

Welcome

Dear Valued Customer,

Welcome to Diagnostic Laboratory of Oklahoma (DLO), the premier provider of clinical laboratory information and services throughout Oklahoma. As a joint venture with Quest Diagnostics and INTEGRIS Health, DLO has a comprehensive medical and scientific staff, an extensive network of patient locations and a broad range of innovative diagnostic laboratory testing and services. Our creative employees work together in technology rich settings and stimulating environments making DLO the industry leader since 2001.

It is our mission to provide innovative, timely and quality medical laboratory services. DLO's Go Kit is a key component in that process. It provides valuable information addressing industry policies and procedures as well as DLO-specific practices. The contents have all of the information needed to consistently deliver the highest quality laboratory testing and diagnostic insight.

We are committed to providing more than just lab services. We transform knowledge into insights and insights into solutions that span the continuum of care, letting you focus on what matters most—the health of your patients. We understand that, in the right hands, and with the right context, our diagnostic insights can inspire actions and transform lives.

It's our privilege to serve you and your patients. We are constantly looking for ways to be of assistance, and would welcome hearing from you with questions or ideas you may have to improve our service.

Thank you for choosing DLO as your trusted laboratory partner.

Sincerely,

R'Nee Mullen, CEO

Diagnostic Laboratory of Oklahoma

DLO Mission

Provide innovative, timely, and quality medical laboratory services

DLO Vision

To be the trusted laboratory partner — empowering health, impacting lives

Our principles





 Deliver disciplined capital deployment

Our values

- Quality
- Integrity
- Innovation
- Accountability
- Collaboration
- Leadership

Our behaviors

- Agile
- Transparent
- Performance Oriented
- United as One Team
- Customer Focused

This manual is designed to provide our clients with useful information to help them get started quickly and begin accessing the many resources and services DLO has available. It is intended to an be easy-to-use reference guide with information on standard procedures, key forms, and important contact information. The testing information included is limited to those tests which are most frequently used and is not a complete menu of DLO's tests. Please visit dlolab.com for more information on all of the tests available through DLO.

We are constantly increasing our test menu and improving available tests and procedures. The most important laboratory changes are communicated to all DLO customers through the monthly newsletter **Laboratory Update**, which can be found through IntelliTest Manager™. We encourage providers and staff to review and take note of test additions, improvements and other important notifications in this newsletter.



Introduction

As a new client, we'd like to introduce you to DLO, who we are and what we do.

We are Oklahomans serving Oklahomans by providing better health with diagnostic insights. As a joint venture of Quest Diagnostics, DLO provides the most comprehensive diagnostic testing and services available in Oklahoma.

Clinical expertise which is unsurpassed in Oklahoma

- Full-service microbiology department includes virology, parasitology, mycology, and mycobacteriology
- · Largest employer in Oklahoma of medical technologists with more than 220 med techs
- More than 40 microbiology technicians and assistants
- 7 cytotechnologists
- 9 rapid response labs and one central lab
- 10 hospital labs under DLO's Laboratory Management
- · Most comprehensive solid tissue HLA laboratory in the region, located at INTEGRIS Nazih Zuhdi Transplant Institute
- Board-certified AmeriPath pathologists who also provide medical directorships
- Electron microscopy for nephrology

Maintains the highest quality tests and specimen integrity

- Highly-trained, DLO-employed route service representatives
- 95 DLO transport vehicles cover 9,500 miles and make 1,250 stops daily
- · High-tech, hand held tracking devices allow specimens to be tracked during transit according to type, temperature and department
- More than 35 DLO employees staff the 24-hour customer service and support call center located in the central lab

Patients come first

- More than 150 skilled, friendly phlebotomists keep patients at ease
- More than 40 in-office phlebotomists
- More than 50 conveniently-located patient service centers and contracted draw sites statewide
- Electronic test results available to patients via computer, tablet, and smart phone.



DLO's analytic capabilities allow providers to make decisions based on real-time data



User-friendly, mobile-friendly tools for test ordering and reporting are available through dlolab.com, Test Center, and Quanum™



Access to more than 600 Ph.D.s and M.D.s available for clinical consultation



We support our communities

- DLO offers free and discounted testing for multiple charitable organizations
- Employees are active in Leukemia and Lymphoma Society, Habitat for Humanity, American Heart Association, American Red Cross, Juvenile Diabetes Foundation and other charitable organizations

We're respected in our communities

- Named Best Places to Work in Oklahoma every year since 2005
- Celebrated 20 years in business in 2021

We perform for our communities

- #1 in Quality Metrics for all Quest business units in 2015, 2016, 2018, and 2019
- #1 in Employee Engagement for all Quest business units since 2015

Who is Quest Diagnostics?



Quest Diagnostics empowers people to take action to improve health outcomes. Derived from the world's largest database of clinical lab results, Quest's diagnostic insights reveal new avenues to identify and treat disease, inspire healthy behaviors and improve healthcare management.

- Network of esoteric and specialized laboratories
- Broad menu of specialized testing including cancer, infectious disease and genetics
- Annually serves one in three adult Americans
- Nationwide laboratory which services 50% of the hospitals throughout the U.S.
- More than 20 billion test results delivered in the past decade

Quest's 45,000 employees understand that, in the right hands and with the right context, their diagnostic insights can inspire actions that transform lives.

Who is AmeriPath?



AmeriPath Oklahoma City is dedicated to providing comprehensive diagnostic solutions, advanced technology and testing, and superior pathology services to local medical communities.

- Direct access to our pathology team for case consultation and specimen discussion
- Fast turnaround time: 24-48 hours for most tissue and cytology evaluations
- Comprehensive IHC, special stains and molecular testing on complex cases
- AmeriPath offers the expertise of a pathology network of more than 450 board certified pathologists

Through diagnostic excellence and personalized services, AmeriPath is committed to being Oklahoma's local pathology partner and single source solution for diagnostics insights.

Table of Contents

Contacts

Key Contacts	1
Helpful Resources	2
Test Ordering	
Helpful Ordering Information	4
Electronic Test Ordering Options	
DLO General Requisition	
ICD Code Requirements	
Billing, Insurance, and Medicare	7
Specimen Collection and Handling	
Specimen Collection and Handling	10
Quest Test Directory	11
IntelliTest Manager™	12
DLO's Virtual Test Guide	13-15
Blood Collection	
Order of Draw	16
Proper Phlebotomy Techniques	17
Coagulation Testing	18
Factors that Compromise Specimens	19
Proper Specimen Preparation	
Microbiology Collection Devices	
Cytology Specifications	
Specimen Identification	
Requisition Folding	24
Online Specimen Pickup Scheduling	
Specimen Transport Preparation and Lock Box Instructions	25
Results and Reporting Overview	
Reporting Results	28
Sample Clinical Report	
Quanum™ Reporting	
Clinical Experts	
Clinical Report Delivery Policy	29
Insurance and Billing Information	
Billing Services Overview	
elnvoice™	
DLO Insurance Provider List	
PECOS Enrollment	
Medicare Limited Coverage Policy (MLCP)	
Advance Beneficiary Notice (ABN) Form	
Advance Written Notice (AWN) Form (Humana only)	
Oklahoma Health Care (SoonerCare) Prior Authorization	40-42

Patient Services

Appointment Scheduling/eCheck-In	44
MyQuest™ Patient Portal	45
Payment Options for Laboratory Testing	46
QuestDirect™	47
Sample Patient Invoice	48
Information Technology	
EHR/IT Compatibility	50
System Access	50
Superior Support	50
Information Technology Resources	50
dlolab.com	51-52
QuestConnect™	53
Quanum [™] Solutions	
Account Registration	56
Navigating Quanum	57
Test Ordering	58
Specimen Collection Requirements	59
Reporting Results	60-61
Interactive Insights	62
Quanum Solutions	63
MyQuest TM	63
Ordering Supplies	
Ordering Supplies	66
Supply Research	
Supply Request Form	
Addendum	
Glossary of Terms	71
DLO CLIA Laboratory Certificate of Accreditation	
DLO CAP Laboratory Certificate of Accreditation	
Sample Requisitions	
Patient Service Center/Contracted Draw Site Guide	
Supply Paguaget Form	0.4

The information found the Go Kit is subject to change at DLO's discretion without notification. The most recent version can be found at dlolab.com/gokit. Print dates can be found on the lower inside corner of every page.

Key Contacts

My Account #		
Account Exec.		
E-mail		
	Phone	
E-mail		
IT Contact		

Helpful Resources

Consult with our experienced team to get the insights you need. Call the appropriate helpline below and connect to the first available expert most qualified to answer your question.

DLO Customer ServiceDLO Add-On Test Fax	405.608.6100 or 800.891.2917, Option 2 405.213.1661 Fax
DLO Logistics and STAT Pickup	405.608.6100 or 800.891.2917, Option 3
DLO Supplies	405.608.6100 or 800.891.2917, Option 4, then Option 1 866.865.1810 Fax
DLO Sales Support	405.608.6100 or 800.891.2917, Option 5 405.608.6215 Fax
DLO Billing	405.608.6100 or 800.891.2917, Option 6
DLO Cytology	405.608.6100 or 800.891.2917, Option 8
Connectivity/Quanum Help Desk	800.697.9302
AmeriPath ameripath.com	405.227.5493

DLO is committed to protecting the confidentiality of an individual's health information in compliance with all applicable federal, state and local laws and regulations. For more information about our privacy practices, please visit dlolab.com which contains the most up-to-date information.

Helpful Resources

Quest Diagnostics' Employer Solutions 800.877.7484

Genetic Counselor Hot-line 866.GENE.INFO

(866.436.3463)

Toxicology Specialist 877.40.RXTOX

(877.407.9869)

dlolab.com

Quest Diagnostics' Test Directory - dlolab.com home page Test and specimen requirements

Quanum[™] Lab Services Manager - dlolab.com home page

- Simplified lab ordering
- Supply ordering
- Specimen pickup
- Enhanced results
- Pricing transparency
- Billing trailers
- Full test menu
- Online Test Directory

IntelliTestManager.com

Test changes and lab updates

DLO Insurance Network - dlolab.com/insurance

List of preferred and in-network health plans accepted by DLO

Medicare Limited Coverage Policies (MLCP) - dlolab.com/mlcp

List of preferred and in-network health plans accepted by DLO

Virtual Test Guide - dlolab.com/vtg or virtualtestguide.com

Complete test, specimen requirements and collection guides for select tests

QuestDirect™ - dlolab.com/questdirect

Patient Self-Ordered Laboratory Testing

Choose to Know through DLO - dlolab.com/choose-to-know or choosetoknow.com

Patient and Provider Education

MyQuest Patient Portal - myquest.questdiagnostics.com

Patient lab results and testing information





Test Ordering

With DLO, you're good to GO

When you order tests through DLO, you can count on high-quality results from a reliable, accurate and innovative diagnostic testing service provider.

About this section

This section will acquaint you with test ordering options and requirements.

Electronic test ordering options

DLO paper requisitions

ICD-10 requirements

Billing, insurance, and Medicare requirements

For additional assistance with test ordering, please contact DLO's Customer Support Center at 800.891.2917, option 2.

Helpful Ordering Information

When you order tests through DLO, you can count on high-quality results from a reliable, accurate and innovative diagnostic testing service provider. We offer multiple ways to submit your lab orders electronically as well as through paper requisitions.

When lab orders are submitted with missing or inaccurate information it can lead to unnecessary costs for your patients as well as disruptions to providers. Avoid disruptions caused by follow-up phone calls and letters to obtain missing or inaccurate information by reviewing the following information.

Electronic Test Ordering Options

Ouanum™ Solutions

Place and track patient lab test orders and access lab test results anywhere, anytime from a laptop, PC, or mobile device.

Complete a requisition in as little as 10-15 seconds — Insurance eligibility verification helps minimize payor issues

Revise lab orders electronically

View standing orders, orders on hold, and test status

Access results quickly and easily

Track patients' health

Please see the Quanum Solutions section for more information. To get set up, contact your DLO Account Executive.

Your EHR Computer Interface

DLO interfaces with more than 600 EHR applications and laboratory information systems, more than any other lab company.

Our connectivity team can help certify, implement, and support EHR interfaces and provide assistance with test dictionary mapping and building.

To get set up, contact your DLO Account Executive.

DLO Paper Requisition

DLO's Test Requisition Form is easy to complete. Simply fill out the sections on patient and billing information, ICD Code(s) and test(s) requested. It is important to fill out the form accurately and completely to minimize follow-up and ensure you receive timely reports. Please refer to the DLO Test Requisition diagram for clarification on proper completion.

Your DLO representative can work with you to create a customized requisition to address your practice's specific needs. This saves you time and reduces potential errors by including information that is relevant to your practice.

Missing and Incomplete Information

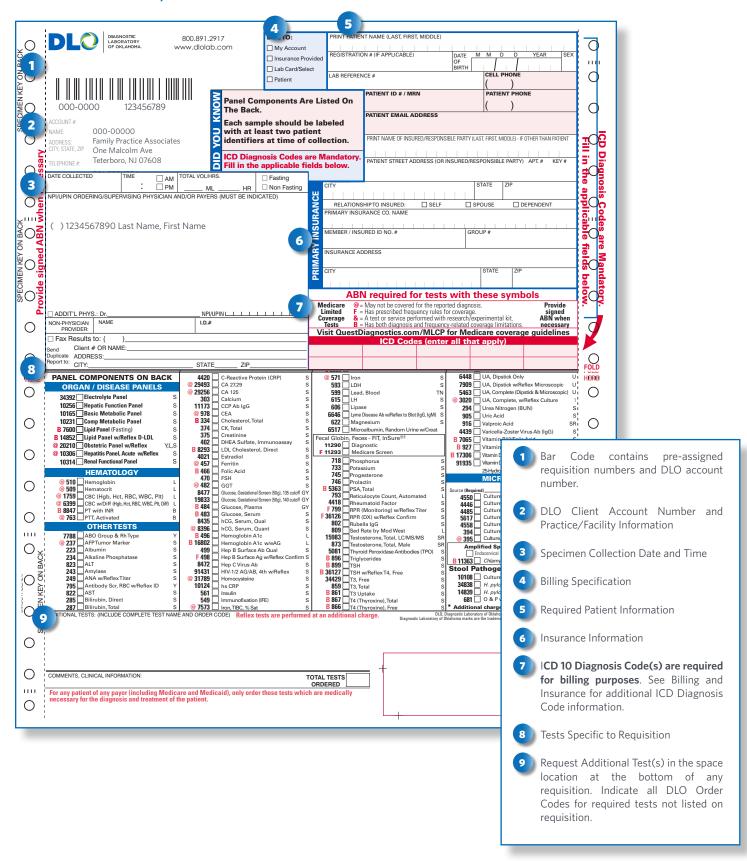
Orders received with incomplete billing information will generate a **Missing Information Request within 72 hours**. Missing Information Requests must be returned promptly to meet your patient's insurance carrier requirements and timely filing limits.

Be certain to **complete all the required billing information** on the requisition at the time of ordering. If you receive a Missing Information Request, the request must be signed and returned before any action may be taken.

To ensure testing is performed for your Medicare beneficiaries, **the ordering provider must be enrolled in Medicare through PECOS**. Please refer to the PECOS enrollment section for further details on how to enroll.

Helpful Ordering Information

DLO General Requisition



Test Ordering (5

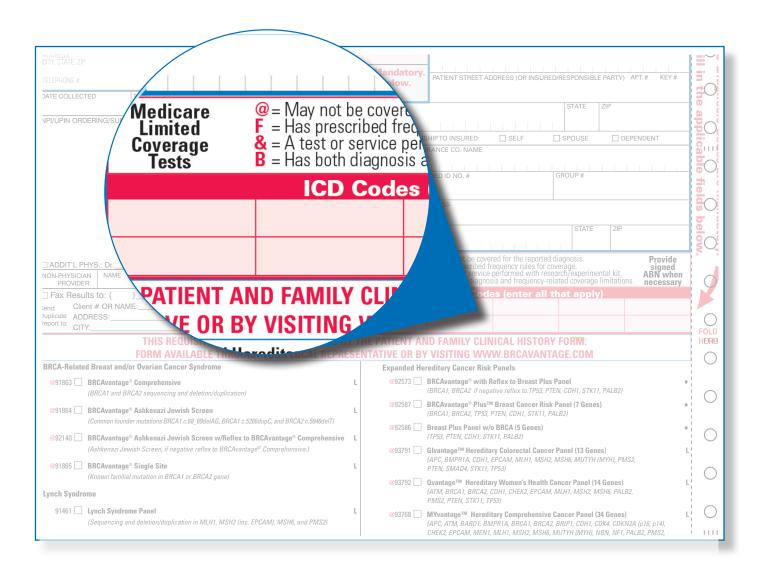
General Health Requisition Form

ICD Code Requirements

Pay particular attention to ICD codes when completing your paper test requisitions or online test orders.

It is important to list all medically relevant codes when ordering tests to facilitate payor approval. Insurance, Medicare and Medicaid require appropriate ICD Diagnosis Code(s) prior to processing patient claims.

Indicate all applicable codes in the boxes provided. Do not include descriptive diagnoses. ICD codes are for billing purposes only and will not be considered as clinical history in the evaluation of Pap Smears.



Helpful Ordering Information

Billing, Insurance, and Medicare

DLO Client Bill

Do Not List Any Insurance Information on a requisition which is to be billed directly to the DLO account holder.

Insurance

Managing the complexities of insurance coverage is challenging. Always check with the patient for changes in insurance coverage and be sure to check the most recent DLO Insurance List at dlolab.com/insurance to confirm participation. *Medicare should be listed as Primary Insurance for patients who qualify.*

When billing Medicare, always complete the Advance Beneficiary Notice (ABN) when appropriate. It is also very important to include the appropriate ICD Codes on test orders. Medicare will not pay for tests ordered without an appropriate ICD Code listed on the requisition. Resources for ICD Codes can be found in the MLCP section of our website at dlolab.com/mlcp.

When billing Medicaid, specific tests require prior authorization requests (PAR) before testing is ordered. Please refer to Insurance and Billing for additional information.

Medicare Limited Coverage Policies (MLCP)

Medicare publishes limited coverage policies for certain laboratory tests. Tests subject to limited coverage are only considered medically necessary and reimbursable by Medicare if ordered for patients with certain conditions.

Medicare beneficiaries must be informed in writing prior to specimen collection that Medicare is likely to deny coverage if the diagnosis does not meet Medicare's coverage determination. The patient's signature on an Advance Beneficiary Notice (ABN) acknowledges that s/he agrees to be personally and fully responsible for payment if Medicare denies payment.

If you are ordering a limited coverage test for diagnostics reasons that are not covered under Medicare policy, you must submit a signed ABN to ensure the test is processed. DLO may not perform testing if the order does not include the required ABN.

To ensure testing is performed and avoid delays, rework, and follow-up phone calls, refer to the Quest Diagnostics Medicare Limited Coverage Policy Reference Guides at dlolab.com/mlcp. Please list all medically appropriate ICD-10 code(s) on the requisition when ordering limited coverage testing.

Orders received with incomplete billing information will generate a **Missing Information Request within 72 hours**.



Specimen Collection and Handling

With DLO, you're good to GO

At DLO, we understand how critical each specimen and test result can be in managing your patients' health. We take all possible care to maintain specimen integrity from the moment it is picked up through test completion. Specimens are picked up, packaged, tracked and delivered directly to the laboratory by our reliable, efficient Route Service Representatives (RSRs), thereby minimizing the need for follow-up, thus freeing time for your staff.

About this section

This section will acquaint you with DLO's specimen handling process.

Electronic resources for testing and specimen collection

- Quest Diagnostics Test Directory
- IntelliTest Manager™
- Virtual Test Guide on dlolab.com

Specimen Handling and Transport Overview

Blood Specimen Collection

Microbiology Specimen Collection

Cytology Specimen Collection

For additional assistance with test ordering, please contact DLO's Customer Support Center at 800.891.2917, option 2.

Specimen Collection and Handling

Quality results depend on quality specimens

Quality results begin with the manner in which specimens are collected and prepared for testing. With a comprehensive menu of more than 3,500 tests, DLO and Quest Diagnostics perform testing on a wide range of sample types. Properly collecting and preparing patient specimens ensures you get the results you need to care for your patients.

Specimen Collection Requirements

Refer to the digital tools explained below for expanded instructions on patient preparation and laboratory specimen collection procedures for individual tests.

Test Directory

Information on all tests offered through DLO/Quest questdiagnostics.com/testcenter

DLO's Virtual Test Guide

Complete test and specimen collection guide for frequently ordered and DLO specific tests

dlolab.com/virtual-test-guide or dlolab.com/vtg

Directory of Services

Testing and specimen collection information with helpful explanations for standard Quest policies and procedures questdiagnostics.com/directoryofservices

Intellitest Manager™

Online tool to access new test information, test updates and changes

intellitestmanager.com

Quanum™ Solutions

View specimen collection requirements at time of order processing

Specimen requirements include information such as specimen volume collection and transport containers as well as transport temperature.

Adequate specimen volume must submitted for analysis. The volume listed is enough for initial analysis as well as for any confirmatory tests that must be performed. *If an inadequate specimen is submitted, we may not be able to perform the initial test or required confirmatory procedures.*

Patient Preparation

Many tests require that the patient be prepared in some specific way to ensure useful results. Please refer to the digital tools previously explained or call Customer Services for clarification of any patient preparation that might be needed.

A fasting specimen is preferred for the majority of tests performed on serum, plasma, or whole blood. Non-fasting specimens often contain fat particles that can interfere with many analytical procedures.

Supplies

Specimen collection devices supplied by DLO are to be used only for the collection of specimens for processing by DLO. Supplies are not to be used to store or dispose of biological materials, including sharp instruments, or for any activity not connected with the collection of specimens for processing by DLO.

Specimens collected and/or transported in expired collection or transport devices may be rejected. Routinely check to ensure your supplies are not outdated.

Health and Safety Precautions

Specimens should be handled in a safe manner and according to applicable legal requirements or guidance. Information on safe specimen handling may be obtained from the US Occupational Safety and Health Administration (OSHA) and the Centers for Disease Control and Prevention (CDC).

Additional Details and Instructions

- Specimen leakage or contamination of collection device
- Specimens should never be frozen in glass tubes
- No needles or other sharps in the package which could cause injury or pathogenic exposure

DLO reserves the right to refuse to accept any transports that pose a safety hazard to its employees.



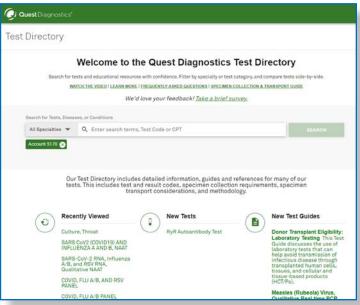
Quest Test Directory

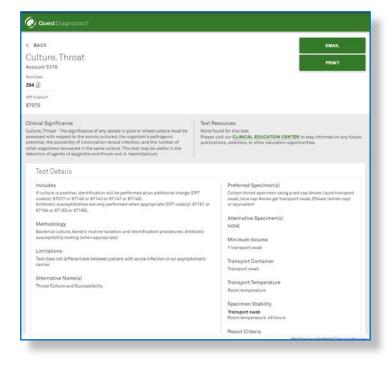
Improved access to Quest's latest testing information

Quest Diagnostics' Test Directory is a valuable resource available to providers and their staff for testing information. Links to the Test Directory can be found on the dlolab.com homepage, in the Tools and Resources for Providers, and throughout the Virtual Test Guide.

On your first visit to the Test Directory, select "Click Here" under "Ordering from a Quest Diagnostics affiliate" and then select DLO to save your service area. Any searches will now test information available for DLO.







Quest's Test Directory provides comprehensive information for all tests available through DLO/Quest.

