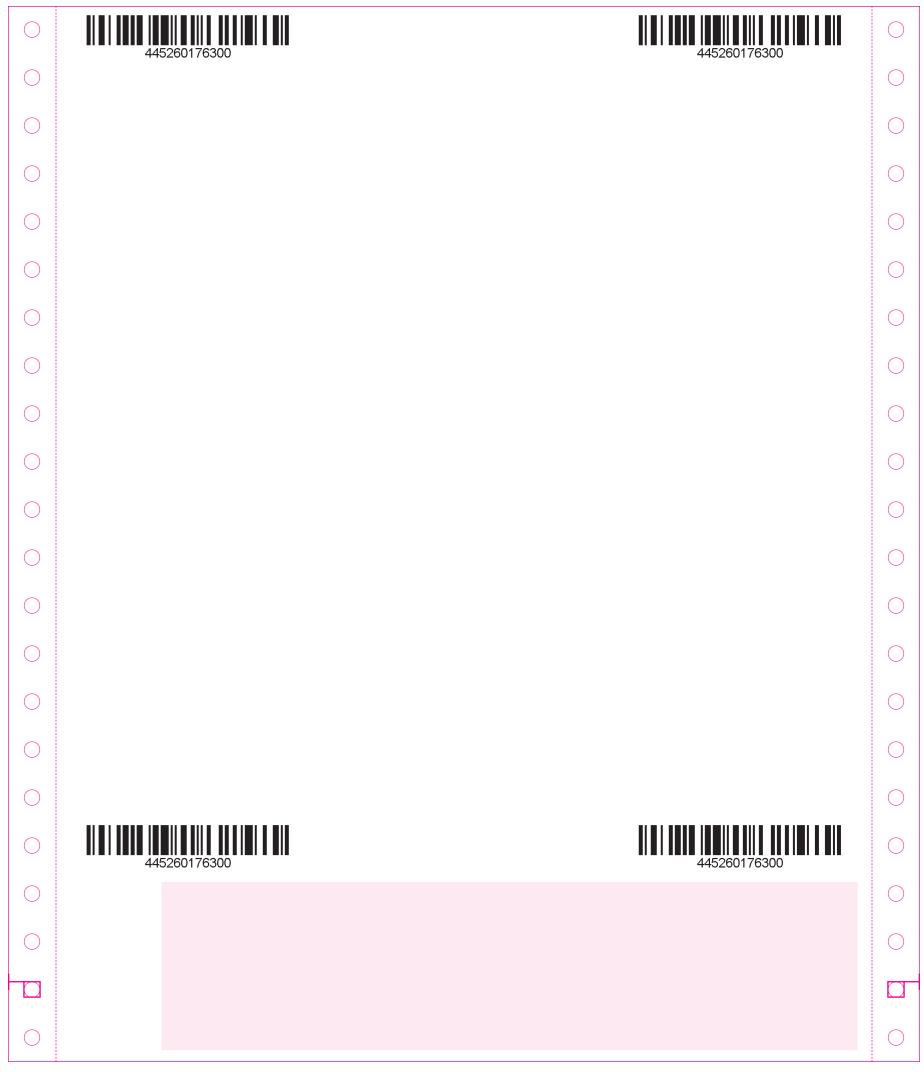
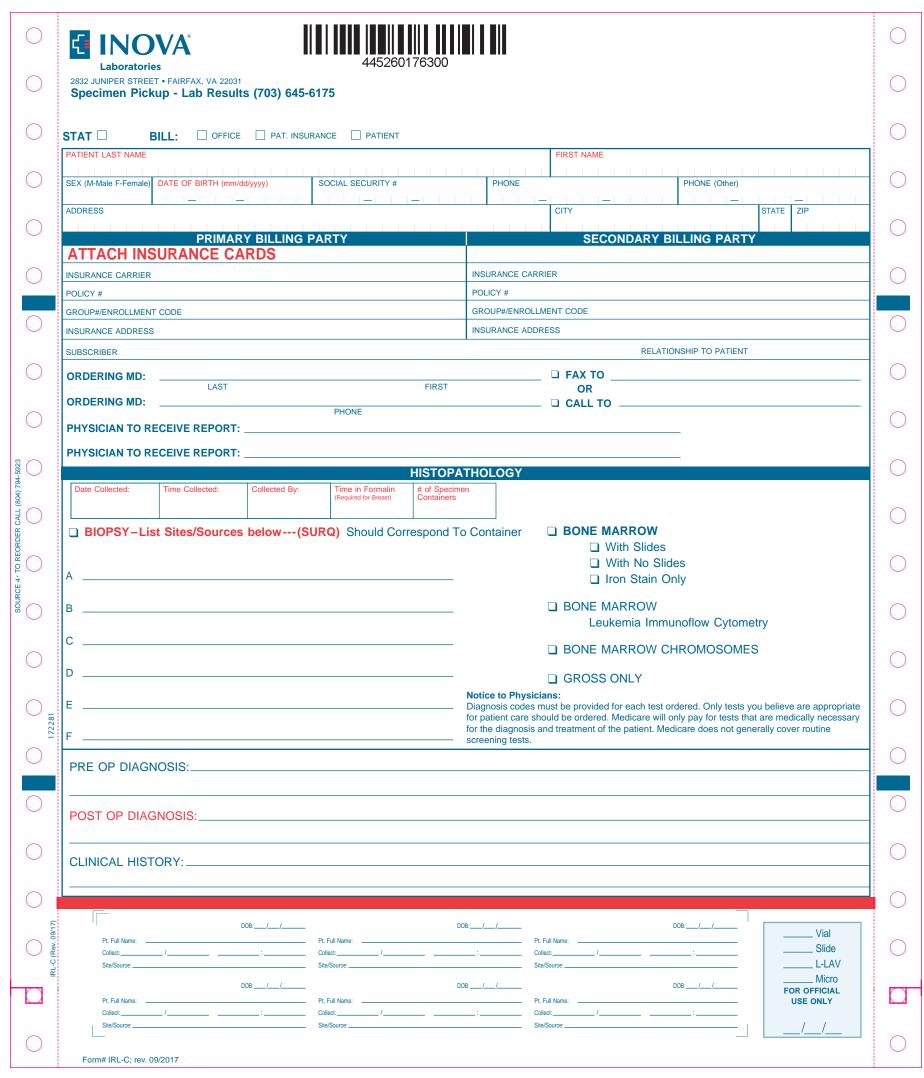
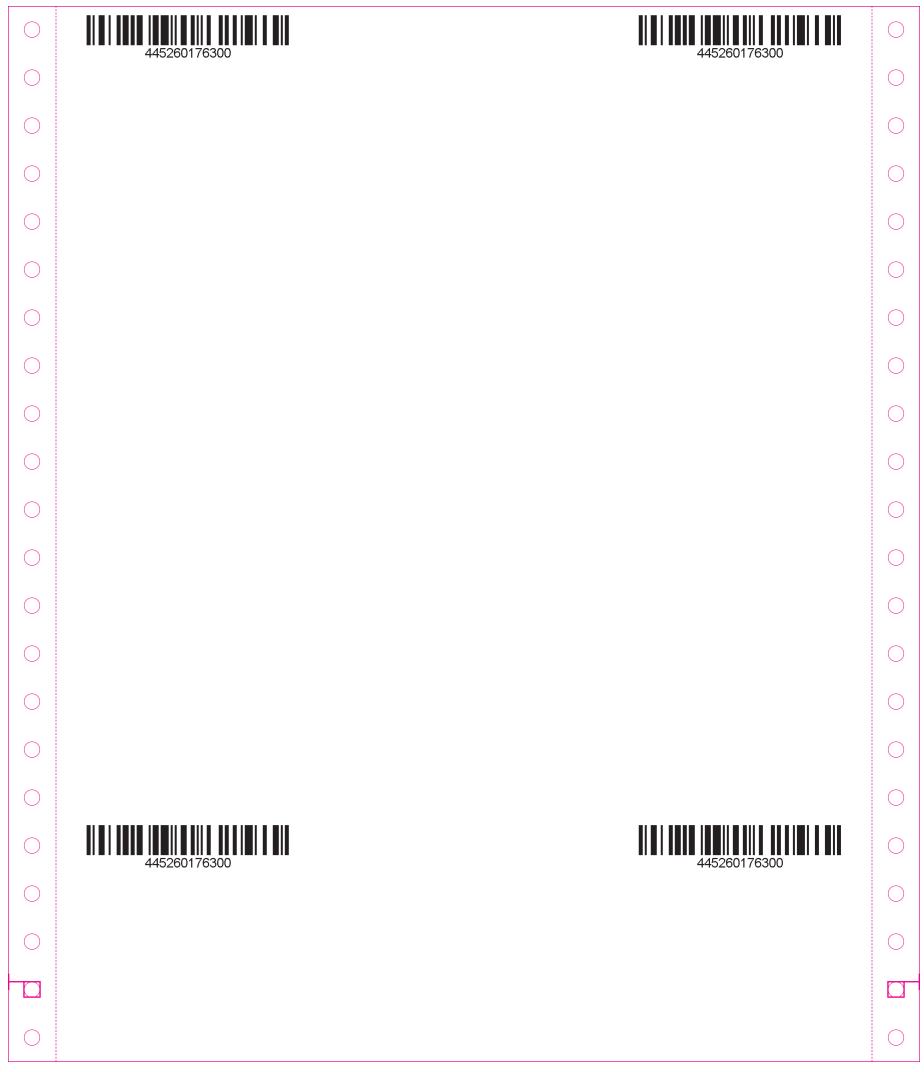
AdS20176300  STAT   BILL:   OPRIG   PAT, NERVANCE   PATIBLE  STAT   BILL:   OPRIG   PAT, NERVANCE   PATIBLE  ATTACH INSURANCE CARRES  REMANY BILLING PARTY  ATTACH INSURANCE CARRES  REMANY BILLING PARTY  SECONDARY BILLING PARTY  ATTACH INSURANCE CARRES  REMANY BILLING PARTY  SECONDARY BILLING PARTY  ATTACH INSURANCE CARRES  REMANY BILLING PARTY  SECONDARY BILLING PARTY  ATTACH INSURANCE CARRES  REMANY BILLING PARTY  SECONDARY BILLING PARTY  ATTACH INSURANCE CARRES  REMANY BILLING PARTY  SECONDARY BILLING PARTY  ATTACH INSURANCE CARRES  REMANY BILLING PARTY  SECONDARY BILLING PARTY  ATTACH INSURANCE CARRES  REMANY BILLING PARTY  SECONDARY BILLING PARTY  ATTACH INSURANCE CARRES  REMANY BILLING PARTY  SECONDARY BILLING PARTY  ATTACH INSURANCE CARRES  REMANY BILLING PARTY  SECONDARY BILLING PARTY  ATTACH INSURANCE CARRES  REMANY BILLING PARTY  SECONDARY BILLING PARTY  FAX TO ORCHARGE CARRES  REMANY BILLING PARTY  SECONDARY BILLING PARTY  FAX TO ORCHARGE CARRES  REMANY BILLING PARTY  SECONDARY BILLING PARTY  FAX TO ORCHARGE CARRES  REMANY BILLING PARTY  FAX TO ORCHARGE CARRES	SEAL MARKET PARRAY, M. 2021 Specimen Pickup - Lab Results (700) 645-6175  STAT   BILL:   OFFICE   PAT. NR. NR. NR. NR. NR. NR. NR. NR. NR. NR			
STAT   BILL:   OPTION   PAT INSURANCE   PAT IN	SECONDARY BILLING PARTY  ATTACH INSURANCE CARDS  INSURANC	<b>INOV</b> A°		
STAT   BILL:   OFFICE   DATE INSURANCE   PATENT  PATENT LAST RAME  SECONDARY BILLING PARTY  ATTACH INSURANCE CARDS  INSURANCE CARDS  INSURANCE CARBER  INSUR	STAT   BILL;   OPPICE   NAT. NAUBANACE   PATENT    PATENT LOS INVAE  SER MINDS PROVIDED ONTO OF BRITH IMPROPATIVE    ATTACH INSURANCE CARDS   NAUBANCE CARDS    INSURANCE CARDES   NAUBANCE CARDES    INSURANCE CARDES    INSURANCE CARDES   NAUBANCE CARDES    INSURANCE CARDES    INSURANCE CARDES    INSURANCE CARDES    INSURANCE CARDES	2832 JUNIPER STREET • FAIRFAX, VA 22031		
