _____</td> <td style="width:25%;">RELATIONSHIP TO PATIENT _____</td> </tr> <tr> <td>INSURANCE COMPANY ADDRESS _____</td> <td colspan="2">MEMBER POLICY NUMBER _____</td> </tr> <tr> <td>INSURANCE COMPANY PHONE NUMBER _____</td> <td colspan="2">MEMBER GROUP NUMBER _____</td> </tr> </table>		INSURANCE COMPANY NAME _____	MEMBER NAME (LAST, FIRST, MI) _____	RELATIONSHIP TO PATIENT _____	INSURANCE COMPANY ADDRESS _____	MEMBER POLICY NUMBER _____		INSURANCE COMPANY PHONE NUMBER _____	MEMBER GROUP NUMBER _____	
INSURANCE COMPANY NAME _____	MEMBER NAME (LAST, FIRST, MI) _____	RELATIONSHIP TO PATIENT _____									
INSURANCE COMPANY ADDRESS _____	MEMBER POLICY NUMBER _____										
INSURANCE COMPANY PHONE NUMBER _____	MEMBER GROUP NUMBER _____										

TEST(S) ORDERED	
DATE OF SERVICE: _____ TIME COLLECTED: _____ SPECIMEN TYPE/SOURCE: _____	
<p><input type="checkbox"/> <b>RESPIRATORY PANEL, NASOPHARYNGEAL SWAB</b></p> <ul style="list-style-type: none"> <li>Adenovirus</li> <li>Coronavirus 229E</li> <li>Coronavirus HKU1</li> <li>Coronavirus NL63</li> <li>Coronavirus OC43</li> <li>Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2)</li> <li>Human Metapneumovirus</li> <li>Human Rhinovirus/Enterovirus</li> <li>Influenza A, Including Subtypes H1, H1-2009, and H3</li> <li>Influenza B</li> <li>Parainfluenza Virus 1, 2, 3, 4</li> <li>Respiratory Syncytial Virus</li> <li><i>Bordetella Parapertussis</i> (IS1001)</li> <li><i>Bordetella Pertussis</i> (ptxP)</li> <li><i>Chlamydia Pneumoniae</i></li> <li><i>Mycoplasma Pneumoniae</i></li> </ul>	<p><input type="checkbox"/> <b>GI PANEL, STOOL</b></p> <ul style="list-style-type: none"> <li><i>Campylobacter (C. jejuni/C. coli/C. upsaliensis)</i></li> <li><i>Clostridium difficile (C. difficile)</i> toxin A/B</li> <li><i>Plesiomonas shigelloides</i></li> <li><i>Salmonella</i></li> <li><i>Vibrio (V. parahaemolyticus/V. vulnificus/V. cholerae)</i>, including specific identification of <i>Vibrio cholerae</i></li> <li><i>Yersinia enterocolitica</i></li> <li>Enteroaggregative <i>Escherichia coli</i> (EAEC)</li> <li>Enteropathogenic <i>Escherichia coli</i> (EPEC)</li> <li>Enterotoxigenic <i>Escherichia coli</i> (ETEC) lt/st</li> <li>Shiga-like toxin-producing <i>Escherichia coli</i> (STEC) stx1/stx2 (including specific identification of the <i>E. coli</i> O157 serogroup within STEC)</li> <li><i>Shigella</i>/Enteroinvasive <i>Escherichia coli</i> (EIEC)</li> <li><i>Cryptosporidium</i></li> <li><i>Cyclospora cayetanensis</i></li> <li><i>Entamoeba histolytica</i></li> <li><i>Giardia lamblia</i> (AKA <i>G. intestinalis</i> and <i>G. duodenalis</i>)</li> <li>Adenovirus F 40/41</li> <li>Astrovirus</li> <li>Norovirus GI/GII</li> <li>Rotavirus A</li> <li>Sapovirus (Genogroups I, II, IV, and V)</li> </ul>
<p><b>SPECIMEN ACCESSION NUMBER:</b></p> <p>(FOR LABORATORY USE ONLY)</p>	<p><input type="checkbox"/> <b>OTHER:</b> _____</p> <p><b>ICD10:</b> _____</p>