- Search engine dedicated to the Test Center
- DLO/Quest test name
- Test code(s)
- Billing CPT code(s)
- Additional testing or reflex criteria
- Methodology
- Limitations
- Reference ranges
- Clinical significance
- Link to FAQs, algorithms, test reference material orrelated articles
- Preferred and acceptable alternative specimens
- Links to related sections of questdiagnostics.com

Intellitest Manager™

Easily manage the test changes that are most important to you

IntelliTest Manager is a flexible online tool that provides best-in-class features for accessing new test information, test updates and changes based on specific account utilization. Clients can simply visit **intellitestmanager.com** and log in with their client number and 5-digit zip code.

Get the test update data you need in the format you want with IntelliTest Manager

Features

Filter by the utilization of multiple accounts

Browse and perform keyword search across all updated tests

Manage recipients of email notifications about lab updates

Export information in the product-specific format specified by your EMR or LIS vendor

Filter and browse tests by specific client utilization

Customize the view by selecting and hiding data fields

Sort information based on the following: new tests, CPT code, specimen requirements, transport temperature, specimen stability, reference range or methodology

View test change documents online, 24/7

See test update history with effective date range

See detailed information for updated test(s), including specimen requirements and effective dates

Export and download list of all updated tests to Excel and PDF

Update notification available by email

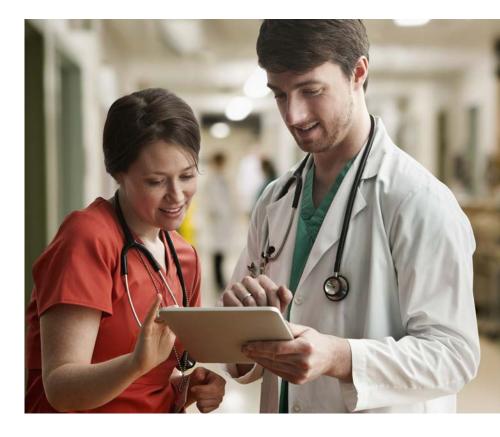
Interface mapping information provided, including LOINC

See pricing messages for price matching due to test code changes

Browse and print new test offerings

For questions or support:

Email intellitestmanager@questdiagnostics.com, call 1.800.697.9302, Option 1, then 6, or ask your DLO Account Executive



Customize your view



Virtual Test Guide

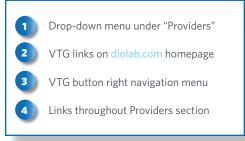
DLO's premium laboratory testing reference tool

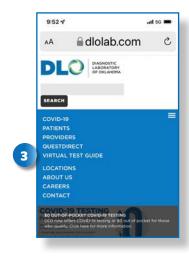
An innovative online, no-cost solution to providing testing information with specimen guideline and visual collection guides for Oklahoma's healthcare providers.

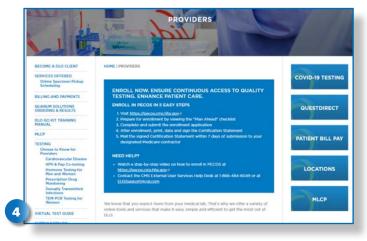
DLO's Virtual Test Guide (VTG) on dlolab.com features test information, specimen collection specifics and a visual collection guide for individually selected frequently-used tests and tests with a history of collection and/or submission difficulties. The Virtual Test Guide homepage can be accessed several different ways.

Easily accessed through your phone, tablet or computer at dlolab.com/vtg.





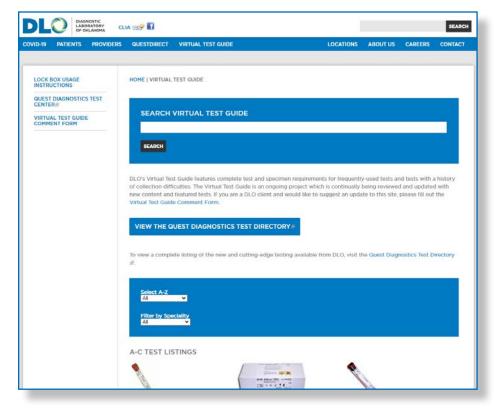




Virtual Test Guide

Gain complete test information in one location

Finding the information you need has never been easier.



VTG Search Engine is dedicated to search key words, disease state, tests names, tests numbers and specimen collection devices within the guide.

Tests are listed alphabetically on the VTG homepage, according to test name.

Filters allow tests to be sorted according to specific specialties and/or alphabetic ranges

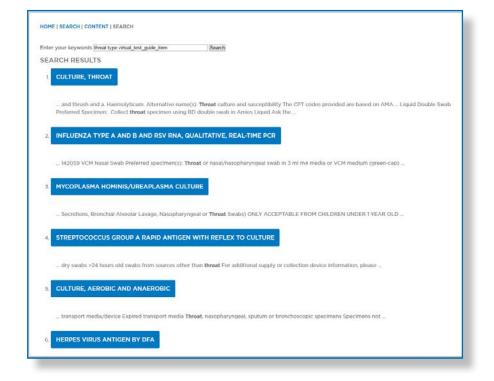
Specimens must be segregated according to temperature while being stored for transport. **Lock Box Usage instructions clarify** what is needed to protect the integrity of each specimen until pickup by a DLO RSR.

Quest's Test Directory contains information on all of the more than 3,500 tests available through DLO and Quest Diagnostics.

Can find a test? Have a comment you want to share? **Virtual Test Guide Comment Form** sends all submissions to DLO's VTG Team for review and response.

Providing accurate results every time.

VTG search results will list all tests which contain any part of the submitted search criteria. The tests are listed according to the percentage of matching criteria.



Virtual Test Guide

The only place to go for all your test information



All information you need to make the best decision for your patients.

DLO/Quest test name

Collection device(s) photo

Test code(s)

Billing CPT code(s)

Additional testing or reflex criteria

Methodology

Limitations

Reference ranges

Clinical significance

Link to FAQs, algorithms, test reference material or related articles

Alternative test names

Complete listing of the specimen(s) with collection device(s)

Easy to understand instructions and clinical explanations

Collection device with DLO supply order number

Additional test codes, when available

Preferred specimen

Collection instructions with illustrations, when available

Specimen transport and storage

Transport container

Transport temperature

Specimen stability

Rejection criteria

Specialties associated with test

Click any "Virtual Test Guide" link to return to the VTG homepage.

"HOME" link at the top of any page within dlolab.com will lead to the site's homepage.

Information on related tests or disease states not listed in the VTG can be found at the Quest Diagnostics' Test Directory.

Quality testing starts with proper specimen preparation

Properly collecting and preparing patient blood specimens can minimize errors or inaccurate results and reduce test delays or cancellations. Common examples of inaccurate results and error messages include, but are not limited to:

- Falsely elevated potassiums
- Falsely decreased glucoses
- Falsely elevated lactate dehydrogenase levels
- "Specimen received unspun" comment on reports
- "Quantity not sufficient" (e.g., QNS) comments on reports
- "Red Blood Cells present in specimen" comment on report

Order of Draw

In order for a blood specimen to be appropriate for testing, it must be drawn in a specific order. The following "Order of Draw" procedure must be followed to ensure a suitable blood specimen is obtained and to avoid cross contamination of specimens with additives from a previous tube or container.

	>					
Blood Cultures	Citrate Tube	Separator	Heparin Tube	EDTA	Sodium Fluoride	Citrate ACD
Varies	Light Blue	Serum Tube	Green, Tan	Lavender, Tan or	Gray	Yellow
Invert 8-10 times	Invert 3-4 times	Gel - Red/Gray or Gold	Invert 8-10 times	Royal Blue Invert 8-10 times	Invert 8-10 times	Invert 8-10 times
		No Gel - Red		mvert o to times		
		Gently Invert 5 times				

- Allow the SST and red top serum tubes to clot for a minimum of 30 minutes, but no longer than 45 minutes, before centrifugation.
- Tubes should be allowed to clot in a vertical position (e.g., in a test tube rack) at room temperature unless otherwise noted.
- If your centrifuge is a swing bucket centrifuge, spin the SST and serum tubes for 15 minutes at 2,200 RPM.

For serum or plasma specimens, draw a sufficient volume of whole blood to obtain the required serum or plasma volume after centrifugation (approximately 2 ½ times more whole blood).

For serum, gently invert the tube eight times after filling; allow the blood to clot for at least 30 minutes in a vertical position and separate by centrifugation.

- 10 minutes for horizontal spin centrifuges
- 15 minutes for fixed head centrifuges

For plasma and whole blood, completely fill the tube to eliminate dilution from the anticoagulant or preservative; immediately mix the blood by gently and thoroughly inverting the tube ten times. Separate plasma by centrifugation. Transfer plasma to a plastic tube and label the tube as "plasma."



Proper Phlebotomy Techniques

This chart shows the various tube tops used during the collection of DLO lab specimens, including the additive, number of inversions and order of draw.

Order of Draw and Number of Inversions are for specimens drawn in plastic tubes only.

COLLECT IN THIS ORDER



Inversions

8-10



Citrate

Tube must be filled completely. Note: When using a winged blood collection set for venipuncture and a coagulation (citrate) tube is the first specimen to be drawn, a discard tube should be drawn first. The discard tube must be used to fill the blood collection set tubing's "dead space" with blood, but the discard tube does not need to be completely filled. This important step will ensure maintenance of the proper blood-to additive ratio of the blood specimen.







Do not use gel tubes for toxicology or

Gel, serum





No gel, Serum 5

Please visit DLO's Virtual Test Guide for instructions on proper collection and specimen processing procedure for Microtainers™.





Heparin 8







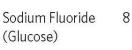
EDTA

8



EDTA







Tubes with other additives



Citrate SCD

Last tube drawn

Please properly fill and separate all specimens.

The information on this chart is valid as of November 17, 2021 and is subject to change without notice. ©2021 Diagnostic Laboratory of Oklahoma, L.L.C. All rights reserved.

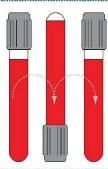
BD Vacutainer® Plus Plastic Citrate Tube Draw Volume Guide

Sufficient volume achieved if blood drawn falls above minimum fill indicator. For blood transfer, do not fill above illustrated dashed maximum line.

Note: The quantity of blood drawn into evacuated tubes varies with altitude, ambient temperature, barometric pressure, tube age, venous pressure and filling technique



* According to CLSI guideline, Dec. 2003, Doc. H1-A5, Vol. 23, No. 33.





Clot 30 minutes

Allow blood to clot for 30-45 minutes in a vertical position





Centrifuge at full speed (between 1100 & 1300g) for 10 minutes for swing-head units or 15 minutes for fixed angle units (balance tube in centrifuge).



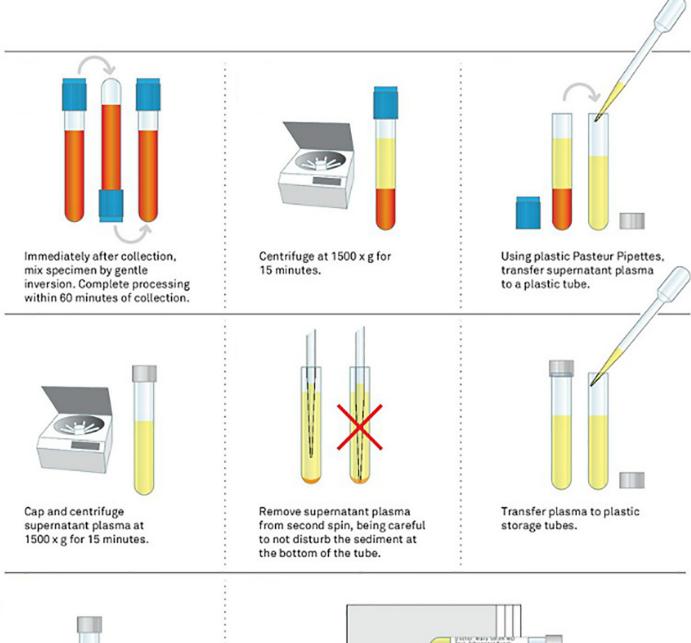
Fill Transport Vial



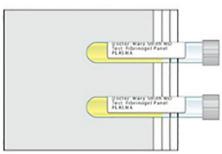
Using a pipet, move the serum to a clear transport vial. Label with Specimen Type and two patient identifiers.

Coagulation Testing

Preparing Platelet - Poor Plasma for Coagulation Testing







Factors That Compromise Specimens

Specimen integrity is imperative to achieve quality test results.

Your care, skill, and knowledge when preparing the patient and specimen are essential to the provision of the highest quality standards for testing and services.

The following guidelines highlight the various factors that can compromise patient's specimens and assays.

Hemolysis

Hemolysis occurs when the erythrocytes are ruptured and release their contents into the serum or plasma. The hemolyzed serum or plasma will look light pink to bright red. Hemolysis, even in small amounts, may alter test results markedly, particularly potassium and LDH. Grossly or moderately hemolyzed specimens may be rejected.

Causes of hemolysis include:

- Small needle used to collect specimen
- Difficult phlebotomy
- Placing red top tubes in the refrigerator without allowing 30 minutes at room temperature for complete clotting
- Vigorous shaking of specimens
- Storing specimens in excessive heat or in a refrigerator that is too cold

Quantity Not Sufficient (QNS)

Each assay requires a minimum amount of specimen required to perform the test accurately. If we do not receive enough of a specimen to meet the minimum volume requirements, we will not perform the test. For serum or plasma specimens, please draw more than the amount requested in our specimen requirements (for example, 2 ½ times more than the requested volume). If you suspect a specimen will be QNS, list tests in order of priority.

Lipemia

Excessive lipids in the blood produce a cloudy or milky specimen. Moderately to grossly lipemic specimens may invalidate many test results. Lipemic specimens may be the result of a recent meal prior to the blood collection. Follow the general rules of fasting before a blood specimen is obtained (e.g., the patient should have nothing to eat or drink, except water, for 8-12 hours prior to the draw).

Hyperbilirubinemia

Icteric serum or plasma will appear dark to bright yellow. Icterus may affect some results. To ensure quality we may request another specimen be collected for analysis.

Specimens collected with outdated supplies

Please check routinely to ensure that your supplies are not outdated. All specimens received in expired collection or transport tubes will be rejected by DLO.



Specimen Handling and Transport

Quality testing starts with proper specimen preparation.

Urine Collection

Urine collections require providing specific instructions to the patient. Clean catch patient instructions and 24-hour collection instructions are detailed in DLO's Virtual Test Guide and/or Quest Diagnostics Directory of Services. For 24-hour test collections, total urine volume must be included on both the laboratory order and the urine aliquot submitted for analysis.

Tissue Collection

Ensure that tissue specimens are covered completely in 10% formalin. For further details about collection and preparation of tissue specimens, refer to the Virtual Test Guide, Quest Diagnostics digital Directory of Services or Test Directory.

Collection (other)

Comprehensive collection procedures for trace elements, cultures, and toxicology specimens can be found in the Virtual Test Guide, digital Directory of Services or Test Directory

Labeling

Each specimen container must be labeled with appropriate patient identification in order to be tested. Specimens with missing patient identification will not be tested. If a significant discrepancy is noted with the patient information provided on the specimen and the laboratory order, your facility will be contacted for clarification. Specimens for HIV testing, blood bank (immunohematology) testing and other sensitive tests that are inconsistently labeled will not be tested.

Storage

All specimens must be stored at the appropriate temperature prior to transport to the laboratory for testing. Refer to the Virtual Test Guide, Directory of Services or online Test Directory for information on specimen storage temperatures.

- Storage temperatures are defined as:
- Ambient/Room Temperature (15 30 degrees C)
- Refrigerated (2 10 degrees C)
- Frozen (-20 degrees C or colder)

Minimum Volume Requirements

Test volumes listed in the Virtual Test Guide, Quest Diagnostics Directory of Services or online Test Directory allow for multiple test determinations. The minimum volume allows for a single test including instrument dead volume. Adequate specimen volume for each test requested should be submitted to DLO to avoid delays in processing and to expedite turnaround time. Prioritizing tests for low volume (short) specimens: Specimens with questionably small sample volumes can have the tests prioritized on the test order form. Minimum testing requirements are available by calling DLO customer services.

Collection Supplies

Specimens collected and/or transported in expired collection or transport devices will be rejected by DLO. Please routinely check to ensure your supplies are not outdated.

Additional Details an Instructions

- Specimen collection and handling should always take place using Universal Precautions.
- Specimens should never be frozen in glass tubes.
- Needles or syringes should never be submitted to the laboratory.

Specimen Handling and Transport

Microbiology Collection Devices







































The information on this chart is valid as of November 17, 2021 and is subject to change without notice.

Cytology Specifications

Comprehensive testing from one vial, one specimen

Image-guided Pap with age-based screening protocols— DLO SMART Codes

SMART test codes are comprised of Imaged Pap testing with HPV and additional STI tests, appropriate for her age, based on professional guidelines.*

Send in the specimen using either ThinPrep® or SurePath™, and provide the patient's date of birth

Image-guided Pap with age-based screening p	rotocols	
Test Offerings	ThinPrep	SurePath
Image-Guided Pap with Age-Based Screening Protocols	91384	91384
Image-Guided Pap with Age-Based Screening, Plus CT/NG	91385	91385
Image-Guided Pap with Age-Based Screening, Plus CT/NG/Trich	91386	91386

^{*}Ask your Quest Diagnostics representative, or visit questdiagnostics.com/smartcodes, for a full explanation of the use of SMART Codes, as well as to see the most current professional cervical cancer and STI screening guidelines.

Additional Testing Options

Reflex and co-testing options for Pap and HPV (based on					
ACOG guidelines)					
		Test Offerings	ThinPrep w/ Imaging	SurePath w/ Imaging	
	•	Pap	58315	18810	
Cytology every 3 years for women 21-29; co-testing (Pap and HPV combined) for	Age 21-29	Pap (reflexes to HPV if ASCUS	90934	18811	
	•	Pap (reflexes to HPV if ASCUS) and CT/NG ¹	91912	18817	
	•	Pap	58315	18810	
		Pap & HPV	90933	18813	
	Age 30-	Pap & HPV and CT/NG ¹	91339	18828	
	65	Pap & HPV mRNA E6/E7, reflex HPV 16,18/45	91414	18829	
		Pap has to be neg, HPV has to be detected, then reflex to 16, 18/45			
CT/NG, C. trachomatis/N gonorrhoeae RNA 1. For patients with risk factors for sexually transmitted infections.					

Out-of-the-vial tests		
Test Offerings	ThinPrep	SurePath
СТ	11361	11361
NG	11362	11362
CT/NG	11363	11363
Trichomonas vaginalis	90521	90521
HSV-1/2	90569	90569
HPV mRNA	90887	92203
HPV Genotypes 16, 18/45	91826	92392
HPV Reflex to Genotypes 16, 18/45	90942	92211





Specimen Handling and Transport

Proper Specimen Identification

The College of American Pathologists (CAP), DLO's laboratory accrediting agency, requires that all specimens submitted for testing must have two patient identifiers located on the specimen container upon submission.

Specimen labels

All specimens should be labeled at the time of collection with at least two patient identifiers that must also appear on the requisition.

Examples of patient identifiers are as follows:

The patient's name (full last name, then full first name or initial) or a unique ID code is always required.

The second patient identifier may be one of the following:

- Date of birth (month/date/year)
- Other unique patient identifier that is also on the test requisition, e.g., hospital or office ID code or file number
- DLO requisition number or specimen barcode label
- Other barcode labels can be used if the barcode matches the unique identifiers on the printed requisition (the barcode does not need to be human readable)

NOTE: Location-based identifiers are NOT acceptable, e.g., hospital room number or street address

Each specimen container must have a securely affixed label with the following information:

- the patient's name written exactly as it appears on the test requisition (e.g. Doe, Jane)
- a second patient identifier as noted above
- your account number
- date of collection

Additional Instructions

If the label is hand-written, use a ballpoint pen—do not use a felt tip pen.

If glass slides are submitted, use a pencil for labeling the frosted end — two identifiers are preferred although patient's name alone is acceptable

If labeling a sample that is intended to be **frozen**, **secure the label with transparent tape**.

When using an **electronically-generated DLO test requisition**, **place the label lengthwise** on the tube.

When submitting a specimen in a container other than the tube used to draw the sample (e.g., transfer vials), **indicate specimen type on the label** (e.g., serum, plasma, urine, etc.).

When submitting specimens for microbiological testing (e.g., cultures, bacterial antigen, microscopic examination) the nature and anatomic source of the sample and the specific organism(s) to be detected, if any, should be specified.

Quanum will automatically print specimen labels with submitted orders. Improper labeling of patient specimens may result in test cancellations.

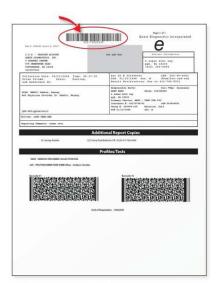
Specimen Transport Preparation

Information Regarding Requisition Folding

DLO is dedicated to delivering accurate results on-time, every time. Our goal is to be accountable for your patient's specimen from the time we pick it up until the time it is tested and resulted.

Specimen tracking is the tool that allows us to capture individual patient demographics for each specimen you entrust in our care.

By folding the requisition in a manner that allows us to scan the barcode, we are able to capture each patient's information. This allows us to track the status of your patient's specimen at any given time until the results are in your hands.







Printed requisition

Folded requisition option

Requisition inserted in bag Barcode on clear side

Online Specimen Pickup Scheduling

Scheduling a Diagnostic Laboratory of Oklahoma (DLO) specimen pickup may now be done online through our Quanum[™] for Healthcare Professionals website. Simply go online to dlolab.com/pickup to log in, enter specimen details, schedule the pickup, and submit. That's all it takes. You'll receive confirmation, and a DLO courier will pick up your specimen(s).

dlolab.com/pickup

Signing up for online pickup is a simple, 1-time process:

- Go to dlolab.com/pickup, click the "Log In" button and log in.*
- On the next screen select **SPECIMEN PICKUP**.
- Follow the instructions to enter your dispatch account information and to confirm pickup address.†
- Click **SUBMIT** to confirm you're ready to schedule your first pickup!









- * You can log in to the site using your existing Quanum/Care360 credentials or follow the steps on the screen to verify your Quest Diagnostics account. If you're having trouble logging in, call 1.800.891.2917 for support.
- † Please note: DLO cannot pick up from P.O. box addresses.

Lock Box Usage Instructions

Proper Specimen Temperature for Transport

Specimens must be segregated according to temperature while being stored for transport. **Lock Box Usage instructions clarify** what is needed to protect the integrity of each specimen until pickup by a DLO RSR.

Ambient, refrigerated, and frozen specimens MUST be segregated. If you need additional lock box capacity to allow for complete segregation, please contact DLO at 1.800.891.2917, option 3.

Ambient

Place ambient specimens farthest away from any cold packs.

If there are specimen tubes requiring different temperature states within a single patient sample collection, place each specimen tube in a separate specimen bag with a copy of the ordering requisition. This will facilitate those tubes being placed in the correct areas of the lock box.

DO NOT put ambient specimens on top of refrigerated specimens.

Refrigerated

When placing a refrigerated specimen inside the lock box, use a cold pack and place refrigerated specimen directly on the cold pack either by:

- 1) rubber banding specimen to the cold pack, or
- 2) placing specimen in a separate bag with the cold pack

DO NOT put refrigerated specimens in the frozen tote bag.

Frozen

Frozen specimens should be placed inside a frozen tote container to allow them to remain frozen while in the lock box. Make sure the specimen is completely frozen before placing it inside the frozen container.

Remember to take the frozen tote out of the lock box in the morning to refreeze the gel-packs before reusing. Freeze only the gel packs, not the entire tote.

Call **1.800.891.2917, option 3**, for specimen pickup, to cancel specimen DLO of your need for additional lock box capacity to properly store specimens.









Results and Reporting Overview

With DLO, you're good to GO

DLO offers on-time results that are easy to read and interpret.