RECHARACE FORCE DATE OF BETTH IMMOSPAYYO)  BOOAL SECURITY 6  PRIMARY BILLING PARTY  ATTACH INSURANCE CARDS  PRIMARY BILLING PARTY  ATTACH INSURANCE CARDS  NUMBER OF CARDS  NUMB	BREATONE  SEA MARKS PICHEN DATE OF BRITT INFROSTRY SECONDARY BILLING PARTY  ATTACH INSURANCE CARDS  RIBINARY BILLING PARTY  RIBINARY BILLING PARTY  ATTACH INSURANCE CARDS  RIBINARY BILLING PARTY  RIBINARY BILLING PARTY  ATTACH INSURANCE CARDS  RIBINARY BILLING PARTY  RIBINARY BILLING PARTY  RIBINARY BILLING PARTY  ATTACH INSURANCE CARDS  RIBINARY BILLING PARTY  RIBINARY BILLING PARTY  ATTACH INSURANCE CARDS  RIBINARY BILLING PARTY  RI	Specimen Pickup - Lab Results (7	03) 645-6175	
PRIMARY BILLING PARTY  ATTACH INSURANCE CARDS  PRIMARY BILLING PARTY  PRIMARY BILLING PARTY  PRIMARY BILLING PARTY  ATTACH INSURANCE CARDS  PRIMARY BILLING PARTY  PREST OR RECOVERED PARTY  PREST OR RECOVERED PARTY  PREST OR RECOVERED PARTY  PRIMARY BILLING PARTY  PREST OR RECOVERED PARTY  PREST OR REC	SEGMANDE FORMS CAME ON THE FRONT CONTROL SEGMENT A SEGMAND SECRETY A SEGMAND CAME OF THE PROPERTY SECONDARY BILLING PARTY  ATTACH INSURANCE CARRIER  PROME SEGMAND SEGMENT SEG	STAT   BILL:   OFFICE	PAT. INSURANCE PATIENT	
SECONDARY BILLING PARTY  ATTACH INSURANCE CARBER  PRIMARY BILLING PARTY  ATTACH INSURANCE CARBER  BILLING PARTY  ATTACH INSURANCE  BILLING PARTY  ATTACH INSURANCE CARBER  BILLING PARTY  BILL	BEOPERS DOTE SHIP IN CRISCOLOR SECURITY SECONDARY BILLING PARTY  ATTACH INSURANCE CARDS  BIRLINGS PARTY  ATTACH INSURANCE CARDS  BIRLINGS PARTY  BIRLINGS PARTY  BIRLINGS PARTY  ATTACH INSURANCE CARDS  BIRLINGS PARTY  BIRLI			
ATTACH INSURANCE CARDS    PRIMARY BILLING PARTY   SECONDARY BILLING PARTY   SECONDARY BILLING PARTY	ATTACH INSURANCE CARDS  INSURANCE CARRER  INSURA	SEX (M-Male F-Female) DATE OF BIRTH (mm/dd/yyyy	SOCIAL SECURITY #	PHONE (Other)
ATTACH INSURANCE CARDS  PRIMARY BILLING PARTY  ATTACH INSURANCE CARDS  PRIMARY BILLING PARTY  POLICY P P POLICY P P POLICY P P P P P P P P P P P P P P P P P P P	ATTACH INSURANCE CARDS	ADDRESS		CITY STATE ZIP
NSURANCE CARRIER  POLICY 8 POLICY 9 POL	INSURANCE CARRIER  INSURANCE CARRIER  POLICY P  POLICY  POLICY  POLICY  PROPERIOR MR.  ORDERING MD:  ORDERING MD:  ORDERING MD:  PHYSICIAN TO RECEIVE REPORT:  BIOPSY—List Shee/Sources below—(SURQ) Should Correspond To Container  BONE MARROW  Loudernia Immunoflow Cytometry  BONE MARROW  Loudernia Immunoflow Cytometry  GROSS ONLY  Notice to Physicians  Disgression codes must be previoud for each not preferred. Only lasts, you believe an experiorists for the diagnosis and treatment of the patient. Medican does not generally cover routing for the diagnosis and treatment of the patient. Medican does not generally cover routing  PRE OP DIAGNOSIS:  CLINICAL HISTORY:  PASSED 176300  ORDERING MD:  PRESENTED LOBER  RELATIONSHIP TO PATIENT  ORDERING MD:  PRESENTED LOBER  PRESENTED LOBER  RELATIONSHIP TO PATIENT  ORDERING  PRESENTED LOBER  RELATIONSHIP  PR	PRIMARY B	ILLING PARTY	
POLICY # POLICY   POL	POSICY # PROCESS  GROUPESHINGLIMENT CODE  GROUPESHINGLIMENT CODE  GROUPESHINGLIMENT CODE  GROUPESHINGLIMENT CODE  GROUPESHING MD:  GROUPESHING		<u>)\$</u>	INCURANCE CARRIER
NEURANCE ADDRESS  USUSCRIER  USUS	INSURANCE ADDRESS  BISUBANCE REPORT:  HISTOPATHOLOGY  Date Galacted  These Collected By These Collected By These Collected By These In Exemation  BONE MARROW  Leukemia Immunoflow Cytometry  BONE MARROW  Leukemia Immunoflow Cytometry  BONE MARROW CHROMOSOMES  DIagnosis codes must be provided for each test codered. Only tests byto believe are appropriate for patient care should be codered. Medicine will only pay for tests that are medically necessary is something tests.  POST OP DIAGNOSIS:  CLINICAL HISTORY:  BISTORY  A45260176300  A45260176300  BISTORY  A45260176300  BISTORY  BISTORY			