- Out-of-range results are noted for staff, decreasing time spent on tracking abnormal results and freeing up time for more productive duties
- Enhanced reports can serve as an educational tool for patients, helping to improve compliance with testing and treatment regimens, ultimately improving clinical outcomes
- Delivery of lab results based on your needs; reports through Quanum, your EHR computer interface, or via fax.

About this section

This section will acquaint you with the DLO method of reporting patient lab results.

Reporting Results

Sample Clinical Reports

Clinical Expert Consultants

Clinical Report Delivery Policy

Reporting Results

Helping improve outcomes and manage health

Having quick access to information is necessary to help you make clinical decisions and take action for your patients. Our technology solutions can ensure you have the insights you need throughout your busy day.

DLO can provide lab results based on your needs. Reports can be provided through Quanum, your EHR computer interface, or via fax.

Request that DLO results be interfaced with your EHR

DLO makes EHR interfacing easy. Lab results are seamlessly integrated with all other relevant clinical information in a patient's electronic medical record, making it easier for you to provide your patients with the best possible care. Requesting an interface from your third party EHR to DLO is simple:

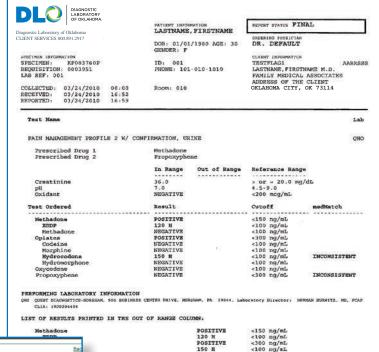
- Speak with your DLO Account Executive regarding setting up an interface.
- Technical assistance for interfaces is available by calling DLO's IT Support Help Desk at 800.697.9302.

Receiving faxed results

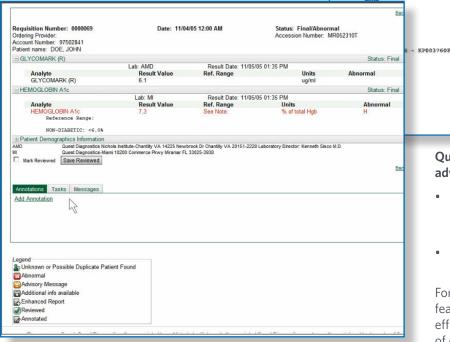
 For faxed results, a signed agreement must be in place prior to release.

Please contact your Customer Solutions Specialist to get set up with faxed results.

Faxed results report



Quanum results report



Quanum™ Solutions enhances patient care through advanced reporting options.

Page 1 - End of Report

- Monitor chronic conditions with test-specific or condition-specific views of testing and medication histories
- Customize reports with the information that is relevant to what you're looking for

For more on the unique and exclusive Quanum features designed to help clinics increase the efficiency of their practices and to enhance quality of care, ask your DLO representative.

Clinical Experts

Consult with our medical specialists

Gain access to more than 600 medical and scientific experts for consultation when needed

Sometimes you have questions about a patient case that may be triggered by an unusual testing need or result. Sometimes you may need insight beyond a specific finding. Get answers quickly from our team of more than 600 specialists so you can expedite care. DLO connects you with both quick answers to your questions and with specialist/academic level support for more challenging cases.

Call the right helpline below and connect to the first available expert most qualified to answer your question.

- 1.866.MYQUEST (1.866.697.8378) for the next available M.D. or Ph.D.
- 1.866.GENE.INFO (1.866.436.3463) for the next available board-certified medical geneticist or lab-based genetic counselor. If calling from outside the U.S. call 678.406.1198.
- 1.877.40.RXTOX (1.877.407.9869) for the next available toxicology specialist

Clinical Report Delivery

Test Reporting Notification

Routine test result reporting times vary, depending upon the nature of the test, the analytical time required for the procedure and the method of reporting. Reports are delivered electronically, by facsimile, or U.S. mail.

The provider who requests a test is responsible for providing 24-hour reliable contact information for STAT and priority reporting. The person notified should be the ordering provider or his/her authorized representative as permitted or required by state and federal law, and has the responsibility of interpreting the result in the context of the patient's clinical condition and can take immediate action, if needed. If the person notified is not qualified to make these decisions, he/she has the responsibility to communicate the information to a qualified person immediately.

- STAT test results will be reported for tests that have been ordered as STAT by the client and are offered as a STAT test by DLO.
- STAT test results are not called to the client unless the results of the STAT test is in the critical range.
- DLO will use reasonable efforts to promptly communicate critical STAT test results at any hour of the day, seven days/week.

All communications that involve patient information, including test results, will only be initiated on a need-to-know basis and will follow local and federal regulations that protect patient confidentiality.

Priority Result Reporting

This section details how DLO laboratories notify a physician or other clinical personnel responsible for patient care, prior to the regularly scheduled delivery of results when results of tests on the Priority Result Report list are outside of defined ranges. The verbal result reporting described in this section is in addition to the regular reporting procedure for all DLO test results (such as printed reports delivered by mail).

Priority-1

Test results include, but are not limited to, results considered "critical" according to the Clinical Laboratory Amendment of 1988 (CLIA; CFR 493.1109f) and the College of American Pathologists (CAP) Laboratory Inspection Program and so designated by the Chief Laboratory Officer or designee. Since test results cannot be fully interpreted without knowledge of the patient's current clinical condition and treatment, we will use reasonable efforts to promptly communicate Priority-1 results at any hour of the day, seven days/week so that the healthcare provider can determine the clinical implications and possible need for immediate intervention.

Priority-2

Test results are those that may require attention prior to the receipt of routine laboratory reports. We will use reasonable efforts to promptly communicate these results the same day (up to 7 p.m.) or the next morning (after 9 a.m.), seven days/week. For facilities which are known to us as a nursing home or hospital, we will use reasonable efforts to promptly communicate these results at any hour of the day, seven days/week.

Patient Results (29)





Insurance and Billing Information

With DLO, you're good to GO

DLO has comprehensive insurance partnerships that provide broad coverage for patients. This means dealing with fewer laboratories, gaining access to local clinical lab experts, and achieving consistency of reporting — all of which increase practice efficiency.

About this section

This section will acquaint you with billing and insurance policies and procedures for DLO services in your area.

Billing Overview

elnvoice™

Insurance Payor List

PECOS Enrollment

Medicare Billing

Medicare Limited Coverage Policies (MLCP)

Advance Beneficiary Notice (ABN) Form

Advanced Written Notice (AWN) Form

SoonerCare Prior Authorization Process

Billing Services Overview

We understand that your practice is busy and managing the complexities of insurance coverage and billing can be challenging.

We've simplified our invoicing process and have resources to help you obtain the information you need to streamline your workflow.

Client Billing

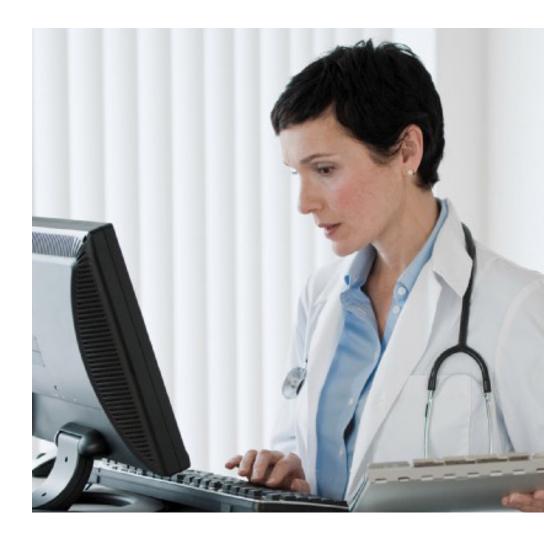
If your account is eligible, you may direct charges to be billed to your client account.

Questions?

For questions regarding your account bill, please call the number listed on your billing statement or our Billing Customer Service Department.

Clients 888.321.0155 Monday through Friday, 8:30 am - 5:00 pm CST

Patients 888.241.7742 Monday through Friday, 8:30 am - 6:00 pm CST



Invoicing

DLO will bill your account upon request (must meet credit check requirements).

Payment is due by the date reflected on your bill. Most payments are net 15 days unless otherwise stated.

- Payments should be made via electronic or manual check.
- The preferred method of payment is through our new simplified electronic invoicing process, elnvoice. Visit dlolab.com/providers/billing-and-payments and enroll today.
- Invoices are considered to be correct unless notification of an error is made within 30 days of receipt.
- Transfers and re-billings can be submitted using a Transfer Request Form or at dlolab.com/providers/billing-and-payments. Transfer requests must be made within 30 days of receipt.
- DLO can bill patients and third party carriers directly, provided that complete billing information is provided.

Note: In some cases, tests performed at DLO may require additional charges. These include processing fees, reflex tests, and multicomponent identification. Additional charges may also be made for STAT testing, titers specimen collection at a DLO Patient Service Center, and the transportation of specimens to laboratories outside of DLO. Refer to the digital Directory of Services for additional information.

eInvoice™

More Control, Less Paperwork

We understand that you're busy at your practice and that's why we've simplified our invoicing process with elnvoice. We designed elnvoice to fit into your workflow and help you become more efficient. elnvoice provides easy, secure, and convenient 24/7 access to the account-management tools you need.

The benefits are clear:

Enhanced Account Management

- Access your account 24/7
- One sign on for all accounts
- Electronic payments and payment scheduling
- Store payment information
- Manage discrepancies and disputes without making phone calls
- Enhanced e-mail notifications so you can track important account activity
- Transfer credits between open invoices
- View historical activity, account aging, account balances, open invoices and adjustments

Paperless Invoices

- Reconcile invoices online for increased patient information security
- Receive email notifications when new invoices are generated
- Print, email and download invoices as PDFs
- View or download invoices in Excel CSV format

Seamless Billing

Bill payers and patients in one convenient application

Experience the ease of elnvoice today:

- 1) Go to questdiagnostics.com/einvoice and click "Enroll Now"
- Review and accept the Terms and Conditions
- Identify your primary account and create your user profile
- Create your login and customize your security settings
- Check your e-mail for the "Welcome Notification" and click the activation link included inside it

Multiple Account Access

- Click "Administration"
- Click "Link Account"
- Enter Lab Code, Client Number, Zip Code and Bill Number
- Click "OK"
- Repeat as needed



DLO Insurance/Payer List

DLO will file all insurance claims to the contracted payers shown below. If you have any questions regarding DLO's participation with a specific product or health plan, contact us at (405) 608-6100 or (800) 891-2917, option 5, or contact your health plan provider. Other insurance plans not listed may be considered as out-of-network resulting in a patient bill. Please be aware this list is subject to change. For the most up-to-date list please visit dlolab.com/insurance.

Preferred Provider for Select Private Health Plans

- Aetna (All plans and products)
- Aliera
- America's Choice Provider Network
- Central States Team Care
- Cigna (All plans and products)
- Coventry Health Care

- GEHA (Government Employee Health Assoc.)
- HealthPass USA
- Humana (All Plans and Products)
- QuestSelect (Formerly Lab Card®)
- United Healthcare (All plans and products)

Key Employer and Health Care Relationships

Costco

Home Depot

MinuteClinic

National Rural Electric Cooperative Association (NRECA)

United Airlines

Health Plans, Health Products and Other Payers

Access HealthNet

Aetna (All plans and products)

Aliera

Ambetter

America's Choice Provider Network American

Choice ACO

AMSUHC (American Medical Security) Beech Street (A Multiplan Network) BlueCross BlueShield of Oklahoma (BCBSOK)

- Blue Advantage PPO SM
- Blue Card BlueCross BlueShield
- Blue Choice PPO^{SM}
- Blue Cross Group Medicare Advantage (PPO) SM
- Blue Cross Group Medicare Advantage HMOSM
- Blue Cross Medicare Advantage Dual Care Plus (HMO SNP)
- Blue Cross Medicare Advantage Flex PPOSM
- Blue Cross Medicare Advantage HMO
- Blue Cross Medicare Advantage PPO
- Blue High Performance Network $^{\mathrm{SM}}$
- Blue High Performance Network with Tier $^{\mathrm{SM}}$
- BlueLincs HMO
- BlueOptions HSASM
- BlueOptions PPOSM
- BlueOptions Select PPOSM
- Blue Plan65 Select
- Blue Preferred Care PPO
- Blue Preferred PPO Blue Traditional SM
- Caring Program
- Federal Employee Program (FEP)
- HSA Blue
- MyBlue SM
- NativeBlue SM
- Preferred Care Blue SM

CapStar PPO (administered by CapRock TPA)

Care ImprovementPlus

- Oklahoma Complete Health
- WellCare of Oklahoma
- WellCare Health Insurance Co. of Oklahoma

Central States Team Care

CHAMPVA (Civilian Health and Medical Program of Department of Veteran Affairs)

ChoiceCare (Humana)

Cigna (All plans and products)

Cigna-HealthSpring

Clover Health Partners, LLP (CHP)

CommunityCare HMO (excludes St. Francis,

ValuMed St. John and OMNI Networks) Community Care HMO State Employees

Community Care Life and Health Insurance

Connect Health

CoreCivic

Coventry Health Care

Emblem Health

FedMed

First Health Corp Health System

Frates Benefit Administratiors

GEHA (Government Employee Health Assoc.)

Generations Health

GlobalHealth

Health Choice (aka Oklahoma State and Education Employees Group and Insurance Board)

Healthcare Highways (formerly Oklahoma Health Network)

HealthPass USA

HealthSmart Preferred Care

Hooray Health Horizón BCBS

Humana (All Plans and Products)

Ilumed ACO (Jan, 2024)

MDVIP

Medica Harmony (via Healthcare Highways) Medica Quest ® (administered by first Health)
Medical Mutual of Ohio

MSLA (Medical Support Los Angeles) MultiPlan (All Groups)

Mutual Assurance Administrators

Naphcare

National Association of Letter Carriers (NALC)

Oscar Health

OSMA Health (formerly PLICO) Physician Partners ACO

Préferred CommunityChoice PPO

Private HealthCare System (PHCS)

Providence Health Plan

Pyramid Life Insurance QuestSelect (Formerly Lab Card $^{\circledR}$)

SAMBA Health Plans

Secure Horizons

Sterling Life Insurance Company (Medicare Supplement)

Stillwater Collaborative Care

Teddy Health

United Healthcare (All plans and products)

Urgent Care Travel Web TPA

WellNet

WellPoint (AmeriGroup)

Yale University Health Services

State and Federal Government Program Provider

Medicaid/SoonerCare Managed Medicaid Medicare Traditional (Oklahoma) Medicare Railroad Medicare TRICARE East

TRICARE West Patient-Centered Community Care

Veterans Choice Program (VA/VHA)

Supplement Insurance

• (Medigap) e.g. AARP

Enroll in PECOS in 5 easy steps

Provider enrollment in PFCOS is a CMS mandate

The Patient Protection and Affordable Care Act requires that physicians and eligible professionals enroll in Medicare to order and refer services, including clinical laboratory tests, for Medicare beneficiaries.

Medicare will not pay for clinical laboratory services unless the physician or non-physician practitioner that ordered the testing is enrolled in Medicare's Provider Enrollment, Chain and Ownership System (PECOS).

All providers with a National Provider Identifier (NPI) number must enroll.

Ensure quality testing from DLO without disruption for Medicare patients

Quality lab testing is a vital part of your patient care. DLO will now only accept lab orders through Quanum for Medicare patients from providers enrolled in PECOS.

-- If the provider is not registered, they will need to cancel their order and enroll in PECOS before they can proceed with testing.

Lab testing is vital to patient care. Enroll in PECOS today so you can continue to provide your Medicare patients with quality services from DLO.

The good news is it's easy to enroll in PECOS—you can choose to enroll online or by mail.

Enrollment is quick and easy

- 1) Prepare for enrollment see the "Plan ahead" checklist
- Visit https://pecos.cms.hhs.gov
- Complete and submit the enrollment application
- After enrollment, print, date and sign the **Certification Statement**
- 5) Mail the signed Certification Statement within 7 days of submission to your designated Medicare contractor

Need help?

Watch a step-by-step video on how to enroll in PECOS at https://pecos.cms.hhs.gov

Contact the CMS External User Services Help Desk at 1.866.484.8049 or at eussupport@cgi.com

For questions regarding these important lab ordering changes, please contact your DLO Account Executive or call 800.891.2917, Option 5.

Plan ahead.

Information you will need to complete your PECOS application

- NPI number
- NPPES ID and password
- · Personal Information (name, date of birth, Social Security number)
- Educational Information (school name, year of graduation)
- Professional License Information
 - -- Medical license number
 - -- Original effective date
 - -- Renewal date
 - -- State where issued
- Certification Information
 - -- Certification number
 - -- Original effective date
 - -- Renewal date
 - -- State where issued
- Specialty/Secondary Specialty Information
- Drug Enforcement Agency (DEA) Number
- Information About Final Adverse Actions (if applicable)
- Practice Location Information
 - -- Medical practice location
 - -- Special payment information
 - -- Medical record storage information
 - -- Billing agency information (if applicable)
 - -- Any federal, state, and/or local professional licenses, certification and/or registrations required for practice
- Electronic Funds Transfer documentation

Tips for Billing Medicare

Using the Support Center

Laboratory testing plays a vital role in the care of patients.

When lab orders are submitted with missing or inaccurate information it can lead to unnecessary costs for your patients, as well as disruption to your practice and delays in testing.

DLO is committed to providing the test results needed to help you do the best for your patients.

When you ensure your lab orders are submitted with complete and accurate information you can avoid:

- Disruption to your practice caused by follow-up calls to obtain missing or accurate information
- Higher out-of-pocket expenses for your patients when they receive bills for non-covered services
- Missing information necessary to care for your patients because of delayed laboratory testing
- Important reminders to ensure laboratory orders are submitted correctly

Diagnosis Codes

All claims for laboratory services must include diagnosis codes. Remember to always include a diagnosis code when submitting an order for laboratory testing. Ensure the code(s) submitted are consistent with the patient's medical condition. ICD-10 diagnosis codes will be required for all lab orders.

Medicare Limited Coverage Policy (MLCP)

Medicare publishes limited coverage policies for certain laboratory tests. Tests subject to a limited coverage policy are only considered medically necessary and reimbursable by Medicare if ordered for patients with specific conditions. Ensure you provide all relevant diagnosis information documented on the patient's chart when submitting laboratory orders for tests included in the MLCP.

Managing the complexities of insurance coverage is challenging. DLO is here to help with timely access to the information you need that can help you better care for your patients.

CMS provides a diagnosis code reference guide as an aid to providers for determining when an ABN (Advance Beneficiary Notice) is necessary. Diagnosis codes must be applicable to the patient's symptoms or conditions and must be consistent with documentation in the patient's medical record. DLO does not recommend any diagnosis codes and will only submit diagnosis information provided by the ordering provider.

If the diagnosis provided does not meet the reimbursement rules, or if the frequency limit on test procedures has been exceeded, payment may be denied. In that case, DLO can seek reimbursement from the patient only when the patient has been notified in advance of the testing that Medicare is likely to deny payment for these services. If the patient chooses to have the test performed, they must complete an Advance Beneficiary Notice (ABN), confirming their understanding that they will be responsible for payment.

The CPT codes provided are based on AMA guidelines and are for informational purposes only. CPT coding is the sole responsibility of the ordering provider. Please direct any questions regarding coding to the payor being billed.

Your cooperation in complying with the Medicare Regulations and related test ordering procedures will eliminate the need for time-consuming follow-up calls to your office.

Refer to the next page for details on accessing helpful information about MLCPs.

Advance Beneficiary Notice (ABN)

Medicare patients must sign an ABN when laboratory tests are ordered for a condition that is not listed in the applicable MLCP. Submit a complete ABN form when required to avoid delays in testing. In the future, DLO may no longer perform testing when laboratory orders are submitted without the required valid ABN form.

Uncovering MLCP Diagnosis Codes

Get Guidance on Medicare Limited Coverage Policies

Managing the complexities of insurance coverage is challenging. DLO is here to help with timely access to the information you need that can help you better care for your patients.

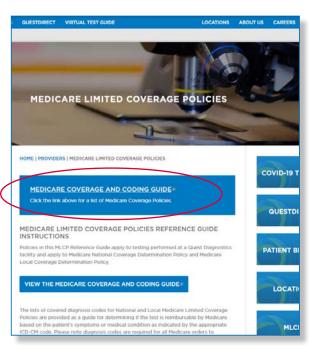
DLO provides resources to help you understand if a laboratory test is reimbursable by Medicare based on a patient's condition as indicated by the relevant diagnosis code. They also aid you in determining when an ABN must be submitted with a laboratory order. To access these resources, follow the instructions below.



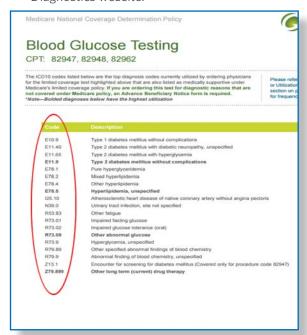
1) From the dlolab.com home page, hover over "Providers". Click "MLCP" from the drop-down menu.



3) Click "JH Novitas" in the right hand column.



2) Click "Medicare Coverage and Coding Guide" in the blue box. This will take you to the Quest Diagnostics website.



4) Select the type of testing and scroll down until you see the list of acceptable codes for that test. The list of codes may span several pages.

Advance Beneficiary Notice (ABN) Form

Instructions for Completing the Form

The DLO ABN form is straightforward and easy to complete. Patients must understand their non-coverage options prior to providing services and that the patient selects an option, signs and dates the form. **Quanum will auto generate an ABN form** when used for test ordering. If it does not, the manual form must be completed prior to testing.



Print patient's name
 Check box or handwrite test name and number
 Provide the estimated cost of the test(s) that the patient may be responsible to pay
 Patient MUST choose an option

Patient MUST sign

Patient MUST write the date

Note: If you choose Option 1 or 2, we may help you to use any other insurance Medicare cannot require us to do this.

Options:

Check only one box. We cannot choose a box in Medicare cannot require us to do this.

Options:

Options:

Check only one box. We cannot choose a box in Medicare closes in the paid to the paid billed for an official decision on payment, which is sent to me on a Medicare doesn't pay. I am responsible for payment, but I following the directions on the MSN. If Medicare does pay, you will refund less co-pays or deductibles.

Option 2. I want the laboratory test(s) listed above, but do not bill Medicare. You responsible for payment. I cannot appeal if Medicare is not billed.

Option 3. I don't want the laboratory test(s) listed above. I understand with the for payment, and I cannot appeal to see if Medicare would pay.

Additional Information:

This notice gives our opinion, not an official Medicare decision. If you have a Medicare billing, call 1-800-MEDICARE (1-800-633-42) for increasing the laboratory test (s) listed above. I understand with the for payment, and I cannot appeal to see if Medicare would pay.

Additional Information:

This notice gives our opinion, not an official Medicare decision. If you have you means that you have received and understand the payment of the payment in the payment

The back page of your ABN form outlines laboratory procedures for Medicare patients. Submit the completed form with your requisitions and specimens.



LABORATORY ORDERING PROCEDURE FOR MEDICARE PATIENTS

- Step 1. Determine the tests to be ordered and indicate on the requisitions all medically appropriate ICD codes that accurately reflect the patient's condition or symptoms, and therefore, the diagnostic purpose for ordering the test(s).
- Step 2. Determine if the tests or any test in a panel/profile ordered appear on the list of Medicare Limited Coverage Tests.
 - If no Proceed with lab submission procedures.
 - If yes Go to Step 3.
- Step 3. Determine if the ICD codes you have specified are included on the Medicare carrier's list of covered ICD codes for that test.

If yes, and there is no frequency symbol (F) next to the test on the requisition, proceed with lab specimen submission procedures.

If no, go to Step 4.

Step 4. Review with your patient the Advanced Beneficiary Notice (ABN) Form

Insert your patient's name

Write in or check off the test(s) that Medicare may not cover in the appropriate column.

Refer to the current Diagnostic Laboratory of Oklahoma Patient Price List for the estimated costs of the test(s) that the patient may be responsible to pay.