SUBSCRIBER  ORDERING MD:  LAST PREST OR ORDERING MD: PHYSICIAN TO RECEIVE REPORT:  BIOPSY-List Sites/Sources below(SURQ) Should Correspond To Container  BIOPSY-List Sites/Sources below	SUBSCRIEGER  ORDERING MD:  LAST  PHORE  PHYSICIAN TO RECEIVE REPORT:  PHYSICIAN TO RECEIVE REPORT:  PHYSICIAN TO RECEIVE REPORT:  PHYSICIAN TO RECEIVE REPORT:  HISTOPATHOLOGY  Take Collected Three Collected By Take Formain & A Specimen Collected Three Collected By Take Specimen Collected Three Collected By Take Specimen & A Specimen Collected Three Collected By Take Specimen & A Specimen Collected Three Collected By Take Specimen & A Specimen & A Specimen Collected Three Collected By Take Specimen & A Speci	GROUP#/ENROLLMENT CODE		GROUP#/ENROLLMENT CODE
ORDERING MD: ORDERING MARROW O	ORDERING MD: ORDERING MD: ORDERING MD: ORDERING MD: PHONE PHYSICIAN TO RECEIVE REPORT: PHYSICIAN TO RECEIVE REPORT: PHYSICIAN TO RECEIVE REPORT:  HISTOPATHOLOGY  Date Collected. Time Collected Collected By Times in Familian Conference  BIOPSY—List Sites/Sources below(SURQ) Should Correspond To Container  BONE MARROW  Leukema Immunofilow Cytometry  Leukema Immunofilow Cytometry  Leukema Immunofilow Cytometry  Deposite outs final to provide for each sea control Container  Deposite outs final to provide for each sea control Container  Deposite outs final to provide for each sea control Container  Deposite outs final to provide for each sea control Container  Deposite outs final to provide for each sea control Container  Deposite outs final to provide for each sea control Container  Deposite outs final to provide for each sea control Container  Deposite outs final to provide for each sea control Container  Deposite outs final to provide f			
ORDERING MD: PHYSICIAN TO RECEIVE REPORT: PHYSICIAN TO RECEIVE REPORT:  Date Collected: Tire Sollected: Tire Collected: Tire Collected: Tire Collected: Tire Collected: Tire Collected: Tire Collected: Tire Sollected: Tire S	ORDERING MD: PHONE PHONE   CALL TO   PHYSICIAN TO RECEIVE REPORT:			