INSERT THE PRICE IN THE SPACE MARKED "ESTIMATED COST" ON THE ABN.

Present the entire ABN form to your patient and explain that Medicare may deny the services listed on the ABN and the patent may be responsible for payment of the tests(s)listed on the ABN. Make sure that the patient reads the ABN in its entirety and understands it.

Explain why you think the test(s) is medically appropriate

After the option is selected, the "patient must sign and date the form"

Provide your patient with a copy of the signed ABN $\,$

Note: All spaces must be filled out completely.

Step 5. Submit the completed Advanced Beneficiary Notice form with the completed requisition for those test(s) that the patient has agreed to receive.

Advance Written Notice (AWN) Form

Instructions for Completing the Form

An AWN is a written notification used to inform a patient that their insurance may not pay for the laboratory testing ordered. It is similar to the ABNs. These forms are generated based on published coverage policies of an insurance carrier.

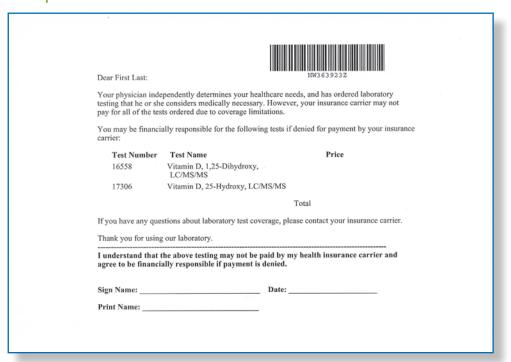
AWN's will increase patient awareness regarding potential charges for lab tests. Obtaining signed AWNs will potentially reduce billing trailers from DLO and billing questions from patients. This process covers select private third party insurance carriers.



If there are additional diagnosis codes in the patient's chart for the date of service, the ordering physician may add them to the order. If the ordering physician has already provided all applicable diagnosis information for the patient on the date of service, two copies of the AWN will print with the requisition. The Quanum user will provide the AWN to the patient. After reading the AWN, if the patient has questions regarding their coverage they should be referred to their insurance company.

The AWN will be presented to the patient for their signature. This indicates the patient has been informed that their insurance carrier may not pay for the testing, and if it does not, the patient has agreed to be personally responsible to pay for the testing. Once the AWN is completed, the signed copy should be packaged with the requisition to be sent to the lab. The patient will retain the other copy of the AWN.

Sample AWN Letter



SoonerCare Prior Authorization

Required for payment of specific types of testing

Information is an excerpt of the Oklahoma Health Care Authority website, pertaining to medical prior authorization. https://okhca.org/providers.aspx?id=14665

This information is designed to assist the providers with submitting prior authorization requests (PAR) correctly the first time. The goal of the Medical Authorization Unit (MAU) is to streamline the PAR process while maintaining compliance with OHCA, state and federal policy and rules. Please sign on to WEB ALERTS to receive email notifications when changes are made to this web page.

- Some OHCA covered services require a prior authorization (PA)
- Failure to obtain a PA for an item requiring a PA will result in denial of a claim
- The provider assumes full financial risk in providing services without an approved PA
- Providers are not allowed to bill a member for a covered service if a PA is not obtained/approved

NOTICE: Effective 11/1/2016, all initial (new) PARs must be initiated using the Sooner Care Provider Portal – all PA's sent by providers via fax or mail will be returned – see Provider Letter 2016-29 and PA Processing document for reference.

Laboratory Testing Requiring Prior Authorization

Allergy Testing/Immunotherapy Effective July 30, 2014 according to OHCA guidelines

Genetic Testing Please visit OHCA's Genetic Testing for the most up-to-date guidelines

High Risk OB (HROB) Updated guidelines effective March 24, 2016 according to OHCA guidelines

Urine Drug Screens Updated guidelines effective January 6, 2016 according to OHCA guidelines

Prior Authorization Process

Please complete the following steps for *patients with Medicaid/SoonerCare before ordering tests* which require a prior authorization. Prior Authorization requests are made using the OHA Provider Portal.

Documentation Matters - ALL prior authorization (PA) requests require the submitting provider to send in supporting medical documentation and necessary forms. This allows OHCA to perform a comprehensive review to determine the medical necessity of the requested service.

Why Create a PA on the Portal?

- Easier tracking
- No risk of returned mail
- No lost attachments
- OHCA receives uploaded documents in a timely manner
- Documents are more legible if electronically uploaded
- Photos are clear when electronically uploaded
- Eventually, OHCA will transition to completely paperless ("go green")

Creating a OHA Prior Authorization

Log-in your OHA Provider Portal Account.

Hover over Prior Authorizations, then click on Create Authorization.

Complete the required information on the PA Application, example on page 41.

SoonerCare Prior Authorization

Medicaid/SoonerCare PA Request Form

Application Submission Requirements

Log-in your OHA Provider Portal Account

Hover over Prior Authorizations, then click on Create Authorization

Create a Medical Prior Authorization. Disclaimer notice advises that the PA may be subject to a post-payment review.

Requesting Provider Information. This section will automatically populate the provider logged in.

Member ID Enter the SoonerCare member ID.

Service Provider Information This field may be required depending on the Assignment Code selected.

Assignment Code Select the appropriate assignment code.

Managed Care, Fund, Letter Leave blank.

ICD Version Select the ICD version of the diagnosis code.

Diagnosis Code Enter the diagnosis code without the decimal, then click Add.

From and To Date Enter the date range. The 30-day retro rule applies.

Code Type Select Procedure Code or Revenue.

Code Enter the procedure code.

Modifiers Use appropriate modifiers, if applicable. Up to four modifiers can be entered.

Units Enter the number of units.

Dollars Leave blank.

Payment Method Leave blank.

Remarks (optional) For items listed as miscellaneous, enter the line item and description in the remark field.

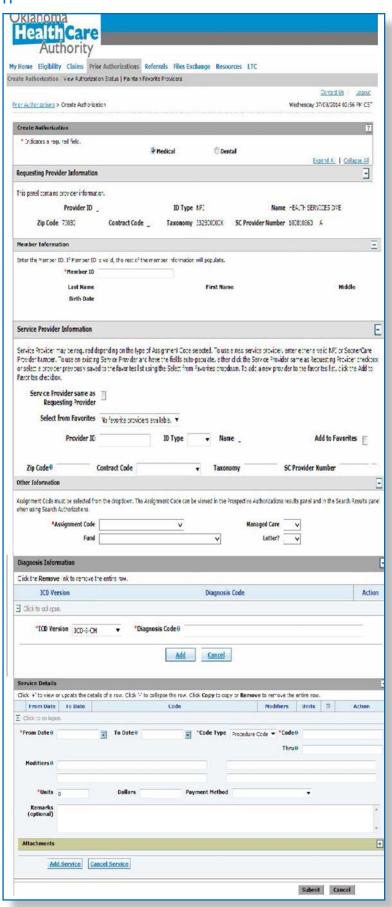
If uploading electronic documentation through the Provider Portal, enter a contact name and phone number.

Attachments Click on the "+" sign to designate how the documentation will be submitted. Note: The attachment must be added before the first service line can be added.

Transmission Method Select from the following:

ET -Electronic Only Acceptable file type: JPG, PDF, TIFF (up to 10 MB)

Additional information on the following page.



Adding Documentation

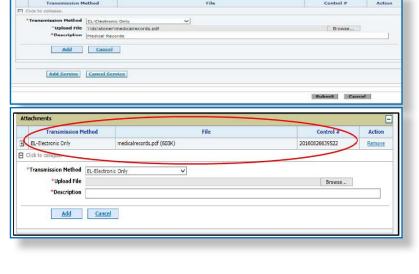
Upload File -This field only appears when the attachments are uploaded electronically. Select Browse to search for the attachments.

The portal will give an error message if the file exceeds the capacity limit.

Description Enter a brief description of the documentation.

Once the required fields are completed, click Add to attach the documentation. If you do not add the attachment prior to adding the service details, the attachments will not be included.

If the electronic file upload has successfully attached to the PA request, it will reflect the transmission method, file and control number.

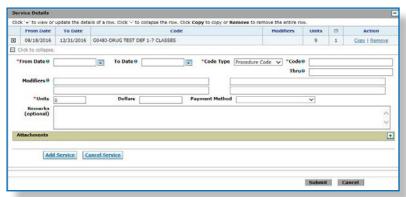


Add Service

If documentation is attached, click Add Service.

Notice: The system will show the attachment file included on the first service line. The page will then refresh and populate another section if other service details need to be added.

If no other service details will be added, click Submit.



Application Submission

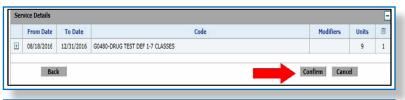
Review the information entered and **click the Confirm** button.

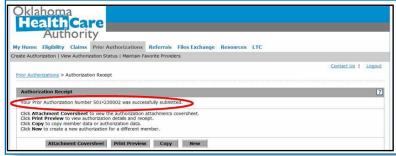
If the electronic file upload is not successfully attached to the request prior to the addition of the first service line, the system returns an error message when the request is submitted.

Authorization Receipt The Portal will generate a PA number and confirm that the request is successfully submitted. This does not mean the PA is approved.

Attachment Coversheet button will only show if the transmission method selected is by mail -BM or by fax -FX .Click the Attachment Coversheet button if you selected the BM (by mail) or FX (by fax) transmission method. *An auto-populated HCA-13A cover sheet will appear.*

Place the HCA-13A cover sheet on top of the documents that you mail or fax. The HCA-13A cover sheet is the only accepted cover sheet. **DO NOT** place other documents on top of the HCA-13A.







Patient Services

With DLO, you're good to GO

DLO offers exceptional care at our Patient Service Centers (PSCs), collecting patient specimens in an easy, convenient process that ensures high levels of patient satisfaction. It's all part of our effort to deliver personalized, high-quality service — the kind you deliver in your own practice.

About this section

This section will acquaint you with services DLO offers to patients. Pages include:

Convenient Appointment Scheduling and Electronic Check-In

MyQuest™ Patient Portal

Patient Payment Options

QuestDirect™ Self-Ordered Lab Testing

Sample Patient Invoice and Payment Coupon

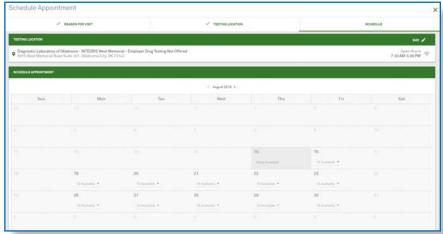
DLO's Patient Service Center Listing can be found in the Addendum or at dlolab.com/locations.

Appointment Scheduling and eCheck-In

Creating convenience for our patients with appointment scheduling

Let DLO your patients' valuable time with convenient appointment scheduling, available at most of our Patient Service Centers throughout Oklahoma. Through dlolab.com/appointment, they just choose a location, pick a time and date that works, and then get in and out faster so they can get back to their busy life.

- 1. Go to dlolab.com/locations
- 2. Select the preferred Patient Service Center
- 3. Click the "Make An Appointment" link on the location page
- 4. Choose the reason for the visit
- 5. Select the date and time of the visit
- 6. Fill out the form with the requested information
- Sign in to the electronic check-in device with your appointment confirmation code when visiting the DLO Patient Service Center



Walk-ins are still welcome, but appointments will take priority.

eCheck-In for faster service

When visiting most DLO Patient Service Centers, patients will use our eCheck-In devices when entering the waiting room. This will mark their place in line and their name will appear in a queue on the waiting room television.

If they have made an appointment, they can enter their appointment confirmation code to complete the check-in process. If they are a walk-in, they will need to follow the prompts on the screen to input their personal information to complete the check-in process.





MyQuest™ Patient Portal

Accessing health information has never been easier.

MyQuest delivers critical information directly to a computer, tablet and smart phone giving patients the tools needed to view, access and securely share health information everywhere.

Receive and understand lab results MyQuest provides easy to understand results directly from the lab.

MyQuest Advanced Access DLO offers expanded, electronic access back to January 1, 2010 to your health data via the new service MyQuest Advanced Access.

Track medical information Update MyQuest with details about medical conditions and food and medication allergies.

Medication tracking and reminders Store medication information with reminders with smart phones and tablets only.

Track healthcare provider information Manage physician names, specialties and contact information, hospital and pharmacy numbers, even insurance plan, group and policy numbers in MyQuest.

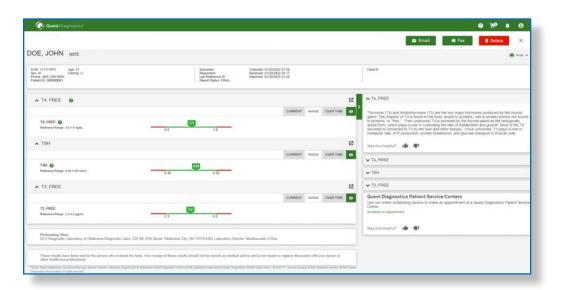


ICE: In Case of Emergency Save all your emergency information for instant access when needed. For the patient's protection, MyQuest requires a password to access health information on a mobile device.

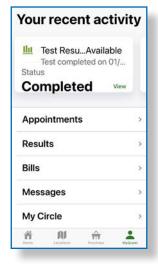
Share health information Email or fax (via mobile app only) to medical providers, family or emergency contacts directly from the MyQuest mobile app.

Access child's results Must provide legal documentation that verifies authority as child's representative.

For more information, please visit dlolab.com/patient/patient-lab-results



Mobile view



Computer view

Patient Payment Options

Convenient options at the time of service

Real-Time Insurance Adjudication

DLO now offers real-time adjudication of insurance claims for patients with Aetna, BlueCross BlueShield of Oklahoma, and UnitedHealthcare plans, providing an estimate of the amount owed for lab work.

- Patients will receive a detailed response of the claim status and a preliminary Explanation of Benefits detailing the estimated out-of-pocket expenses for the ordered lab work before services are provided.
- Real-time adjudication will provide an expected estimate of the amount that will be billed when the lab work is completed. However, the final bill may vary slightly if other potential healthcare-related activities already in process.
- Pre-pay for lab work, potentially removing the need to receive a bill from DLO..

Easy Pay

If the insurance plan doesn't offer real-time adjudication, Easy Pay will estimate the balance owed based on prior history and will pre-authorize payments to be charged after the bill has been processed through the insurance provider.

Don't worry about writing a check and mailing payments. We make it easy and convenient so the patient won't receive a bill later.

- Simply present a credit card or health savings card during the visit. DLO accepts all 4 major credit cards, debit cards, and health savings cards.
- The patient will approve a maximum charge to their card, which will only be made if a balance remains after the insurance provider processes the claim.
- If the balance is more than authorized at the time of service, DLO will send a bill for the remaining lab fees.
- DLO will notify the patient by email when the credit card has been charged if an email address has been provided.

Upfront Payment Program

DLO offers patients the ability to pay for select lab tests up front at a discounted rate for provider-ordered testing. Payment must be made at the time of service in a DLO Patient Service Center. This program is a good option to save money on lab testing for patients who are uninsured or who have a high deductible.

Open Invoice

A past due balance must be settled before new services can be provided at a Patient Service Center.

- In conjunction with Easy Pay, DLO will ask to charge a credit card if there is an unpaid balance for previous services and the bill is not in collections.
- A DLO Patient Service Representative will print the open invoice letter so the patient can review the charges and make an informed decision.
- There are three (3) types of open invoices: current, past due, and collection.
- DLO accepts all four major credit cards, debit cards, health savings cards, checks, or money orders. DLO does not accept cash.

Uninsured Patient Pricing

Full payment is due at time of service.

Payment is required in full at time of service for uninsured patients at Patient Service Centers.

- Uninsured patients may receive a discount of 40%-50% off standard prices on most testing through the Quest Diagnostics Uninsured Patient Pricing (UPP) program.
- The UPP program is only available through participating doctors.
- Patients cannot sign up for UPP at a Patient Service Center.
- DLO accepts all four major credit cards, debit cards, health savings cards, checks, or money orders. DLO does not accept cash.



QuestDirect™

Self-ordered lab testing

Great Option for Uninsured Patients or Patients with High Deductibles

DLO offers self-ordered testing for a limited menu of lab tests. Patients can choose from:

- Health Panels and Profiles
- General Health Tests
- Men's and Women's Health
- Allergy Testing
- Diabetes Screens
- Digestive Health
- Heart Health Tests
- Immunity and Infectious Disease
- STD Screens

How OuestDirect Works

Testing is done in three easy steps.

1) Purchase the test(s) needed and schedule an appointment

Select test(s) from the QuestDirect menu and it to the shopping cart. Pay for the test(s) and schedule your appointment. Some testing may require fasting.

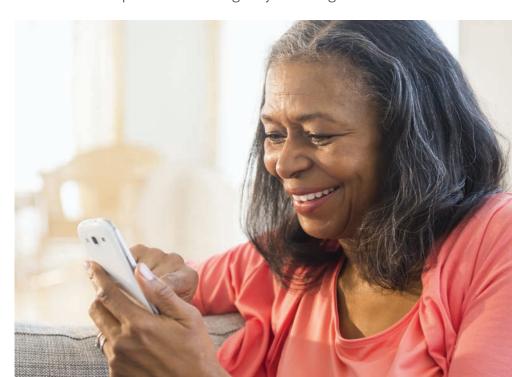
2) Visit a DLO Patient Service Center

A skilled DLO phlebotomist will draw the specimen.

3) View test results online

QuestDirect test results will typically be available to view through the MyQuest™ patient portal within 24 hours. Some tests that require reflex testing may take longer than 24 hours.

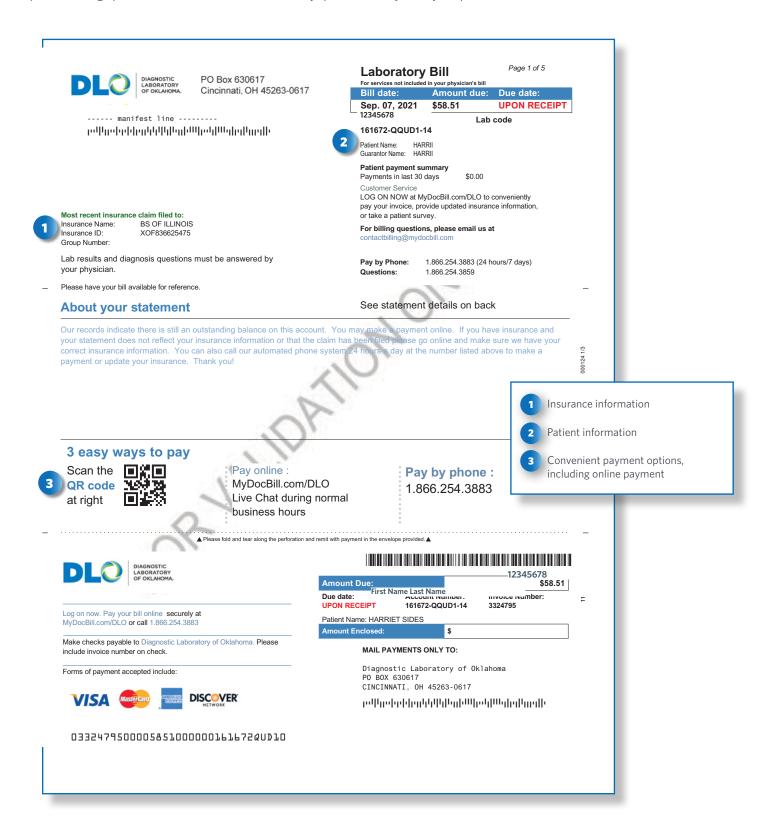
Visit dlolab.com/questdirect for more information on available tests and pricing.





Patient Invoice

Reduce the number of patient billing inquiries you receive with easy-to-comprehend patient invoices and convenient online payment options. Billing specialists are available to answer any questions for you or your patients.







Information Technology

With DLO, you're good to GO

DLO offers connectivity options to allow physicians and clinics to manage patient care through easy-to-use online tools, EHR interface options and Quanum $^{\text{TM}}$ Solutions.

About this section

This section will acquaint you with DLO's Information Technology capabilities, software and procedures Pages include:

EHR/IT

dlolab.com

QuestConnect™

EHR/IT Compatibility

DLO understands the critical contribution information technology can make to the efficient operation of your practice. Through HTS (Healthcare Technology Solutions) we offer a variety of connectivity options that can help your lab run more smoothly and keep pace with today's rapidly changing medical and technology environment.

We have the right connectivity solution to support your facility with improved communication, faster turn-around times, less paperwork and, ultimately, improved quality and accuracy by eliminating manual entries. With connectivity solutions from DLO, you will enjoy these benefits:

- A complete analysis of your needs and a recommendation for the optimal system solution for your facility from a broad array of connectivity options, including:
 - ° Laboratory Information Systems (LIS) interfaces
 - ° Quanum™ Solutions
- System and data integration expertise, including experience with all leading LIS vendors to establish LIS interfaces quickly.
- Smooth implementation and support provided by dedicated staff of technology experts.
- Systems that support industry standard messaging and encoding protocols related to lab orders and results, including HL-7, which ensure full communications capabilities.
- Cumulative reporting to track test-specific results over time to better manage patient care.

EMR/LIS maintenance is the responsibility of the client. Training on how to order and manage an EMR/LIS are the responsibility of the vendor.

System Access

System access for Quanum is to be facilitated by the DLO Account representative. The account representative will obtain all necessary information for the request to be reviewed and approved by senior leadership. The DLO IT team will work together with the account rep and the client to obtain any necessary agreements as well as schedule installation of hardware and training if necessary.

Interface access is also requested by the account representative. The account representative will obtain information regarding the client's LIS/EMR vendor and software to ensure we are able to interface with their vendor. An internal approvals process is performed, agreements are obtained and the project is put in the Quest queue for an analyst to be assigned.

Superior Support

DLO will work with Quest to have an experienced implementation analyst assigned to the interface project. The Quest analyst will work with the DLO team, the LIS/EMR vendor team and the client to complete the Quest developed implementation plan in a timely manner. The implementation plan will include a Communication Test, a Functional Test Plan, and a Mapped Record test plan tailored to the specifications of the client's EMR. The interface will be considered "Live" when the client has approved and signed off on the completed test plan. Post go-live, the Quest Analyst will provide support for five days. After five days all support is transitioned to the DLO IT team where a local analyst will be able to assist in any troubleshooting necessary to resolve interface issues. The DLO IT team has 24/7 access to the Quest Connectivity Help Desk should the issue need to be escalated.

Information Technology Resources

DLO offers IT services and digital resources backed by the largest diagnostic medical laboratory in the United States.

DLO, through Quest, has standard reference laboratory interfaces with the majority of LIS allowing faster implementation of a bidirectional interface.

- Simplifies electronic test orders and results, improving test turnaround time
- Increases accuracy by eliminating manual entries
- dlolab.com provides healthcare providers and patients access testing information, billing and insurance portals and much more
- Providers can access clinical testing requirements and information resources, log-in for Quanum and billing, online supply
 ordering and a variety of tools to allow ease of use. Providers and support staff can access these tools and services by going to
 dlolab.com/providers.
- Patients can find Patient Service Center locations, access lab results through MyQuest™, gain information on insurance coverage and billing as well as research disease states and preventative measures.

dlolab.com

DLO's website, dlolab.com, provides a wealth of information for medical professionals and administrative personnel, as well as patients. We encourage providers and support staff to take some time to familiarize themselves with the site. Training on all of DLO's digital resources is provided during the on-boarding process.