PHYSICIAN TO RECEIVE REPORT:  PHYSICIAN TO RECEIVE REPORT:    District Collected:   Tree Collected:   Collected By:   Time in Formating   Processing   Tree Collected:   Tree	PHYSICIAN TO RECEIVE REPORT:  PHYSICIAN TO RECEIVE REPORT:  Diate Collected:  Trine Collected:  Trine Collected:  Collected By:  Trine in Formatin  Correspond To Container  With Slides  With No Slides  I ron Stain Only  BONE MARROW  Loukemia Immunoflow Cytometry  C  BONE MARROW  Loukemia Immunoflow Cytometry  Degraces codes must be provided for each test ordered. Only tests you believe are appropriate for the diagnosis and treatment of the patient. Medicate codes not generally cover routine  PRE OP DIAGNOSIS:  POST OP DIAGNOSIS:  CLINICAL HISTORY:  Trialer  Trialer	LAST	FIRST	OR
HISTOPATHOLOGY    Date Collected   Time Collected   Date   Collected   Date   Collected   Date   Collected   Date   Collected   Date   Collected   Date   Da	PHYSICIAN TO RECEIVE REPORT:    District Collected   Time Collected   Collected By:   Time in Formation   Confederate   Collected By:   Time in Formation   Confederate   Collected By:   Time in Formation   Confederate   Collected By:   Co			CALL TO
HISTOPATHOLOGY    Date Collected:   Time Collected:   Collected By   Time in Formalin   Set Specimen   Collected:   Collec	HISTOPATHOLOGY    Date Collected:   Time Collected By:   Time to Formain   Set Specimen   Collected By:   Time to Formain   Set Specimen   Collected By:   Time to Formain   Set Specimen   Set Specimen			
Diagnosis Collected:   Trine Collected:   Collected By:   Trine in Formation   Continions   Co	Discretified   Time Collected   Time (Collected By);   Time in Formation   Containers   Containers   Containers   Discretified   Containers   Discretified	PHYSICIAN TO RECEIVE REPORT:		