Home Page

Locations
Patient Bill Pay
QuestDirect™
Appointment Scheduling
Quanum Login
elnvoice™
COVID-19
Test Directory
MLCP

COVID-19 Information

Where to Get Tested Patient Information Provider Information

Patient Information

Patient Bill Pay
Patient Lab Results
Appointment Scheduling
QuestDirect™
Insurance List
Testing Information
Who is Quest Diagnostics
Patient FAQ
Locations

Provider Information

Become a DLO Client
Services Offered
Billing And Payments
Quanum™ Solutions Ordering and
Results
DLO Go Kit Training Manual
MLCP
Testing
Choose to Know
Virtual Test Guide
Supply Catalog

Tools And Resources
Consultation Hotlines

ICD-10 and CPT 2021

ICD-10 and CPT 2020

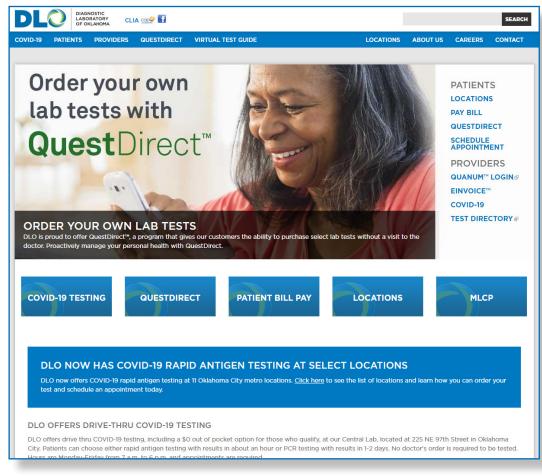
ICD-10 and CPT 2019

Intellitest Manager $^{\text{\tiny TM}}$

Provider Forms

Priority Result Reporting Policy Specimen Collection Charts

HLA Lab



QuestDirect™

Virtual Test Guide

Locations

About Us

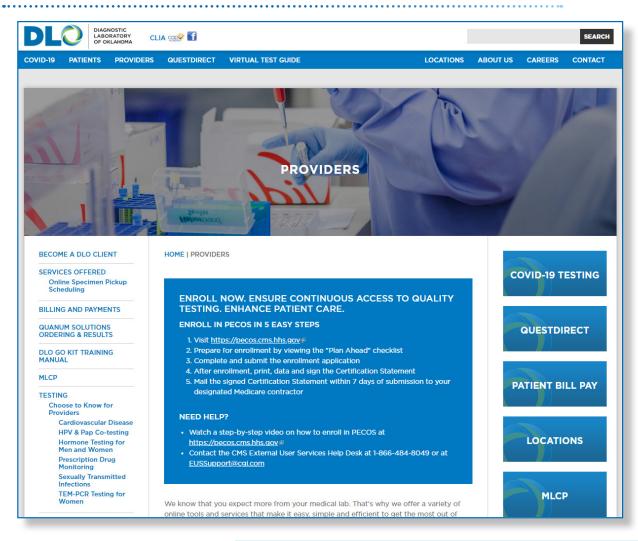
Mission, Vision and Values
Leadership Team
Central Lab and Corporate
Headquarters
Community Involvement
Accreditations
Media Kit https://www.dlolab.com/careers/benefits/my-health
News

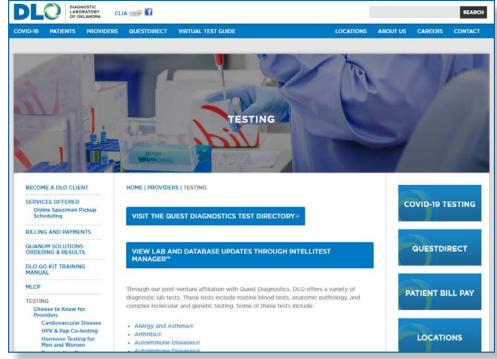
Careers

Job Search
Job Descriptions
Benefits
Equal Opportunity Employer
Workforce Diversity

Contact

dlolab.com





QuestConnect[™]

Making it easier to take the right action for your patients and practice

Quest Diagnostics works hard to offer innovative solutions that help you make the best decisions for patient care. That's why we created QuestConnect, a convenient online tool that gives you the insights you need to take action for your patients.

Get connected to the lab tests that help inform Cancel a test your decision-making.

- Request test results
- Add or cancel tests
- Confirm/check the status of an order
- Find a test

Streamline workflow so you can stay focused on your patient's health.

- Order supplies
- Pay an invoice
- Update account information

Stay connect and in control

Inspired by and designed with your needs in mind, QuestConnect is simple and easy to use. To get you started, we included some basic instructions and a wallet card for future reference.

Whether you are the ordering physician or treating physician, questconnect.com provides you with the same great benefits.

How to use questconnect.com

Simple log in process

- Enter client information
- 2. Client number
- 3. Main office phone number
- 4. Your name
- 5. Your role

Request test results

- Select "Request a Test" from the left or middle navigation
- 2. Enter the patient's date of birth and last name.
- Click "Search" 3.
- 4. Select Appropriate record(s)
- 5. Click Submit

Add a test

- Select "Add a Test" from the left or middle navigation
- 2. Enter the patient's date of birth and last name
- 3. Select a patient
- 4. Enter the test code
- 5 Click Submit

- Select "Cancel a Test" from the left or middle navigation
- Enter the patient's date of birth and last name
- Select the patient
- Select the entire order or test code
- Click Submit to cancel

Find a test

- Select "Find a Test" from the left or middle navigation
- 2. Insert the test name or code, CPT or specialty using the left

Order supplies navigation

- Select "Order Supplies" from the left or middle navigation
- Choose an item and enter the quantity
- Enter any special delivery instructions (optional)
- Click Submit

View order history

- Select "Order Supplies/Order History" from the left navigation or "Track Order History" from the middle navigation
- 2. Click "Order History Tracking"

Update account information

- Select" Update Account Information" from the left or middle navigation
- Update your information
- 3. Click Submit

Reference Card



Please let your DLO Account Representative if you are interested in having an easy-to-use reference card.

Additional information can be found on questdiagnostics.com.

^{*}Quanum Solutions meets all proposed Health Insurance Portability and Accountability Act (HIPAA) standards and protects patient information with 128-bit encryption and the services of VerisignTM, an industry leader in system security verification.



Quanum™ Solutions

With DLO, you're good to GO

DLO offers connectivity options to allow physicians and clinics to manage patient care through easy-to-use online tools, EHR interface options and Quanum, formerly known as Care360[®].

About this section

This section will acquaint you with DLO's Information Technology capabilities, software and procedures.

Pages include:

Training and Account Registration

Navigating Quanum

Quanum Solutions supports physicians with a practical electronic lab ordering and results platform.

- Cloud-based, so there's no expensive equipment or on-site IT support needed.
- Access records anytime, anywhere via the Internet, Quanum Mobile for smartphones or Quanum HD for the iPad.

Improving patient care with Quanum Solutions

The Quanum Physician Portal provides online tools for tracking all of your patient records, appointments, and data (profiles including demographics, medication history, lab results over time, and other longitudinal information). And there is also an easy-to-use patient communication section that can be accessed securely through one or more of our Health Management Service providers (GoogleHealth™, Keas™, and Microsoft® HealthVault™).

- Instant patient information management with electronic tracking
- More effective connection with patients through customized communications and wellness programs
- Patient/user-friendly technology keeps the sophistication of the system secure simple to use and access

Take advantage of a new age of patient care and efficient management with Quanum. Ask your DLO representative for more information.

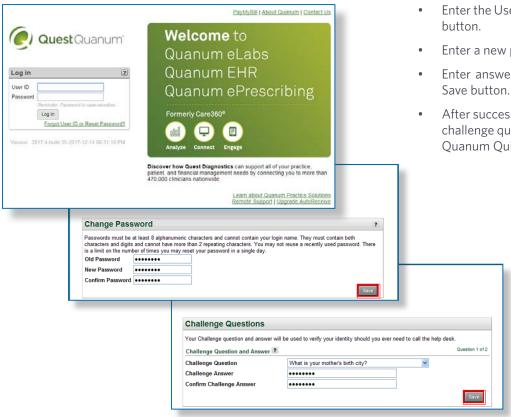
Account Start-up

Registration and Training

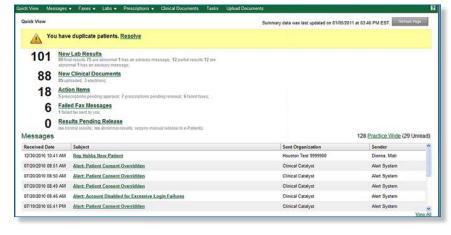
Through Quest, DLO is able to offer a variety of digital information organization options for healthcare organizations and practitioners. Quanum TM Solutions is provided to DLO clients at no cost. This allows clients to order specimen collection and testing supplies, order tests, receive reports and access test updates from any computer or mobile device.

DLO provides clients with in-depth, on-site or virtual training for Quanum applications. DLO's training staff is local to provide fast, reliable service. Follow up support and additional on-site training can be requested any time.

Once your Quanum account is requested by your DLO Account Representative and is created, users will receive an email with their login credentials. Upon receiving that email, users should follow the instructions below and log in to change their password immediately. A new password will expire in seven days.



- Enter the User ID and Password and click the Log In button.
- Enter a new password and click the Save button.
- Enter answers to security questions and click the Save button.
- After successfully entering your new password and challenge questions, you will be presented with the Quanum Quick View page.



Function Tabs

Message Center Options for accessing patient and user data available within Quanum

Patient Options for accessing all patient related services

Lab Orders Options for creating and viewing lab orders

Reports Options for generating reports relating to patients within your practice

Navigating Quanum™

The Quick View page provides you with a comprehensive starting point for quickly accessing information and performing the most commonly used tasks available in Quanum, including many of the to-do items or activities that you can perform relating to your patients.

The features displayed on the Quick View page are based on your organization's level of service. The information provided is specific to each service level:

Quanum Base Service provides physicians with access to clinical data for patients, a convenient and efficient method for ordering labs and receiving results, and the ability to share relevant health information across a secure network.

Quanum ePrescribing Premium Service allows physicians access to formulary information, act upon FDA alerts, manage new scripts and refills, and electronically send or print prescriptions (includes Base service).

Quanum EHR Premium Service provides support for the practice workflow including features to effectively document a full medical encounter, upload scanned documents to a patient chart, and integrate with a Practice Management System (includes Base and ePrescribing services).

Quanum EHR and Clinical Decision Support Premium Service allows patient data to be gathered and analyzed in order to identify gaps in care and other quality care issues (includes Base, ePrescribing and EHR services).



Clinical Catalyst - Displays the organizations that the user is associated with.

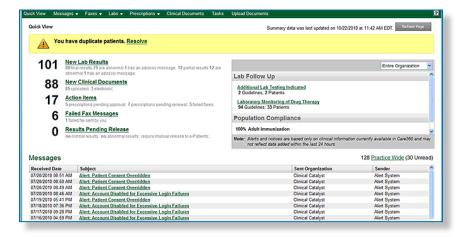
Admin - Allows administrative users to set preferences that affect all users that are members of their organization.

Preferences - Allows general preferences to be set that only affect the current user.

What's New - Details the latest features and enhancements that have been released in the current version of the Quanum application.

Help - Click to view the Support Center

Logout - By default, logout will automatically occur after a 30-minute period of inactivity.



Alerts will be displayed in the yellow bar only if unresolved items are detected

Counts display items which might need to be addressed such as lab results, failed fax messages and results pending release.

Messages lists new clinical messages and faxes inbox.

Tasks lists items which require your attention.

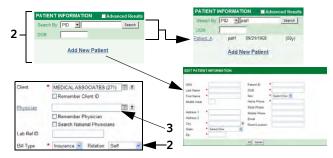
Population Alerts provide an at-a-glance information about the entire patient population for the conditions or diseases that your practice is monitoring.

Test Ordering



Placing Lab Orders

Retrieve or Add a Patient

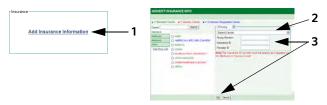


- 1. Navigate to the order entry page.
- 2. If the patient's information does not appear automatically in *Patient Information*, do one of the following:
 - Retrieve an existing patient:
 - a. At Search By, click Name, PID, or SSN.
 - b. Type a complete or partial last name, patient ID, or SSN.
 - c. Click Search
 - d. Click the patient in the search results.

· Add a new patient:

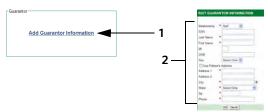
- a. Click Add New Patient.
- b. Complete the required fields and click OK.
- c. If the $\it Additional\ Information$ area appears, complete any required fields.
- d. In Order Details, at Bill Type, click the party responsible for paying for the test.
- e. If the *Relation* list appears, click the patient's relationship to the guarantor or insurance holder.
- 3. If a physician is required, at *Physician*, start typing the physician's last name and then click the appropriate one.

Specify an Insurance Carrier



- 1. If appropriate, in *Insurance*, click *Add Insurance Information*.
- $2. \quad \text{In the carrier list, click the carrier.} \\$
- 3. Complete the required insurance information and click OK.

Specify a Guarantor

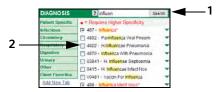


- 1. If appropriate, in Guarantor, click Add Guarantor Information.
- 2. Complete the required guarantor information, and then click OK.

Verify Insurance Eligibility

- 1. Click Next.
- 2. If the Eligibility Verification dialog box appears, do one of these:
 - Click the option button next to the appropriate information (or click Select All), and then click Continue.
 - Click Edit to change the carrier or make other changes.

Add a Diagnosis



- 1. In *Diagnosis*, type a diagnosis name or code, and click *Search*.
- 2. Select the appropriate check box (if it is not already selected).

Add a Test



- 1. In Order Codes, type a test name or order code, and click Search.
- 2. Select the appropriate check box (if it is not already selected).
- 3. At Collected Date, type the collection date (if it does not appear).
- 4. Complete any other required fields.
- 5. In *Profiles/Tests*, if a colored box appears, click the box, respond to the prompts, and then click *Save*.

Complete the Order



- Click File to complete the order, Hold to save it for later, or PSC Hold to save it and print a letter for the patient to take to a Patient Service Center (PSC).
- 2. If prompted, click *Edit* to change the guarantor's address and then click *OK*, click the reason for not changing it, or click the correct one.
- 3. Click Save.
- 4. Print the requisition and labels, or PSC letter, as appropriate.

Specimen Collection Requirements

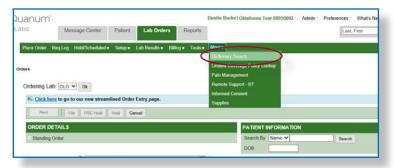
Instant access to specimen requirements

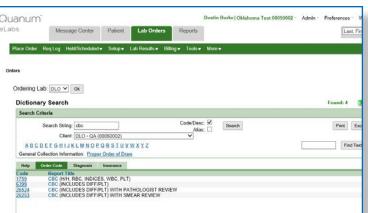
Proper handling and transport of specimens is the first step in accurate testing. Easy access and review of results is the second. At DLO, these steps work hand-in-hand through the integration of Quanum™ eLabs.

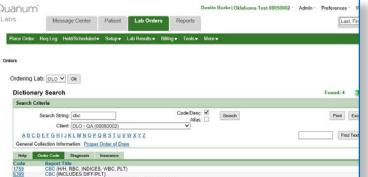
ransport Container EDTA (LAVENDER-TOP) TUBE

- Instant access to collection techniques and transport instructions for every DLO test
- Electronic follow-up to determine if patient has completed the test
- Schedule pickups and track specimens from the convenience of your computer
- Personal health record (PHR) integration
- Patient contact reminders
- Clinical decision support
- Supported on Apple® iOS and Android®









Dictionary search

Search according to test name, test code

Diagnosis name, code, keyword

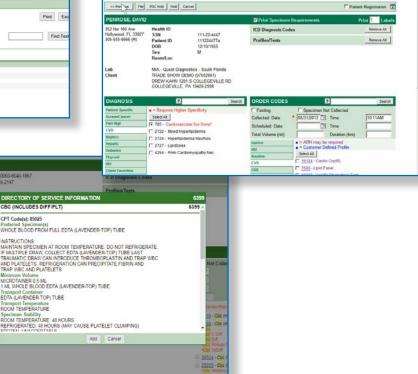
Dictionary view for specimen collection requirements

Search while ordering test

Search by test code or test name

Search by frequently used tests

Specimen collection requirements



□ Patient Registration (*)

Ordering Lab: DLO • Ok Dictionary Search Search Criteria

CRC (INCLUDES DIFF/PLT)

CPT Code(s): 85925
Proferred Specimen(s)
WHOLE BLOOD FROM FULL EDTA (LAVENDER-TOP) TUBE

TRAP VISUANCE, MINIMUM VISUANC

Client: DLO - QA (00050002 ABCDEEGHIJKLMN OP GRSTUYW XYZ

Quanum™ Reporting

Helping improve outcomes and manage health

Delivery of lab results based on your needs; reports through Quanum, your EHR computer interface, or via fax.

AutoReceive Results through Quanum

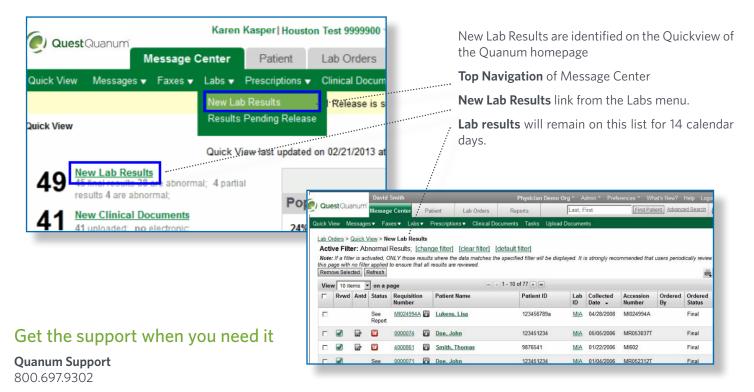
AutoReceive provides a secure method for the following:

- Receiving, routing, and storing DLO lab results. The results are available in HL7 or printable (PDF) formats. The results are also delivered to Quanum eLabs and Quanum EHR.
- Uploading clinically-relevant scanned documents from your computer or network drive to Quanum EHR.
- Uploading point-of-care testing (POCT) results to AutoReceive using an external POCT device (such as a HemoCue device) for delivery to Quanum eLabs Orders and Results.

You can begin receiving results (and uploading clinical documents or POCT results if your account is configured for these services) on the same day that AutoReceive is installed.

Quanum New Results Notification

The Quick View page, displayed immediately upon login, provides a display of the number of new lab results. If your location is set up to receive both partial and final results, those will be identified also.



Upgrade to ePrescribing

Existing Quanum eLabs customers can add ePrescribing for a low monthly fee. Simply visit **get.quanum.com** and follow the prompts to upgrade your account. If you need assistance, please call 1.877.324.0963.

To learn more about Quanum solutions for physician practices, hospitals, ACOs, and other organizations, visit questdiagnostics. com/quanum

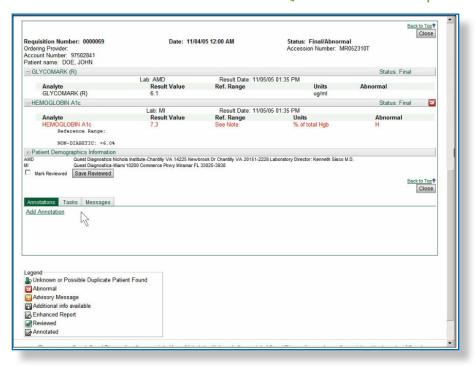
Reporting Results

Quanum™ Solutions enhances patient care through advanced reporting options.

- Monitor chronic conditions with testspecific or condition-specific views of testing and medication histories
- Customize reports with the information that is relevant to what you're looking for

For more on the unique and exclusive Quanum features designed to help clinics increase the efficiency of their practices and to enhance quality of care, ask your DLO representative.

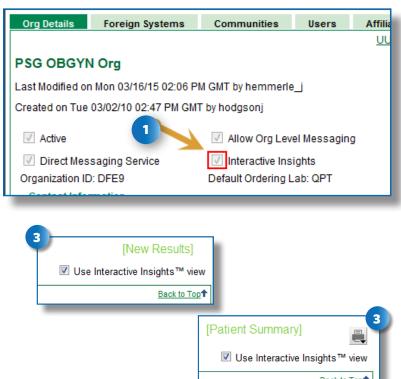
Quanum results report

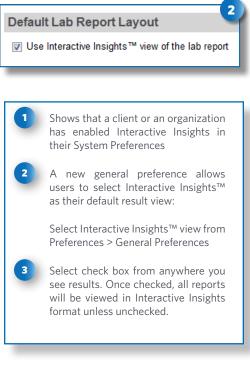


Interactive Insights by Quanum was created to bring diagnostic insights closer to the point of care

It is about having the right information at the right time in the right format. It is an additional practice management option available with Quanum enrollment. There is **no cost** for Interactive Insights® in Quanum Solutions.

Interactive Insights shows the providers current results and trends in context of a patient's continuum of care. When ordering a test, providers can now see **up to two years of patient specific history** for that test, no matter where previous DLO tests were ordered or who ordered them.

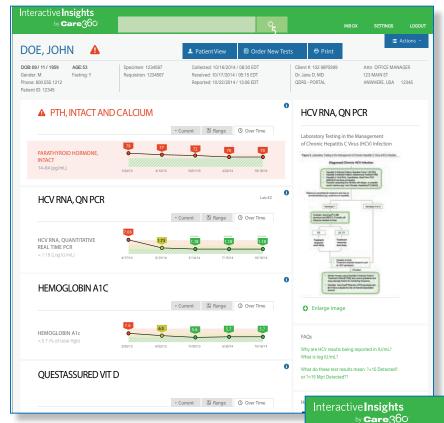




Interactive Insights® Reporting

Interactive Insights can be viewed as a standalone application, or **integrated with EMR/EHR systems** and its full functionality is automatically available on QuanumTM. Quickly find out-of-range results, share results with patients and easily **order new tests** to ensure the best possible patient outcomes.

Interactive Insights is **fully mobile** so providers can **securely** access powerful functionality everywhere.



Provider Reports

Find abnormal results quickly.

See analyte trends over a two-year span, for all results stored with DLO.

Algorithm readily available.

Share results with patients electronically or in print.

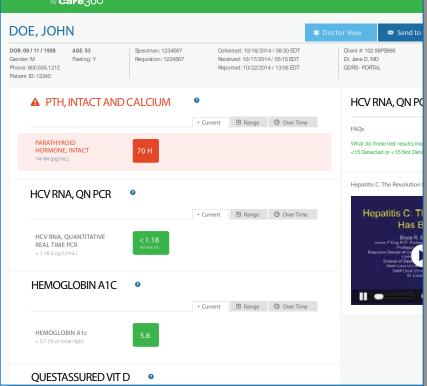
Order new tests quickly in the context of existing test results.

Patient Reports

Patients see results in a format that is easily understandable

Patients can see a history of their results when they log into their MyQuest™ patient portal

Patients are provided with qualified FAQs and educational content related to their test results



Quanum™ Solutions

Connecting You to the Healthcare Landscape

Quanum connects healthcare organizations, community physicians and patients to improve access to information and insights that drive care delivery coordination. These connections result in better, more cost-efficient clinical outcomes.



With DLO, you can combine a cost-effective ambulatory EHR with structured data exchange and patient-engagement tools for physician loyalty, provider collaboration, and positive patient outcomes.

Access to additional Quanum Solutions is available to all DLO clients. The cost varies according to the services provided. Please ask your Account Executive for more information on all Quanum services.

MyQuest™ Patient Portal

Getting patients more engaged in their healthcare is a priority for many providers. The Centers for Medicare and Medicaid Services (CMS) lists patient engagement as part of the Meaningful Use requirements in the EHR Incentive program, and many of the industry initiatives such as Accountable Care Organizations (ACOs) and Patient Center Medical Homes (PCMH) encourage the use of Patient Portals to improve the health of their patients. Quest Diagnostics has made it easy for all practices, no matter what size, to engage with patients using Quanum EHR and the MyQuest Patient Portal.

The MyQuest Patient Portal enables providers and patients to stay connected using a secure, HIPAA compliant website.

Patients...Using the MyQuest Patient Portal

The MyQuest portal was designed to make it easy for patients to connect with all their Quanum EHR connected healthcare providers through one location.

- Receive a copy of the office visit notes, current medication list and lab results using a secure direct message account.
- View, download or print their medical information
- Send secure messages to their doctor
- Share medical information with other doctors and family members who have a secure direct mail address

Plus, MyQuest offers patients a companion mobile application for iPhones or Androids which allows them to set medication reminders, store "In Case of Emergency" information and much more.

Quanum (63)





Ordering Supplies

With DLO, you're good to GO

Easily maintain practice inventory by submitting this user-friendly order form, with ample space for special instructions. Your DLO representative can provide you with easy-to-complete supply order forms.

About this section

This section will acquaint you with the specimen collection supply form.

- Online Supply Catalog
- DLO Supply Order Form

Important Compliance Reminder

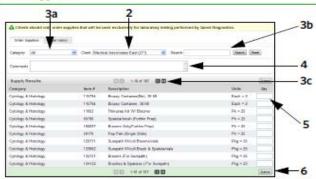
Specimen collection devices, supplies, and equipment issued by DLO are to be used ONLY for the collection of specimens sent to DLO. Supplies and equipment provided by DLO may not be used for any testing or screening performed by you (including urine cups or swabs used for prescreening), or for testing you send to any laboratory other than DLO. Supplies and equipment include, but are not limited to, swabs, urine cups, needles, tubes, and centrifuges.

Ordering Supplies



Ordering Client Supplies

Order Supplies



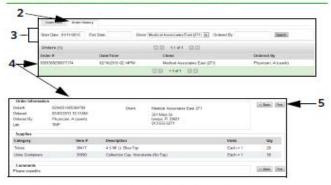


- Navigate to the page for ordering client supplies.
- To change the client for which the supplies are being ordered, click the appropriate one in the Client list.
- Do one or more of the following:
 - To show a category of supplies, at Category, click the type of supplies to order. The page displays only items in that category.
 - To search for a supply, at Search, type a few characters of the supply name, and then click Search. The page displays all items that contain that text.
 - To browse through the supply list, click the arrows to go to the next, last, previous, or first page of the supply list.
- To include any comments with your order, type them in the Comments box.

You can optionally send comments without ordering any supplies (for example, to inquire about a supply that does not appear on the list).

- In the Qty column, type the quantity of each item to order.
 Be sure to note the units in the Units column. For example, alcohol preps are packaged 200 per box. If you want 200 alcohol preps, you should type 1 in the Qty column rather than 200; otherwise, you would receive 200 boxes of 200 each.
- 6. Click Submit.
- Do one or more of the following:
 - To add or remove items or comments, click Back and repeat steps 3-6.
 - To submit the order, click Order Now.

View or Print Previously Placed Supply Orders



- Navigate to the page for ordering client supplies.
- 2. Click the Order History tab.

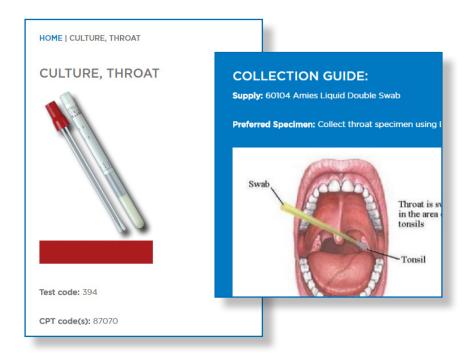
The page displays all supply orders placed for your default client in the past 30 days.

- To modify the list, do one or more of the following, and then click Search:
 - At Start Date and End Date, type the appropriate date range, or click the date on the calendar.
 - At Client, click the client whose order history you want to view.
 You can also click All Clients to view orders placed by all clients that you can access.
 - At Ordered By, type the user name of the person who placed the order.
- 4. To view details for any listed order, click the order.
- 5. Do either of the following:
 - To print the order, click Print, make any appropriate changes on the Print dialog box, and then click Print.
 - . To return to the Order History tab, click Back.

Supply Research

DLO has several ways for clients to research the materials needed for testing, then submit an order.





Online Supply Ordering Sources

Link to Supply Catalog found on Providers drop down menu on dlolab.com

Supply information listed on a VTG Specimen Collection Guide

Supply Catalog page lists supply categories, a link to the order form, fax number for form submission and contact numbers for client support.

Supply Catalog link in the left navigation menu throughout the Providers section

Category page lists all associated supplies with name, photo and supply number





Additional Ordering Options

In addition to ordering through Quanum, supplies can be ordered by submitting DLO's user-friendly order form via fax or e-mail. Easily maintain practice inventory by submitting this user-friendly order form.

For the most up-to-date Supply Request Form, please visit the Supply Catalog on dlolab.com/supply-catalog.

	Î		Rev. 08/2021
DLO	DIAGNOSTIC LABORATORY OF OKLAHOMA	CLIENT SUPPLY REQUEST	For Internal Use Only
	OF ORLAHOMA		Lines: CSO:
Client Name:		Account #:	
Date:	Order	ed by: Phone #:	

Supply requests are filled based on specimen containers received and issued to the account.

Orders are adjusted according to tests submitted to DLO.

Item ID	PK	TUBES	Item ID	PK	MICROBIOLOGY	Item ID	PK	GC/CHLAMYDIA
T157		Red/Yellow SST 8mL (50/pk)	BC34 / BC35		Anaerobic/Aerobic Blood Culture Bottles (1 set/pk)	S04		Affirm™ VPIII (10/pk)
T59		Lavender 4mL (50/pk)	вс33		Pediatric Blood Culture (each)	\$06		VCM, Cervical/Vaginal (5/pk)
T05		Red 10mL (10/pk)	S02		Blue Culture Swab (10/pk)	S09		VCM, Urethral (5/pk)
T03		Gray 4mL (10/pk)	S11		Yellow Nasal Culture Swab (10/pk)	\$05		VCM, Nasal (5/pk)
T62		Red 3mL (10/pk)	S07		Double Red Strep Swab (10/pk)	\$03		VCM, Lesion (5/pk)
T04		Light Blue 2.7mL (10/pk)	OF06		Sputum Collection Tube 50mL (25/pk)	A02	č	APTIMA® Unisex Swab (10/pk)
T08		Royal Blue EDTA 6mL (10/pk)	Item ID	PK	STOOL	A03		APTIMA® Vaginal Swab (10/pk)
T09		Royal Blue No Add. 6mL (10/pk)	F49		InSure ONE (10/pk)	A01		APTIMA® Urine Tube (10/pk)
Т69		Lavender K2EDTA 10mL (10/pk)	F57		Stool Container w/ Red Lid (50/pk)	Item ID	PK	MISCELLANEOUS
T56		Tan 3mL (10/pk)	F02		Para-Pak® C&S, Orange (5/pk)	B112		Specimen Bag, Regular (100/pk)
T60		White PPT 5mL (10/pk)	F01		Total Fix® O&P, Black (5/pk)	B113		Specimen Bag, STAT (100/pk)
T61		Green NaHep 10mL (10/pk)	Item ID	PK	URINE	G01		Glucola 50gm, Orange (6/pk)
T68		Green NaHep 6mL (10/pk)	U01		C&S Gray Tube w/Straw (10/pk)	G03		Glucola 75gm, Lemon-Lime (6/pk
T35		Green LiHep 4.5mL w/gel (10/pk)	U03		UA Tube w/Yellow Cap (25/pk)	G02		Glucola 100gm, Fruit Punch (6/pk)
T58		Pink K2EDTA 6mL (50/pk)	U09/ U06		Routine Urine Cup w/ lid (75/pk)	K165		AN COVID Swab (4/pk)
T15		Yellow ACD-B 6mL (10/pk)	U30		24H Container (each)	V04		Tourniquets, Blue (10/pk)
ST05		Light Protect Tube w/cap (25/pk)	U32		24H Acid-Wash Cont. w/Vial (each)	K01		Breath Tech, UBIT kit
ST01		Pour off Transport Vial (500/pk)	U24		24H Stone Risk Kit (each)	Item ID	PK	REPORTING SUPPLIES
ST22		Pour off Transport Lid (500/pk)	U34		24H w/Sodium Carbonate (each)	FR01		Copy Paper (500 sheets/pk)
T51		Pediatric: Red Serum (50/pk)	ST02		Pipet, Transfer w/Bulb (50/pk)	L219		DLO™ Care 360 Labels (5 rolls/pk)
T52		Pediatric: SST (50/pk)	U40		Castile Soap Towelette (100/pk)	FA12		ABN Form (25/pk)
T50		Pediatric: Amber SST (50/pk)	U10		Collection Hat (for toilet) (5/pk)	FM112		PSC Directory (25/pk)
T89		Pediatric: Green LiHep (50/pk)	UD02		Pain Management Cup, Single (drug screen/monitoring)	Item ID	EA	TONER
T55		Pediatric: Lavender (25/pk)	Item ID	PK	CYTOLOGY	PT15		Toner, M401, HP CF280A
Q04		Quantiferon Kit, Single (25/pk)	C01		ThinPrep® w/Brush/Spatula (25/pk)	PT03		Toner, M402, HP 26X
Item ID	PK	FORMALIN	C02		ThinPrep® w/Broom (25/pk)	PT167		Toner, M404, HP 58X
H29		20mL (32/pk)	C06		SurePath™ w/Brush/Spatula (25/pk)	Item ID	PK	TEST REQUISITIONS
H48		40mL (24/pk)	C05		SurePath™ w/Broom (25/pk)	FQ70		354 Clinical (25/pk)
H32		60mL (27/pk)	Item ID	PK	TEM-PCR	FQ71		355 Semi-Custom (25/pk)
H28		120mL (24/pk)	K144		TEM-PCR Universal Kit (5/pk)	FQ73		374 Cytology (25/pk)
H18		5.3 Gallon (each)	OTHER IT	EMS NI	EEDED, BUT NOT LISTED	FQ74		561 Pathology/Histology (25/pk)
Item ID	PK	NEEDLES/HUBS				3110000000		
N01		21g Green Safety Needles (48/pk)						
N02		22g Black Safety Needles (48/pk)						
N03		Needle Holder Hubs (50/pk)						

Fax: (405) 608-6135 Email: <u>DLOClientSupply@questdiagnostics.com</u>

Supply request forms are available to download and print on our website: www.dlolab.com/supply-catalog

Due to federal regulations, supplies are to be used exclusively for collection/transportation of specimens referred to DLO for testing.



Addendum

With DLO, you're good to GO

DLO's primary focus is to make sure that our clients have the most up-to-date information and tools needed to provide the best care for the patients.

About this section

This section will provide additional information which is more likely to be updated or changed. Pages include:

Glossary of acronyms and common laboratory terms

Certifications

Sample DLO Requisitions

DLO Patient Service Center listing

DLO Supply Request Form



Glossary of Terms

Acronyms

Commo	nly used by DLO	Clinical	
ABN	Advanced Beneficiary Notice	BAL	Bronchial Alveolar Lavage
AWN	Advanced Written Notice	C&S	Culture and Sensitivity
CAP	College of American Pathologists	CSF	Cerebrospinal Fluid
CLIA	Clinical Laboratory Improvement Amendments	DFA	Direct Fluorescent Antibody
CPT	Current Procedural Terminology	EDTA	Ethylenediaminetetraacetic acid
DX	Diagnosis	EIA	Enzyme Immunoassay
EHR	Electronic Health Records	HIV	Human Immunodeficiency Virus
EMR	Electronic Medical Records	HPV	Human Papilloma Virus
ICD	International Classification of Disease	HSV	Herpes Simplex Virus
LIS	Laboratory Information System	MIF	Merthiolate Iodine Formalin
MLCP	Medicare Limited Coverage Policies	NP	Nasopharyngeal
PSC	Patient Service Center	PCR	Polymerase Chain Reaction
RSR	Route Service Representative	PDM	Prescription Drug Monitoring
TIQ	Test In Question	SAF	Sodium Acetate Formalin
TNP	Test Not Performed	TMA	Transcription Medicated Amplification
VTG	Virtual Test Guide	WHP	Women's Health Panel
		V-C-M	Virus, Chlamydia, Mycoplasma
		Zn-PVA	Zinc-Polyvinyl alcohol

Addendum (71)

CENTERS FOR MEDICARE & MEDICAID SERVICES CLINICAL LABORATORY IMPROVEMENT AMENDMENTS

CERTIFICATE OF ACCREDITATION

LABORATORY NAME AND ADDRESS
DIAGNOSTIC LABORATORY OF OKLAHOMA
225 NE 97TH STREET
OKLAHOMA CITY, OK 73114

CLIA ID NUMBER 37D0960030

EFFECTIVE DATE

10/30/2020

EXPIRATION DATE

10/29/2022

LABORATORY DIRECTOR

MADHUSUDAN G RAO M.D.

Pursuant to Section 353 of the Public Health Services Act (42 U.S.C. 263a) as revised by the Clinical Laboratory Improvement Amendments (CLIA), the above named laboratory located at the address shown hereon (and other approved locations) may accept human specimens for the purposes of performing laboratory examinations or procedures.

This certificate shall be valid until the expiration date above, but is subject to revocation, suspension, limitation, or other sanctions for violation of the Act or the regulations promulgated thereunder.



Regina S. Van Brakle, Acting Director Division of Laboratory Services Survey and Certification Group Center for Clinical Standards and Quality

186 certs2_100620

If you currently hold a Certificate of Compliance or Certificate of Accreditation, below is a list of the laboratory specialties/subspecialties you are certified to perform and their effective date:

LAB CERTIFICATION (CODE)	EFFECTIVE DATE
BACTER OLOGY (110)	10/30/2000
MYCOBACTERIOLOGY (115)	10/30/2000
MYCOLOGY (120)	10/30/2000
PARASITOLOGY (130)	10/30/2000
VIROLOGY (140)	10/30/2000
SYPHILIS SEROLOGY (210)	10/30/2000
GENERAL IMMUNOLOGY (220)	10/30/2000
ROUTINE CHEMISTRY (310)	10/30/2000
URINALYSIS (320)	10/30/2000
ENDOCRINOLOGY (330)	10/30/2000
TOXICOLOGY (340)	10/30/2000
HEMATOLOGY (400)	10/30/2000
ABO & RH GROUP (510)	10/30/2000

ANTIBODY NON-TRANSFUSION (530)

LAB CERTIFICATION (CODE)

EFFECTIVE DATE

10/30/2000

FOR MORE INFORMATION ABOUT CLIA, VISIT OUR WEBSITE AT WWW.CMS.GOV/CLIA
OR CONTACT YOUR LOCAL STATE AGENCY. PLEASE SEE THE REVERSE FOR
YOUR STATE AGENCY'S ADDRESS AND PHONE NUMBER.
PLEASE CONTACT YOUR STATE AGENCY FOR ANY CHANGES TO YOUR CURRENT CERTIFICATE.





Diagnostic Laboratory of Oklahoma Oklahoma City, Oklahoma Madhusudan G. Rao, MD Main Laboratory

CAP Number: 7089301 AU-ID: 1343467

CLIA Number: 37D0960030

College of American Pathologists' Laboratory Accreditation Program. Reinspection has met all applicable standards for accreditation and is hereby accredited by the should occur prior to February 28, 2021 to maintain accreditation.

Accreditation does not automatically survive a change in director, ownership, or location and assumes that all interim requirements are met.

Chair, Accreditation Committee

President, College of American Pathologists

Due to COVID-19, DLO's inspection was delayed. We passed our recent inspection and are awaiting our updated CAP certificate. To view our latest accreditations, visit dlolab.com/about-us/accreditations.

DLO Requisition Samples

LABORATORT	ww.dlolab.com	My Account Insurance Provided Lab Card/Select Patient LAB REFERENCE # Parents Are Listed On		PATIENT PHONE	0
NAME: ADDRESS: CITY, STATE, ZIP TELEPHONE #: DATE COLLECTED TIME AM TO PM NPI/UPIN ORDERING/SUPERVISING PHYSICIAN AM TO PM NPI/UPIN ORDERING/SUPERVISING PHYSICIAN AM TO PM	with at least identifiers at ICD Diagnosis application of the ICD	colle Ma	TO INSURED: SELF	RTY EAST, FIRST, MIDDLE) - IF OTHER THAN PATIENT RED/RESPONSIBLE PARTY) APT. # KEY # STATE ZIP SPOUSE DEPENDENT	ICD Diagnosis Codes
□ ADDIT'L PHYS.: NON-PHYSICIAN N PROVIDER:	NP/UPINL 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	### ABN r Medicare @ = Ma'	equired for tests w y not be covered for the reported c prescribed frequency rules for co- sat or service performed with rese- both diagnosis and frequency-reli- prostics.com/MLCP for	ith these symbols diagnosis. verage. arch/experimental kit. ated coverage limitations. Medicare coverage guidelines	e fields below.
□ Fax Results to: ()	STATE	Gef71 Iron F93 LD LD S99 Lead, Bloo S99 Lead, Bloo L95 L	od STN S See Ab w/Reflex to Blot (lig6, lgM) S see Ab (lig6, lgM), Immunoblot S sm Antibody (lGG) S rus Antibody (lGG) S rus Antibody (lGG) S rus Antibody (lGG) S see (As Phosphorus) S run S sm S run S sm	B896 Triglycerides B899 TSH B890 TSH B86127 TSH w/Reflex T4, Free B890 T3, Free B890 T3, Free B867 T4 (Thyroxine), Total B866 T4 (Thyroxine), Free G448 Urinalysis Macroscopic F909 Urinalysis, Complete B8020 UA, Complete, w/Reflex Culture* Urea Nitrogen (BUN) B905 Uric Acid W139 Variacella-Zoster Virus Ab (IgG) B7065 Vitamin B12/Folate, Serum Panel B927 Vitamin B12/Folate, Serum Panel B927 Vitamin D1,25 S W1306 Vitamin D1,25 S	Provide signed ABN when ne
PTT, Activated B	B496	AG L 8837	Sour Calcium LS oid Factor S Fall History Williams S Fall History	rce (Required) 4550	cessary Provide signed
COMMENTS, CLINICAL INFORMATION: Physician Signature (Required for PA, NY, NJ & WV) Mareq	ny payers (including Medicare and	TOTAL TESTS ORDERED d Medicaid) have medical necessity or those tests which are medically		arks - 49 and ^{ML} are the property of their respective owner, 00:000047.V.O. Revised 2 /	ABN when necessary