BIOPSY-List Sites/Sources below(SURQ) Should Correspond To Container    BONE MARROW   With Slides   With No Slides   Iron Stain Only	BIOPSY-List Sites/Sources below(SURQ) Should Correspond To Container    BONE MARROW   With Slides   With No Slides   Iron Stain Only	Date Collected: Time Collected: Col	lected By: Time in Formalin # of Specin	
With NS lides   With NS lides   With NS lides   Iron Stain Only   BONE MARROW   Leukemia Immunoflow Cytometry   BONE MARROW CHROMOSOMES   GROSS ONLY   Notice to Physicians:   Diagnosis codes must be provided for each test ordered. Only tests you believe are appropriate for patient care should be ordered. Medicare will only pay for tests that are medically necessary for the diagnosis and treatment of the patient. Medicare does not generally cover routine screening tests.    PRE OP DIAGNOSIS:   POST OP DIAGNOSIS:   POST OP DIAGNOSIS:   Val   Clare	With Sides   With No Sildes   Iron Stain Only			
Leukemia Immunoflow Cytometry  C	Leukemia Immunoflow Cytometry  C		ow(Suru) Snould Correspond 1	<ul><li>□ With Slides</li><li>□ With No Slides</li></ul>
BONE MARROW CHROMOSOMES  GROSS ONLY  Notice to Physicines  Diagnosis codes must be provided for each test ordered. Only tests you believe are appropriate for patient care should be ordered. Medicare will only pay for tests that are medically necessary for the diags and treatment of the patient. Medicare does not generally cover routine screening tests.  PRE OP DIAGNOSIS:  POST OP DIAGNOSIS:  CLINICAL HISTORY:  P. Fall Name  P. Fall Name  Collect: SewSource:  445260176300  DOB:  445	BONE MARROW CHROMOSOMES  GROSS ONLY  Notice to Physicians: Diagnosis codes must be provided for each test ordered. Only tests you believe are appropriate for patient care should be ordered. Medicare will only pay for tests that are medically necessary for the diagnosis and treatment of the patient. Medicare does not generally cover routine screening tests.  PRE OP DIAGNOSIS:  POST OP DIAGNOSIS:  CLINICAL HISTORY:  P. Full Name Collect: Coll	В		II.