	DIAGNOSTIC	800.891.2917	CYTOLOGY	BILL TO MY ACCOUNT	PRINT PATIENT NAME (LAST	T, FIRST, MIDDLE)	
	OF OKLAHOMA.	www.dlolab.com	REQUEST	□ PATIENT □ MEDICARE	REGISTRATION # (IF APPLIC	CABLE) DAT	D YEAR SEX
				□RAILROAD MEDICARE □MEDICAID	DATIENT OR OLL OF OUR TV		
				☐ LabCard/Select☐ OTHER INSURANCE	PATIENT SOCIAL SECURITY	#	OFF 7/ PATIENT ID #
		>		LI UT HEN INSUNANCE	ROOM# LA	NCE #	PHONE #
		KNOW	Defless Teads Ave Deaf	4 84	PRIME VIRED/A	E PARTY (LAST, FIA	AN PATIENT
ACCOUNT #:		\$	Reflex Tests Are Perfo An Additional Charge		PRII. IRED/I	E PARTY (LAST, FIR	AN PATIENT
NAME:		⊃	Fack Committee Chambel	2010	TNT STI DRES	URED/P PO	ONS APT. # KEY
ADDRESS:		NON X	Each Sample Should With At Least Two Pa	Be led ed ifiers			TE
CITY, STATE, ZIP			At Time Of Collection			A	TE ZIP
TELEPHONE #: DATE COLLECTED							
DATE COLLECTED							SUFFIX
NPI/UPIN ORDERING/SU	L UPERVISING PHYS	SICIAN AND/OF RS (N	NUST BE	₹ <u>≥</u> ₹	D R		STAT
				₹ ,	TIONSHIP TO INSURED: INSURANCE CO. NAME	□ SELF [SPOUSE DEPENDENT
				URA			
				S MEMBER	R / INSURED ID#		GROUP #
					ICE ADDRESS		
				CITY			lozaze I
· ·				CITY			STATE ZIP
				EMPLOY	ER NAME/EMPLOYER #	INSUF	RED SOCIAL SECURITY # (if not patient)
☐ ADDIT'L PHYS.: Dr		NPI/UPIN		Medicare Limited	@ = May not be covere	ed for the reported dia	agnosis. Provide erage. signed
NON-PHYSICIAN PROVIDER:	1E	I.D.#		Coverage	F = Has prescribed free & = A test or service po	performed with resear	rch/experimental kit. ABN when necessary
☐ Fax Results to: ()			Tests		s (enter all	
Duplicate Apppend	NAME:						
Duplicate ADDRESS: Report to: CITY:		STATE	ZIP				
				CYTOLOG			
ThinPrep® and Apt	ima HPV® mRNA	ThinPrep ThinPrep w/Imagii	® and HPV DNA	Sur	Y ePath® and HPV DNA Path w/Imaging	11361	Out of the Vial Testing B Chlamydia trachomatis (CT)
	ima HPV® mRNA		® and HPV DNA	Sur	ePath® and HPV DNA Path w/Imaging	11362	B Chlamydia trachomatis (CT) B Neisseria gonorrhoeae (NG)
ThinPrep w/Imaging 58315 F Pap		ThinPrep w/Imagii 58315 ☐ F Pap	and HPV DNA	Sure Path Sure 14471 F □ 18810	ePath® and HPV DNA Path w/Imaging F Pap F Pap, reflex HPV, if AS	11362 11363 11363	B Chlamydia trachomatis (CT) B Neisseria gonorrhoeae (NG) B CT/NG
ThinPrep w/Imaging 58315 ☐ F Pap 90934 ☐ F Pap, refle	ex HPV, if ASCUS and over)	ThinPrep w/Imagii 58315	and HPV DNA ng reflex HPV if ASCUS 21 and over)	Sure Path Sure 14471 F 18810 18499 F 18811	ePath® and HPV DNA Path w/Imaging F Pap F Pap, reflex HPV, if AS (ages 21 and over) F Pap & HPV	11362	B Chlamydia trachomatis (CT) B Neisseria gonorrhoeae (NG) B CT/NG Trichomonas vaginalis
ThinPrep w/Imaging 58315 F Pap 90934 F Pap, refle (ages 21 90933 F Pap & HF (cotesting	ex HPV, if ASCUS and over) PV g for ages 30-65)	ThinPrep w/Imagin 58315	eflex HPV if ASCUS 21 and over) they they they are the are they are the are they are	Sure Path Sure 14471 F	ePath® and HPV DNA Path w/Imaging F Pap F Pap, reflex HPV, if AS (ages 21 and over)	11362	B Chlamydia trachomatis (CT) B Neisseria gonorrhoeae (NG) B CT/NG Trichomonas vaginalis Aptima HPV mRNA (ThinPrep only) Aptima HPV mRNA, reflex genotyping
ThinPrep w/Imaging 58315	ex HPV, if ASCUS and over) PV g for ages 30-65) PV, CT/NG g with STI risks)	ThinPrep w/Imagin 58315 ☐ F Pap 58316 ☐ F Pap, r (ages) 58317 ☐ Pap 8 (cotes) 16772 ☐ B Pap 8 (cotes)	eflex HPV if ASCUS 21 and over) at HPV ting for ages 30-65) at HPV, CT/NG ting with STI risks)	Sure Path Sure 14471 F 18810 14499 F 18811 15095 F 18813 16770 B 18828	ePath® and HPV DNA Path w/Imaging F Pap F Pap, reflex HPV, if AS (ages 21 and over) F Pap & HPV (cotesting for ages 30 B Pap & HPV, CT/NG (cotesting with STI ri	11362	B Chlamydia trachomatis (CT) B Neisseria gonorrhoeae (NG) B CT/NG Trichomonas vaginalis Aptima HPV mRNA (ThinPrep only) Aptima HPV mRNA, reflex genotyping 16,18/45 (ThinPrep only) HPV DNA
ThinPrep w/Imaging 58315	ex HPV, if ASCUS and over) PV of or ages 30-65) PV, CT/NG g with STI risks) PV, reflex genotypi	ThinPrep w/Imagii 58315 ☐ F Pap 58316 ☐ F Pap, r (ages) 58317 ☐ Pap & (cotes) 16772 ☐ B Pap & (cotes) 16308 ☐ F Pap & 16.18	eflex HPV if ASCUS 21 and over) ting for ages 30-65) t HPV, CT/NG ting with STI risks) t HPV, reflex genotyping	Sure Path Sure 14471 F 18810 14499 F 18811 15095 F 18813 16770 B 18828	ePath® and HPV DNA Path w/Imaging F Pap F Pap, reflex HPV, if AS (ages 21 and over) F Pap & HPV (cotesting for ages 30 (cotesting for ages 31 (cotesting for ages 34 (cotesting for ages 34 (cotesting with STI ri	11362	B Chlamydia trachomatis (CT) B Neisseria gonorrhoeae (NG) B CT/NG Trichomonas vaginalis Aptima HPV mRNA (ThinPrep only) Aptima HPV mRNA, reflex genotyping 16,18/45 (ThinPrep only) HPV DNA HPV DNA, reflex genotyping 16,18
ThinPrep w/Imaging 58315	ex HPV, if ASCUS and over) PV g for ages 30-65) PV, CT/NG g with STI risks) PV, reflex genotypi pe when Pap-, HPV-	ThinPrep w/Imagii 58315 ☐ F Pap 58316 ☐ F Pap, r (ages) 58317 ☐ Pap & (cotes) 16772 ☐ B Pap & (cotes) 16308 ☐ F Pap & 16.18	eflex HPV if ASCUS 21 and over) ting for ages 30-65) HPV, CT/NG ting with STI risks) HPV, reflex genotyping type when Pap-, HPV+)	Sure Path Sure 14471 F 18810 14499 F 18811 15095 F 18813 16770 B 18828 16306 F 18829 SOURCE:	ePath® and HPV DNA Path w/Imaging F Pap F Pap, reflex HPV, if AS (ages 21 and over) F Pap & HPV (cotesting for ages 30 B Pap & HPV, CT/NG (cotesting with STI ri F Pap & HPV, reflex get 16, 18 (genotype when Pap	SCUS 11362	B Chlamydia trachomatis (CT) B Neisseria gonorrhoeae (NG) B CT/NG Trichomonas vaginalis Aptima HPV mRNA (ThinPrep only) Aptima HPV mRNA, reflex genotyping 16,18/45 (ThinPrep only) HPV DNA HPV DNA, reflex genotyping 16,18 HSV 1 & 2 DNA, real-time PCR
ThinPrep w/Imaging 58315	ex HPV, if ASCUS and over) PV g for ages 30-65) PV, CTING g with STI risks) PV, reflex genotypi pe when Pap-, HPV- Implified Molidia & Gonorrho	ThinPrep w/Imagin 58315	eflex HPV if ASCUS 21 and over) the HPV titing for ages 30-65) the HPV, CT/NG ting with STI risks) the HPV, reflex genotyping type when Pap-, HPV+) ma) Swab®)	Sure Path Sure 14471 F 18810 14499 F 18811 15095 F 18813 16770 B 18828 16306 F 18829 SOURCE: CX Ca	ePath® and HPV DNA Path w/Imaging F Pap F Pap, reflex HPV, if AS (ages 21 and over) F Pap & HPV (cotesting for ages 30 B Pap & HPV, CT/NG (cotesting with STI ri F Pap & HPV, reflex get 16, 18 (genotype when Pap	11362	B Chlamydia trachomatis (CT) B Neisseria gonorrhoeae (NG) B CT/NG Trichomonas vaginalis Aptima HPV mRNA (ThinPrep only) Aptima HPV mRNA, reflex genotyping 16,18/45 (ThinPrep only) HPV DNA HPV DNA, reflex genotyping 16,18 HSV 1 & 2 DNA, real-time PCR **AL HISTORY** Ilicable for Pap screening: 7
ThinPrep w/Imaging 58315	ex HPV, if ASCUS and over) PV pv pv pv pv pv pv pv pv, CT/NG g with STI risks) pv, reflex genotypi pe when Pap-, HPV- pv pv dia & Gonorph oniasis vagina rab® HSV 1&2	ThinPrep w/Imagin 58315 F Pap 58316 F Pap, r (ages) 58317 Pap 8 (cotes) 16772 B Pap 8 (cotes) 16308 F Pap 8 (cotes) 46.18 (geno) ecular Menu (Aptino) ecular Sure Sure Sure Sure Sure Sure Sure Sur	eflex HPV if ASCUS 21 and over) the HPV titing for ages 30-65) the HPV, CT/NG ting with STI risks) the HPV, reflex genotyping type when Pap-, HPV+) ma) Swab®)	Sure Path Sure 14471 F 18810 14499 F 18811 15095 F 18813 16770 B 18828 16306 F 18829 SOURCE:	ePath® and HPV DNA Path w/Imaging F Pap F Pap, reflex HPV, if AS (ages 21 and over) F Pap & HPV (cotesting for ages 30 B Pap & HPV, CT/NG (cotesting with STI ri F Pap & HPV, reflex get 16, 18 (genotype when Pap	SCUS 11362	B Chlamydia trachomatis (CT) B Neisseria gonorrhoeae (NG) B CT/NG Trichomonas vaginalis Aptima HPV mRNA (ThinPrep only) Aptima HPV mRNA, reflex genotyping 16,18/45 (ThinPrep only) HPV DNA HPV DNA, reflex genotyping 16,18 HSV 1 & 2 DNA, real-time PCR FAL HISTORY licable for Pap screening:
ThinPrep w/Imaging 58315	ex HPV, if ASCUS and over) PV g for ages 30-65) PV, CT/NG g with STI risks) PV, reflex genotypi be when Pap-, HPV- vmplified Mol dia & Gonorrho loa & Gonorrho avab® HSV 1&2 vab® Candidiasi	ThinPrep w/Imagin 58315 F Pap 58316 F Pap, r (ages) 58317 Pap 8 (cotes) 16772 B Pap 8 (cotes) 16308 F Pap 8 16,18 4) ecular Menu (Aptinoeae (urine and Sures) lis (urine and Sures) is, PCR	eflex HPV if ASCUS 21 and over) the HPV titing for ages 30-65) the HPV, CT/NG ting with STI risks) the HPV, reflex genotyping type when Pap-, HPV+) ma) Swab®)	Sure Path Sure 14471 F 18810 14499 F 18811 15095 F 18813 16770 B 18828 16306 F 18829 SOURCE: CX CC ECC et VG V3 LMP /	ePath® and HPV DNA Path w/Imaging F Pap Pap, reflex HPV, if AS (ages 21 and over) F Pap & HPV (cotesting for ages 30 B Pap & HPV, CT/NG (cotesting with STI ri F Pap & HPV, reflex get 16, 18 (genotype when Pap) ervix adocervix agina	11362	B Chlamydia trachomatis (CT) B Neisseria gonorrhoeae (NG) B CT/NG Trichomonas vaginalis Aptima HPV mRNA (ThinPrep only) Aptima HPV mRNA, reflex genotyping 16,18/45 (ThinPrep only) HPV DNA HPV DNA, reflex genotyping 16,18 HSV 1 & 2 DNA, real-time PCR AL HISTORY Ilicable for Pap screening: 7
ThinPrep w/Imaging 58315	ex HPV, if ASCUS and over) PV g for ages 30-65) PV, CT/NG g with STI risks) PV, reflex genotypi pe when Pap-, HPV- Implified Molidia dia & Gonorrho noniasis vagina rab® HSV 1&2 vab® Candidiasi vab® Bacterial V rab® Vaginosis/	ThinPrep w/Imagin 58315 ☐ F Pap 58316 ☐ F Pap, r (ages) 58317 ☐ Pap & (cotes) 16772 ☐ B Pap & 16308 ☐ F Pap & 16,18 4) ecular Menu (Aptinoeae (urine and Sures) iis (urine and Sures) 'aginosis◆ Vaginitis◆	eflex HPV if ASCUS 21 and over) the HPV titing for ages 30-65) the HPV, CT/NG ting with STI risks) the HPV, reflex genotyping type when Pap-, HPV+) ma) Swab®)	Sure Path Sure 14471 F 18810 14499 F 18811 15095 F 18825 16306 F 18825	ePath® and HPV DNA Path w/Imaging F Pap F Pap, reflex HPV, if AS (ages 21 and over) F Pap & HPV (cotesting for ages 30 B Pap & HPV, CT/NG (cotesting with STI ri F Pap & HPV, reflex get 16, 18 (genotype when Pap ervix adocervix agina	11362	B Chlamydia trachomatis (CT) B Neisseria gonorrhoeae (NG) B CT/NG Trichomonas vaginalis Aptima HPV mRNA (ThinPrep only) Aptima HPV mRNA, reflex genotyping 16,18/45 (ThinPrep only) HPV DNA HPV DNA, reflex genotyping 16,18 HSV 1 & 2 DNA, real-time PCR CAL HISTORY licable for Pap screening: □ no Pap within last 7 yrs □ HR HPV or abnl Pap Hx/Rx □ abnormal bleeding (postcoital, postmenopausal) ○ □ hormones (HRT, BCP, Depo) X □ personal/family Hx GYN CA
ThinPrep w/Imaging 58315	ex HPV, if ASCUS and over) PV g for ages 30-65) PV, CT/NG g with STI risks) PV, reflex genotypi ne when Pap-, HPV-4 mplified Mol rdia & Gonorrh oniasis vagina naba HSV 1&2 raba Candidiasi raba Bacterial V raba Vaginosis/\(^1\) raba Vaginosis/\(^1\) raba Mgycoplasr	ThinPrep w/Imagin 58315 F Pap 58316 F Pap, r (ages) 58317 Pap 8 (cotes) 16772 B Pap 8 (cotes) 16308 F Pap 8 16,18 4) ecular Menu (Aptinoeae (urine and Sures) iis, PCR 'aginosis Vaginitis Vaginitis Plus ma genitalium PCR	eflex HPV if ASCUS 21 and over) the HPV ting for ages 30-65) HPV, CT/NG ting with STI risks) HPV, reflex genotyping type when Pap-, HPV+) ma) Swab®) wab®)	Sure Path Sure 14471 F 18810 14499 F 18811 15095 F 18813 16770 B 18828 16306 F 18829 SOURCE: CX CC ECC et VG V3 LMP /	ePath® and HPV DNA Path w/Imaging F Pap F Pap, reflex HPV, if AS (ages 21 and over) F Pap & HPV (cotesting for ages 30 B Pap & HPV, CT/NG (cotesting with STI ri F Pap & HPV, reflex get 16, 18 (genotype when Pap) ervix adocervix agina /	11362	B Chlamydia trachomatis (CT) B Neisseria gonorrhoeae (NG) CT/NG Trichomonas vaginalis Aptima HPV mRNA (ThinPrep only) Aptima HPV mRNA, reflex genotyping 16,18/45 (ThinPrep only) HPV DNA HPV DNA, reflex genotyping 16,18 HSV 1 & 2 DNA, real-time PCR CAL HISTORY licable for Pap screening: N
ThinPrep w/Imaging 58315	ex HPV, if ASCUS and over) PV gr for ages 30-65) PV, CT/NG g with STI risks) PV, reflex genotypi pe when Pap-, HPV- mplified Mol dia & Gonorrho noniasis vagina vab® HSV 1&2 vab® Candidiasi vab® Bacterial V vab® Vaginosis/ vab® Vaginosis/ vab® Mycoplasr vab® Mycoplasr	ThinPrep w/Imagin 58315 F Pap 58316 F Pap, r (ages) 58317 Pap 8 (cotes) 16772 B Pap 8 (cotes) 16308 F Pap 8 16,18 (geno) ecular Menu (Aptino) ecu	eflex HPV if ASCUS 21 and over) the HPV ting for ages 30-65) HPV, CT/NG ting with STI risks) HPV, reflex genotyping type when Pap-, HPV+) ma) Swab®) wab®)	Sure Path Sure	ePath® and HPV DNA Path w/Imaging F Pap F Pap, reflex HPV, if AS (ages 21 and over) F Pap & HPV (cotesting for ages 30 (cotesting with STI ri F Pap & HPV, reflex get 16, 18 (genotype when Pap dervix agina	11362	B Chlamydia trachomatis (CT) B Neisseria gonorrhoeae (NG) B CT/NG Trichomonas vaginalis Aptima HPV mRNA (ThinPrep only) Aptima HPV mRNA, reflex genotyping 16,18/45 (ThinPrep only) HPV DNA HPV DNA, reflex genotyping 16,18 HSV 1 & 2 DNA, real-time PCR CAL HISTORY Ilicable for Pap screening: T
ThinPrep w/Imaging 58315	ex HPV, if ASCUS and over) PV py for ages 30-65) PV, CT/NG g with STI risks) PV, reflex genotypi pe when Pap-, HPV- coniasis vagina vab® HSV 1&2 vab® Candidiasi vab® Bacterial V vab® Vaginosis/ vab® Vaginosis/ vab® Vaginosis/ vab® Mycoplasr vab® Mycoplasr vab® Mycoplasr	ThinPrep w/Imagin 58315 F Pap 58316 F Pap, r (ages) 58317 Pap 8 (cotes) 16772 B Pap 8 (cotes) 16308 F Pap 8 16,18 (geno) ecular Menu (Aptino) ecu	eflex HPV if ASCUS 21 and over) the HPV ting for ages 30-65) HPV, CT/NG ting with STI risks) HPV, reflex genotyping type when Pap-, HPV+) ma) Swab®) wab®)	Sure Path Sure	ePath® and HPV DNA Path w/Imaging F Pap F Pap, reflex HPV, if AS (ages 21 and over) F Pap & HPV (cotesting for ages 30 (cotesting with STI ri F Pap & HPV, reflex get 16, 18 (genotype when Pap dervix agina	SCUS 11362	B Chlamydia trachomatis (CT) B Neisseria gonorrhoeae (NG) B CT/NG Trichomonas vaginalis Aptima HPV mRNA (ThinPrep only) Aptima HPV mRNA, reflex genotyping 16,18/45 (ThinPrep only) HPV DNA HPV DNA, reflex genotyping 16,18 HSV 1 & 2 DNA, real-time PCR CAL HISTORY Ilicable for Pap screening: T
ThinPrep w/Imaging 58315	ex HPV, if ASCUS and over) PV py for ages 30-65) PV, CT/NG g with STI risks) PV, reflex genotypi pe when Pap-, HPV- coniasis vagina vab® HSV 1&2 vab® Candidiasi vab® Bacterial V vab® Vaginosis/ vab® Vaginosis/ vab® Vaginosis/ vab® Mycoplasr vab® Mycoplasr vab® Mycoplasr	ThinPrep w/Imagin 58315 F Pap 58316 F Pap, r (ages) 58317 Pap 8 (cotes) 16772 B Pap 8 (cotes) 16308 F Pap 8 16,18 (geno) ecular Menu (Aptino) ecu	and HPV DNA ng eflex HPV if ASCUS 21 and over) LHPV ting for ages 30-65) LHPV, CT/NG ting with STI risks) LHPV, reflex genotyping type when Pap-, HPV+) ma) Swab®) sel PCR for Description of Panels	Sure Path Sure 14471 F 18810 14499 F 18811 15095 F 18813 16770 B 18825 16306 F 18825 SOURCE:	ePath® and HPV DNA Path w/Imaging F Pap F Pap, reflex HPV, if AS (ages 21 and over) F Pap & HPV (cotesting for ages 30 (cotesting with STI ri F Pap & HPV, reflex get 16, 18 (genotype when Pap dervix agina	SCUS 11362	B Chlamydia trachomatis (CT) B Neisseria gonorrhoeae (NG) B CT/NG Trichomonas vaginalis Aptima HPV mRNA (ThinPrep only) Aptima HPV mRNA, reflex genotyping 16,18/45 (ThinPrep only) HPV DNA HPV DNA, reflex genotyping 16,18 HSV 1 & 2 DNA, real-time PCR CAL HISTORY Ilicable for Pap screening: T
ThinPrep w/Imaging 58315	ex HPV, if ASCUS and over) PV py for ages 30-65) PV, CT/NG g with STI risks) PV, reflex genotypi pe when Pap-, HPV- coniasis vagina vab® HSV 1&2 vab® Candidiasi vab® Bacterial V vab® Vaginosis/ vab® Vaginosis/ vab® Vaginosis/ vab® Mycoplasr vab® Mycoplasr vab® Mycoplasr	ThinPrep w/Imagin 58315 F Pap 58316 F Pap, r (ages) 58317 Pap 8 (cotes) 16772 B Pap 8 (cotes) 16308 F Pap 8 16,18 (geno) ecular Menu (Aptino) ecular Menu (Aptino) ecular Menu (Aptino) expensive to the companion of the companion of the companion of the cote of	and HPV DNA ng eflex HPV if ASCUS 21 and over) LHPV ting for ages 30-65) LHPV, CT/NG ting with STI risks) LHPV, reflex genotyping type when Pap-, HPV+) ma) Swab®) sel PCR for Description of Panels	Sure Path Sure 14471 F 18810 14499 F 18811 15095 F 18813 16770 B 18825 16306 F 18825 SOURCE:	ePath® and HPV DNA Path w/Imaging F Pap F Pap, reflex HPV, if AS (ages 21 and over) F Pap & HPV (cotesting for ages 30 (cotesting with STI ri F Pap & HPV, reflex get 16, 18 (genotype when Pap dervix agina	SCUS 11362	B Chlamydia trachomatis (CT) B Neisseria gonorrhoeae (NG) B CT/NG Trichomonas vaginalis Aptima HPV mRNA (ThinPrep only) Aptima HPV mRNA, reflex genotyping 16,18/45 (ThinPrep only) HPV DNA HPV DNA, reflex genotyping 16,18 HSV 1 & 2 DNA, real-time PCR CAL HISTORY Ilicable for Pap screening: T
ThinPrep w/Imaging 58315	ex HPV, if ASCUS and over) PV py for ages 30-65) PV, CT/NG g with STI risks) PV, reflex genotypi pe when Pap-, HPV- coniasis vagina vab® HSV 1&2 vab® Candidiasi vab® Bacterial V vab® Vaginosis/ vab® Vaginosis/ vab® Vaginosis/ vab® Mycoplasr vab® Mycoplasr vab® Mycoplasr	ThinPrep w/Imagin 58315 F Pap 58316 F Pap, r (ages) 58317 Pap 8 (cotes) 16772 B Pap 8 (cotes) 16308 F Pap 8 16,18 (geno) ecular Menu (Aptino) ecular Menu (Aptino) ecular Menu (Aptino) expensive to the companion of the companion of the companion of the cote of	and HPV DNA ng eflex HPV if ASCUS 21 and over) LHPV ting for ages 30-65) LHPV, CT/NG ting with STI risks) LHPV, reflex genotyping type when Pap-, HPV+) ma) Swab®) sel PCR for Description of Panels	Sure Path Sure 14471 F 18810 14499 F 18811 15095 F 18813 16770 B 18825 16306 F 18825 SOURCE:	ePath® and HPV DNA Path w/Imaging F Pap F Pap, reflex HPV, if AS (ages 21 and over) F Pap & HPV (cotesting for ages 30 (cotesting with STI ri F Pap & HPV, reflex get 16, 18 (genotype when Pap dervix agina	SCUS 11362	B Chlamydia trachomatis (CT) B Neisseria gonorrhoeae (NG) B CT/NG Trichomonas vaginalis Aptima HPV mRNA (ThinPrep only) Aptima HPV mRNA, reflex genotyping 16,18/45 (ThinPrep only) HPV DNA HPV DNA, reflex genotyping 16,18 HSV 1 & 2 DNA, real-time PCR CAL HISTORY Ilicable for Pap screening: T
ThinPrep w/Imaging 58315	ex HPV, if ASCUS and over) PV py for ages 30-65) PV, CT/NG g with STI risks) PV, reflex genotypi pe when Pap-, HPV- coniasis vagina vab® HSV 1&2 vab® Candidiasi vab® Bacterial V vab® Vaginosis/ vab® Vaginosis/ vab® Vaginosis/ vab® Mycoplasr vab® Mycoplasr vab® Mycoplasr	ThinPrep w/Imagin 58315 F Pap 58316 F Pap, r (ages) 58317 Pap 8 (cotes) 16772 B Pap 8 (cotes) 16308 F Pap 8 16,18 (geno) ecular Menu (Aptino) ecular Menu (Aptino) ecular Menu (Aptino) expensive to the companion of the companion of the companion of the cote of	and HPV DNA ng eflex HPV if ASCUS 21 and over) LHPV ting for ages 30-65) LHPV, CT/NG ting with STI risks) LHPV, reflex genotyping type when Pap-, HPV+) ma) Swab®) sel PCR for Description of Panels	Sure Path Sure	ePath® and HPV DNA Path w/Imaging F Pap F Pap, reflex HPV, if AS (ages 21 and over) F Pap & HPV (cotesting for ages 30 (cotesting for ages 31 in a feet of the following for ages 30 in a feet of the following for ages 30 in a feet of the following for ages 30 in a feet of the following for ages 30 in a feet of the following for ages 30 in a feet of the following for ages 30 in a feet of the following following for ages 30 in a feet of the following fo	SCUS 11362	B Chlamydia trachomatis (CT) B Neisseria gonorrhoeae (NG) CT/NG Trichomonas vaginalis Aptima HPV mRNA (ThinPrep only) Aptima HPV mRNA, reflex genotyping 16,18/45 (ThinPrep only) HPV DNA HPV DNA, reflex genotyping 16,18 HSV 1 & 2 DNA, real-time PCR CAL HISTORY licable for Pap screening: 7 no Pap within last 7 yrs B HR HPV or abnl Pap Hx/Rx B abnormal bleeding (postcoital, postmenopausal) O hormones (HRT, BCP, Depo) X personal/family Hx GYN CA R pelvic radiation T cervix surgically removed R other high risk factor, specify [†]
ThinPrep w/Imaging 58315	ex HPV, if ASCUS and over) PV py for ages 30-65) PV, CT/NG g with STI risks) PV, reflex genotypi pe when Pap-, HPV- coniasis vagina vab® HSV 1&2 vab® Candidiasi vab® Bacterial V vab® Vaginosis/ vab® Vaginosis/ vab® Vaginosis/ vab® Mycoplasr vab® Mycoplasr vab® Mycoplasr	ThinPrep w/Imagin 58315 F Pap 58316 F Pap, r (ages) 58317 Pap 8 (cotes) 16772 B Pap 8 (cotes) 16308 F Pap 8 16,18 (geno) ecular Menu (Aptino) ecular Menu (Aptino) ecular Menu (Aptino) expensive to the companion of the companion of the companion of the cote of	and HPV DNA ng eflex HPV if ASCUS 21 and over) LHPV ting for ages 30-65) LHPV, CT/NG ting with STI risks) LHPV, reflex genotyping type when Pap-, HPV+) ma) Swab®) sel PCR for Description of Panels	Sure Path Sure	ePath® and HPV DNA Path w/Imaging F Pap F Pap, reflex HPV, if AS (ages 21 and over) F Pap & HPV (cotesting for ages 30 (cotesting for ages 31 in a feet of the following for ages 30 in a feet of the following for ages 30 in a feet of the following for ages 30 in a feet of the following for ages 30 in a feet of the following for ages 30 in a feet of the following for ages 30 in a feet of the following following for ages 30 in a feet of the following fo	SCUS 11362	B Chlamydia trachomatis (CT) B Neisseria gonorrhoeae (NG) B CT/NG Trichomonas vaginalis Aptima HPV mRNA (ThinPrep only) Aptima HPV mRNA, reflex genotyping 16,18/45 (ThinPrep only) HPV DNA HPV DNA, reflex genotyping 16,18 HSV 1 & 2 DNA, real-time PCR CAL HISTORY Ilicable for Pap screening: T
ThinPrep w/Imaging 58315	ex HPV, if ASCUS and over) PV py for ages 30-65) PV, CT/NG g with STI risks) PV, reflex genotypi pe when Pap-, HPV- coniasis vagina vab® HSV 1&2 vab® Candidiasi vab® Bacterial V vab® Vaginosis/ vab® Vaginosis/ vab® Vaginosis/ vab® Mycoplasr vab® Mycoplasr vab® Mycoplasr	ThinPrep w/Imagin 58315 F Pap 58316 F Pap, r (ages) 58317 Pap 8 (cotes) 16772 B Pap 8 (cotes) 16308 F Pap 8 16,18 (geno) ecular Menu (Aptino) ecular Menu (Aptino) ecular Menu (Aptino) expensive to the companion of the companion of the companion of the cote of	and HPV DNA ng eflex HPV if ASCUS 21 and over) LHPV ting for ages 30-65) LHPV, CT/NG ting with STI risks) LHPV, reflex genotyping type when Pap-, HPV+) ma) Swab®) sel PCR for Description of Panels	Sure Path Sure	ePath® and HPV DNA Path w/Imaging F Pap F Pap, reflex HPV, if AS (ages 21 and over) F Pap & HPV (cotesting for ages 30 (cotesting for ages 31 in a feet of the following for ages 30 in a feet of the following for ages 30 in a feet of the following for ages 30 in a feet of the following for ages 30 in a feet of the following for ages 30 in a feet of the following for ages 30 in a feet of the following following for ages 30 in a feet of the following fo	SCUS 11362	B Chlamydia trachomatis (CT) B Neisseria gonorrhoeae (NG) CT/NG Trichomonas vaginalis Aptima HPV mRNA (ThinPrep only) Aptima HPV mRNA, reflex genotyping 16,18/45 (ThinPrep only) HPV DNA HPV DNA, reflex genotyping 16,18 HSV 1 & 2 DNA, real-time PCR CAL HISTORY licable for Pap screening: 7 no Pap within last 7 yrs B HR HPV or abnl Pap Hx/Rx B abnormal bleeding (postcoital, postmenopausal) O hormones (HRT, BCP, Depo) X personal/family Hx GYN CA R pelvic radiation T cervix surgically removed R other high risk factor, specify [†]
ThinPrep w/Imaging 58315	ex HPV, if ASCUS and over/ every for ages 30-65) every, CT/NG g with STI risks) every, reflex genotypine when Pap-, HPV- coniasis vagina aba HSV 1&2 vaba Candidiasi vaba Bacterial vaba Vaginosis/ vaba Vaginosis/ vaba Wycoplasr vaba Mycoplasr vaba Mycoplasr vaba Wycoplasr vaba Ureaplasm	ThinPrep w/Imagin 58315 F Pap 58316 F Pap, r (ages) 58317 Pap 8 16772 B Pap 8 (cotes) 16772 B Pap 8 (cotes) 16308 F Pap 8 (cotes) 16.18 (geno ecular Menu (Aptin olis (urine and Sures) via (aginosis) Vaginitis Plus ma genitalium PCR ma yenitalium PCR ma hominis PCR ma hominis PCR na spp. See Back Additional T	and HPV DNA ng reflex HPV if ASCUS 21 and over) the HPV ting for ages 30-65) the HPV, CT/NG ting with STI risks) the HPV, reflex genotyping type when Pap-, HPV+) ma) SWab®) vab®) reflex Genotyping type when Pap-, HPV+) ma) reflex Genotyping type when Pap-, HPV+)	Sure Path Sure 14471 F 18810 14499 F 18811 15095 F 18825 16306 F 18825	ePath® and HPV DNA Path w/Imaging F Pap Pap, reflex HPV, if AS (ages 21 and over) F Pap & HPV (cotesting for ages 30 (cotesting with ST1 ri F Pap & HPV, CT/NG (cotesting with ST1 ri F Pap & HPV, reflex get 16, 18 (genotype when Pap) ervix addocervix agina // nopausal, yr at wks tum wks	SCUS 11362	B Chlamydia trachomatis (CT) B Neisseria gonorrhoeae (NG) CT/NG Trichomonas vaginalis Aptima HPV mRNA (ThinPrep only) Aptima HPV mRNA, reflex genotyping 16,18/45 (ThinPrep only) HPV DNA HPV DNA, reflex genotyping 16,18 HSV 1 & 2 DNA, real-time PCR CAL HISTORY licable for Pap screening: 7 no Pap within last 7 yrs B HR HPV or abnl Pap Hx/Rx B abnormal bleeding (postcoital, postmenopausal) O hormones (HRT, BCP, Depo) X personal/family Hx GYN CA R pelvic radiation T cervix surgically removed R other high risk factor, specify [†]
ThinPrep w/Imaging 58315	ex HPV, if ASCUS and over) PV grown and over) PV, CT/NG g with STI risks) PV, reflex genotypine when Pap-, HPV- umplified Molidia & Gonorrh noniasis vagina rab® HSV 1&2 rab® Candidiasi rab® Bacterial V rab® Vaginosis/ rab® Mycoplasr rab® Mycoplasr rab® Mycoplasr rab® Ureaplasm	ThinPrep w/Imagin 58315 F Pap 58316 F Pap, r (ages) 58317 Pap 8 (cotes) 16772 B Pap 8 (cotes) 16308 F Pap 8 16,18 (geno) ecular Menu (Aptino) ecular Menu (Aptino) ecular Menu (Aptino) expensive to the companion of the companion of the companion of the cote of	and HPV DNA ng reflex HPV if ASCUS 21 and over) the HPV ting for ages 30-65) the HPV, CT/NG ting with STI risks) the HPV, reflex genotyping type when Pap-, HPV+) ma) SWab®) vab®) reflex Genotyping type when Pap-, HPV+) ma) reflex Genotyping type when Pap-, HPV+)	Sure Path Sure 14471 F 18810 14499 F 18811 15095 F 18825 16306 F 18825	ePath® and HPV DNA Path w/Imaging F Pap Pap, reflex HPV, if AS (ages 21 and over) F Pap & HPV (cotesting for ages 30 (cotesting with ST1 ri F Pap & HPV, CT/NG (cotesting with ST1 ri F Pap & HPV, reflex get 16, 18 (genotype when Pap) ervix addocervix agina // nopausal, yr at wks tum wks	SCUS 11362	B Chlamydia trachomatis (CT) B Neisseria gonorrhoeae (NG) CT/NG Trichomonas vaginalis Aptima HPV mRNA (ThinPrep only) Aptima HPV mRNA, reflex genotyping 16,18/45 (ThinPrep only) HPV DNA HPV DNA, reflex genotyping 16,18 HSV 1 & 2 DNA, real-time PCR CAL HISTORY licable for Pap screening: 7 no Pap within last 7 yrs B HR HPV or abnl Pap Hx/Rx B abnormal bleeding (postcoital, postmenopausal) O hormones (HRT, BCP, Depo) X personal/family Hx GYN CA R pelvic radiation T cervix surgically removed R other high risk factor, specify [†]
ThinPrep w/Imaging 58315	ex HPV, if ASCUS and over) PV grown and over) PV, CT/NG g with STI risks) PV, reflex genotypi De when Pap-, HPV4 MIDIFIED MOI Claid & Gonorrho Doniasis vagina Asba HSV 1&2 Asba Candidiasi Asba Bacterial V Asba Vaginosis/ Asba Mycoplasr Asba Mycoplasr Asba Mycoplasr Asba Mycoplasr Asba Ureaplasm Directory of the patient.	ThinPrep w/Imagin 58315 F Pap 58316 F Pap, r (ages) 58317 Pap 8 16772 B Pap 8 (cotes) 16772 B Pap 8 (cotes) 16308 F Pap 8 (cotes) 16.18 (geno ecular Menu (Aptin olis (urine and Sures) via (aginosis) Vaginitis Plus ma genitalium PCR ma yenitalium PCR ma hominis PCR ma hominis PCR na spp. See Back Additional T	eflex HPV if ASCUS 21 and over) LHPV ting for ages 30-65) LHPV, CT/NG ting with STI risks) LHPV, reflex genotyping type when Pap-, HPV+) ma) Swab®) Nab®) el PCR for Description of Panels ests	Sure Path Sure	ePath® and HPV DNA Path w/Imaging F Pap Pap, reflex HPV, if AS (ages 21 and over) F Pap & HPV (cotesting for ages 30 (cotesting with ST1 ri F Pap & HPV, CT/NG (cotesting with ST1 ri F Pap & HPV, reflex get 16, 18 (genotype when Pap) ervix addocervix agina // nopausal, yr at wks tum wks	SCUS 11362	B Chlamydia trachomatis (CT) B Neisseria gonorrhoeae (NG) CT/NG Trichomonas vaginalis Aptima HPV mRNA (ThinPrep only) Aptima HPV mRNA, reflex genotyping 16,18/45 (ThinPrep only) HPV DNA HPV DNA, reflex genotyping 16,18 HSV 1 & 2 DNA, real-time PCR CAL HISTORY licable for Pap screening: 7 no Pap within last 7 yrs B HR HPV or abnl Pap Hx/Rx B abnormal bleeding (postcoital, postmenopausal) O hormones (HRT, BCP, Depo) X personal/family Hx GYN CA R pelvic radiation T cervix surgically removed R other high risk factor, specify [†]
ThinPrep w/Imaging 58315	ex HPV, if ASCUS and over) PV grown and over) PV, CT/NG g with STI risks) PV, reflex genotypi De when Pap-, HPV4 MIDIFIED MOI Claid & Gonorrho Doniasis vagina Asba HSV 1&2 Asba Candidiasi Asba Bacterial V Asba Vaginosis/ Asba Mycoplasr Asba Mycoplasr Asba Mycoplasr Asba Mycoplasr Asba Ureaplasm Directory of the patient.	ThinPrep w/Imagin 58315 F Pap 58316 F Pap, r (ages) 58317 Pap 8 (cotes) 16772 B Pap 8 (cotes) 16308 F Pap 8 16,18 4) ecular Menu (Aptinoeae (urine and Sures) usis, PCR (aginosis) Vaginitis Vaginitis Plus) ma genitalium PCR ma/Ureaplasma Panema hominis PCR na spp. See Back Additional T	eflex HPV if ASCUS 21 and over) LHPV ting for ages 30-65) LHPV, CT/NG ting with STI risks) LHPV, reflex genotyping type when Pap-, HPV+) ma) Swab®) Nab®) el PCR for Description of Panels ests	Sure Path Sure	ePath® and HPV DNA Path w/Imaging F Pap Pap, reflex HPV, if AS (ages 21 and over) F Pap & HPV (cotesting for ages 30 (cotesting with ST1 ri F Pap & HPV, CT/NG (cotesting with ST1 ri F Pap & HPV, reflex get 16, 18 (genotype when Pap) ervix addocervix agina // nopausal, yr at wks tum wks	SCUS 11362	B Chlamydia trachomatis (CT) B Neisseria gonorrhoeae (NG) CT/NG Trichomonas vaginalis Aptima HPV mRNA (ThinPrep only) Aptima HPV mRNA, reflex genotyping 16,18/45 (ThinPrep only) HPV DNA HPV DNA, reflex genotyping 16,18 HSV 1 & 2 DNA, real-time PCR CAL HISTORY licable for Pap screening: 7 no Pap within last 7 yrs B HR HPV or abnl Pap Hx/Rx B abnormal bleeding (postcoital, postmenopausal) O hormones (HRT, BCP, Depo) X personal/family Hx GYN CA R pelvic radiation T cervix surgically removed R other high risk factor, specify [†]