Notice to Physicians: Diagnosis codes must be provided for each test ordered. Only tests you believe are appropriate for patient care should be ordered. Medicare will only pay for tests that are medically necessary for the diagnosis and treatment of the patient. Medicare does not generally cover routine screening tests.  PRE OP DIAGNOSIS:  POST OP DIAGNOSIS:  CLINICAL HISTORY:  445260176300  P. Full Mane:  Colect:  Colect:  Micro P. Full Mane:  Micro FOR OPPICIAL USE ONLY  MICRO FO	Notice to Physicians: Diagnosis codes must be provided for each test ordered. Only tests you believe are appropriate for path tare are should be ordered. Medicare will only pay for tests that are medically necessary for the diagnosis and treatment of the patient. Medicare does not generally cover routine screening tests.  PRE OP DIAGNOSIS:  CLINICAL HISTORY:  CLINICAL HISTORY:  445260176300  DOB:	C		☐ BONE MARROW CHROMOSOMES
Diagnosis codes must be provided for each test ordered. Only tests you believe are appropriate for patient care should be ordered. Medicare will only pay for tests that are medically necessary for the diagnosis and treatment of the patient. Medicare does not generally cover routine screening tests.    PRE OP DIAGNOSIS:	Diagnosis codes must be provided for each test ordered. Only tests you believe are appropriate for patient care should be ordered. Medicare will only pay for tests that are medically necessary for the diagnosis and treatment of the patient. Medicare does not generally cover routine screening tests.  PRE OP DIAGNOSIS:  POST OP DIAGNOSIS:  CLINICAL HISTORY:  CLINICAL HISTORY:  445260176300  DOB	D		☐ GROSS ONLY
PRE OP DIAGNOSIS:  POST OP DIAGNOSIS:  CLINICAL HISTORY:  CLINICAL HISTORY:  445260176300  DOB /	PRE OP DIAGNOSIS:  POST OP DIAGNOSIS:  CLINICAL HISTORY:  445260176300  DOB/_ 445260176300  P. Full Name:  Collect:/			Diagnosis codes must be provided for each test ordered. Only tests you believe are appropriate
PRE OP DIAGNOSIS:  POST OP DIAGNOSIS:  CLINICAL HISTORY:  CLINICAL HISTORY:  445260176300  P. Full Name:  Collect: / Collect: / Collect: / Sike/Source:  P. Full Name: P.	PRE OP DIAGNOSIS:  POST OP DIAGNOSIS:  CLINICAL HISTORY:  445260176300  DOB/_ 445260176300  P. Full Name:  Collect:/ : Collect:/ : Collect:/ : SilsiSource: SilsiSource: : SilsiSource:    145260176300  DOB/_ 445260176300  DOB/_ 445260176300  DOB/_    P. Full Name:    Collect:/ : Co	F		for the diagnosis and treatment of the patient. Medicare does not generally cover routine
POST OP DIAGNOSIS:  CLINICAL HISTORY:   445260176300  DOB: 445260176300  PI. Full Name:  Collect:	POST OP DIAGNOSIS:  CLINICAL HISTORY:  445260176300			· ·
CLINICAL HISTORY:    445260176300   DOB:/   445260176300   DOB:/   445260176300   DOB:/   Vial   Pt. Full Name:   Collect:   Collect:   Collect:   Site/Source:   Site/Source:   Site/Source:   Site/Source:   Collect:   C	CLINICAL HISTORY:    445260176300   DOB _ /	PRE OP DIAGNOSIS:		
CLINICAL HISTORY:    445260176300   DOB: _/_   445260176300   DOB: _/_   445260176300   DOB: _/_   Vial   Pt. Full Name:   Collect: /	CLINICAL HISTORY:    445260176300   DOB:	DOST OD DIACNOSIS:		
CLINICAL HISTORY:    445260176300   DOB:	CLINICAL HISTORY:    445260176300   DOB: / _   445260176300   DOB: / _   445260176300   DOB: / _     Vial   Name:   Pt. Full Name:   Pt. Full Name:   Collect: / _   Site/Source:     / _			
A45260176300   DOB:/	A45260176300   DOB:   A45260176300   DOB:			
Pt. Full Name:	Pt. Full Name:			
Pt. Full Name:	Pt. Full Name:			14450045000
445260176300 DOB:/ 445260176300 DOB:/ 445260176300 DOB:/ #45260176300 DOB:	445260176300 DOB:_/_/	445260176300 DOB:	Pt. Full Name:	Pt. Full Name: Vial
445260176300 DOB:/ H45260176300 DOB:/ H500 FOR OFFICIAL USE ONLY USE	445260176300 DOB: _/_	Collect:/:	/	:/:::Slide
Pt Full Name:     Pt Full Name:     Pt Full Name:     USE ONLY       Collect:     /	Pt. Full Name:         Pt. Full Name:         Pt. Full Name:         USE ONLY           Collect:         /         :         Collect:         /         :         USE ONLY           Site/Source:         Site/Source:         Site/Source:         /         /         /	445260176300 DOB:	445260176300	OB:/_/ 445260176300 DOB:/_/ Micro
Site/Source:   Site/Source:     / /	Site/Source:Site/Source:Site/Source:	Collect:/:	/	Pt. Full Name: USE ONLY
INTEGINATED LADEL	Form# IRL-C; rev. 09/2017	Site/Source:		



2062645.indd 2



2062645.indd 3



2062645.indd 4