DIAGNOSTIC 800.891.2917 OUEST VANTAGE™ BILLT	-0	PRINT PATIENT NAME (LAST, FIRST, MIDDLE)
LABORATORY LOUIS TO THE LABORATORY		C C
intile in the state of the stat	Account	
RISK TESTING Insu	ırance Provided	REGISTRATION # (IF APPLICABLE) M M D VEAR CEY
☐ Lab	Card/Select	TEGIOTIATION # (II AIT EIGABLE)
□ Pati	ent	DATE
	ent	OF B
≥ IMPORTANT! THIS FO	DRM MUST	BE PATIENT SOCIAL SECURITY # OFFICE / PATIENT ID #
FILLED OUT IN ITS EN	ITIRETY.	
Reflex tests are perfo	rmed at an	
ACCOUNT #: additional charge.	illica at all	ROOM # PENCE #
	a lahalad w	uith
at least two natient in	dentifiers at	OF IN PONSIBLE PARTY (L. FR THAN PATIENT
ADDRESS: LITY, STATE, ZIP time of collection.		
ICD Diagnosis Codes a	are Man	
ELEPHONE #: Fill in the applicable #	belo	PATIE TAD INS RESP ZE PARTY) APT.# KEY#
ATE COLLECTED TIME TOTAL VOLUME	BCIG	△
AW		STATE ZIP
PM ML HR Non Fas	I Y	STATE ZIP
IPI/UPIN ORDERING/SUPERVISING PHYSICIAN AND/OR PAYORS (MUST BE		
	ELAT	INSURED: SELF SPOUSE DEPENDENT
	RY	CO. NAME
	S 4	INSTALD ID NO. # GROUP #
	E INSURANG	CE ADDRESS
	1	
	CITY	STATE ZIP
	CITY	JANE ZII
		on approved Preauthorization number:
	☐ Preauthorization	on approved Preauthorization number:
	☐ Preauthorization	on not submitted
ADDIT'L PHYS.: Dr.		ABN required for tests with these symbols
ON-PHYSICIAN NAME		
PROVIDER:	Medicare Limited	@ = May not be covered for the reported diagnosis. F = Has prescribed frequency rules for coverage. & = A test or service performed with research/experimental kit. B = Has both diagnosis and frequency-related coverage limitations. Provide signed ABN when necessary
Fax Results to: (Coverage	F = Has prescribed frequency rules for coverage. Signed ABN when
end Client # OR NAM	Tests	
uplicate ADDRESS:		ICD Codes (enter all that apply)
eport to: CITY: STATE ZIP		
THIS REQUISITION MUST BE ACCOMPANIED BY T	LIE DATIENIT	FOLE AND FAMILY CLINICAL HISTORY FORM. HERE
		_
FORM AVAILABLE THROUGH YOUR LOCAL REPRESE	NTATIVE OR	BY VISITING WWW.QUESTVANTAGE.COM
BRCA-Related Breast and/or Ovarian Cancer Syndrome	Expande	d Hereditary Cancer Risk Panels
		d Hereditary Cancer Risk Panels Glyantage M Hereditary Colorectal Cancer Panel (13 Genes)
@91863 BRCAvantage® Comprehensive	@93791	
(BRCA1 and BRCA2 sequencing and deletion/duplication)		(APC, BMPR1A, CDH1, EPCAM, MLH1, MSH2, MSH6, MUTYH (MYH), PMS2, PTEN, SMAD4, STK11, TP53)
		(APC, BMPR1A, CDH1, EPCAM, MLH1, MSH2, MSH6, MUTYH (MYH), PMS2, PTEN, SMAD4, STK11, TP53) ■ MYvantage™ Hereditary Comprehensive Cancer Panel (34 Genes) (APC, ATM, BARD1, BMPR1A, BRCA1, BRCA2, BRIP1, CDH1, CDK4, CDKN/2A (p16, p14), CHEK2, EPCAM, MEN1, MLH1, MSH2, MSH6, MUTYH (MYH1, MBN, NF1, PALB2, PMS2, POLD1, POLE, PTEN, RADS1C, RADS1D, RET, SDHB, SDHC, SDHD, SMAD4, STK11, TP53, VHL)
@91864 D BRCAvantage® Ashkenazi Jewish Screen	@93768	☐ MYvantage™ Hereditary Comprehensive Cancer Panel (34 Genes)
(Common founder mutations BRCA1 c.68_69delAG, BRCA1 c.5266dupC, and BRCA2 c.5946delT)		(APC, ATM, BARD1, BMPR1A, BRCA1, BRCA2, BRIP1, CDH1, CDK4, CDKN2A (p16, p14),
		CHEK2, EPCAM, MEN1, MLH1, MSH2, MSH6, MUTYH (MYH), NBN, NF1, PALB2, PMS2,
@92140 BRCAvantage® Ashkenazi Jewish Screen w/Reflex to BRCAvantage® Comprehensive		POLD1, POLE, PTEN, RAD51C, RAD51D, RET, SDHB, SDHC, SDHD, SMAD4, STK11, TP53, VHL)
(Ashkenazi Jewish Screen, if negative reflex to BRCAvantage® Comprehensive.)		
,,,,,	94053	Juvenile Polyposis Panel (BMPR1A, SMAD4)
lunah Cundrama		(DIVIFNIA, SIVIAU4)
Lynch Syndrome	Additions	al Single-Gene Tests
	Additions	@92560
@91461 Lynch Syndrome Panel		@92560 ☐ <i>TP53</i>
(Sequencing and deletion/duplication in MLH1, MSH2 (inc. EPCAM), MSH6, and PMS2)		
		632300 G CDITI 33333 G CDITIZA 33342 G IVIETIT
Single Gene Testing		93944 MUTHYH (MYH) 93941 NF1 93943 VHL
@91460 MLH1 @91471 MSH2 (inc. EPCAM)	1	93796 RET
	1	
@91458	Cinale si	V to a time to a second V and a seco
	Single si	te testing for any Quest Vantage Gene
	Single si	te testing for any Quest Vantage Gene
	Single si	te testing for any Quest Vantage Gene
@91458	Single si	te testing for any Quest Vantage Gene
@91458 MSH6 @91457 PMS2 Other EQUIRED SIGNATURES ATIENT ACKNOWLEDGEMENT		te testing for any Quest Vantage Gene 93945 Please Specify NOTE: Copy of family member's report MUST be submitted. DLD, Diagnostic Laboratory of Oklahoma, the associated logo and all associated Diagnostic Laboratory of Oklahoma marks of Diagnostic Laboratory of Oklahoma. Obz026908-XD Revised 177.
@91458 MSH6 @91457 PMS2 Other EQUIRED SIGNATURES ATTENT ACKNOWLEDGEMENT authorize Quest Diagnostics (Quest) to release information received, including, without limitation, medical information cludes laboratory test results, to my health plan/insurance carrier and its authorized representatives as necessar	tion, which	te testing for any Quest Vantage Gene 93945 Please Specify NOTE: Copy of family member's report MUST be submitted. DLO, Diagnostic Laboratory of Oklahoma, the associated Diagnostic Laboratory of Oklahoma marks: are the trademarks of Diagnostic Laboratory of Oklahoma Diagnostic Laboratory of Oklahoma on Marks For fastest processing, please fax this requisition and fully-completed Patient and Family Clinical History Form to 855.422.5181
©91458 MSH6 ©91457 PMS2 Other EQUIRED SIGNATURES ATTENT ACKNOWLEDGEMENT authorize Quest Diagnostics (Quest) to release information received, including, without limitation, medical informaticuludes laboratory test results, to my health plan/insurance carrier and its authorized representatives as necessan pimbursement. I further authorize my health plan/insurance carrier to directly pay Quest for the services rendered.	tion, which	te testing for any Quest Vantage Gene 93945 Please Specify NOTE: Copy of family member's report MUST be submitted. DLO, Diagnostic Laboratory of Oklahoma, the associated Diagnostic Laboratory of Oklahoma marks: are the trademarks of Diagnostic Laboratory of Oklahoma Diagnostic Laboratory of Oklahoma on Marks For fastest processing, please fax this requisition and fully-completed Patient and Family Clinical History Form to 855.422.5181
eg1458 MSH6 eg91457 PMS2 Other EQUIRED SIGNATURES ATIENT ACKNOWLEDGEMENT authorize Quest liagnostics (Quest) to release information received, including, without limitation, medical informationsoratory test results, to my health plan/insurance carrier and its authorized representatives as necessare imbursement. I further authorize my health plan/insurance carrier to directly pay Quest for the services rendered, at I may be responsible for portions of this test not covered by my insurance.	tion, which	te testing for any Quest Vantage Gene 93945 Please Specify NOTE: Copy of family member's report MUST be submitted. DLO, Diagnostic Laboratory of Oklahoma, the associated Diagnostic Laboratory of Oklahoma marks: are the trademarks of Diagnostic Laboratory of Oklahoma Diagnostic Laboratory of Oklahoma on Marks For fastest processing, please fax this requisition and fully-completed Patient and Family Clinical History Form to 855.422.5181
EQUIRED SIGNATURES ATIENT ACKNOWLEDGEMENT authorize Quest Diagnostics (Quest) to release information received, including, without limitation, medical informat cludes laboratory test results, to my health plan/insurance carrier and its authorized representatives as necessan imbursement. I further authorize my health plan/insurance carrier to directly pay Quest for the services rendered. at I may be responsible for portions of this test not covered by my insurance. IGNATURE REQUIRED	tion, which	te testing for any Quest Vantage Gene 93945 Please Specify NOTE: Copy of family member's report MUST be submitted. DIO, Diagnostic Laboratory of Oklahoma, the associated logo and all associated Diagnostic Laboratory of Oklahoma marks: DIO, Diagnostic Laboratory of Oklahoma of Diagnostic Laboratory of O
eg1458 MSH6 eg91457 PMS2 Other EQUIRED SIGNATURES ATIENT ACKNOWLEDGEMENT authorize Quest liagnostics (Quest) to release information received, including, without limitation, medical informationsoratory test results, to my health plan/insurance carrier and its authorized representatives as necessare imbursement. I further authorize my health plan/insurance carrier to directly pay Quest for the services rendered, at I may be responsible for portions of this test not covered by my insurance.	tion, which y for I understand	te testing for any Quest Vantage Gene 93945 Please Specify NOTE: Copy of family member's report MUST be submitted. DIO, Diagnostic Laboratory of Oklahoma, the associated logo and all associated Diagnostic Laboratory of Oklahoma marks: DIO, Diagnostic Laboratory of Oklahoma of Diagnostic Laboratory of O
EQUIRED SIGNATURES ATTENT ACKNOWLEDGEMENT authorize Quest Diagnostics (Quest) to release information received, including, without limitation, medical information received, includes laboratory test results, to my health plan/insurance carrier and its authorized representatives as necessare imbursement. I further authorize my health plan/insurance carrier to directly pay Quest for the services rendered. at I may be responsible for portions of this test not covered by my insurance. IGNATURE REQUIRED atient Signature Dat TATEMENT OF MEDICAL NECESSITY AND INFORMED CONSENT	tion, which y for I understand	te testing for any Quest Vantage Gene 93945 Please Specify NOTE: Copy of family member's report MUST be submitted. DIO, Diagnostic Laboratory of Oklahoma, the associated logo and all associated Diagnostic Laboratory of Oklahoma marks: DIO, Diagnostic Laboratory of Oklahoma of Diagnostic Laboratory of O
EQUIRED SIGNATURES ATIENT ACKNOWLEDGEMENT authorize Quest Diagnostics (Quest) to release information received, including, without limitation, medical informat cludes laboratory test results, to my health plan/insurance carrier and its authorized representatives as necessary imbursement. I further authorize my health plan/insurance carrier to directly pay Quest for the services rendered. at I may be responsible for portions of this test not covered by my insurance. IGNATURE REQUIRED atient Signature	tion, which y for I understand te sting to be npairment,	te testing for any Quest Vantage Gene 93945 Please Specify NOTE: Copy of family member's report MUST be submitted. DIO, Diagnostic Laboratory of Oklahoma, the associated logo and all associated Diagnostic Laboratory of Oklahoma marks: DIO, Diagnostic Laboratory of Oklahoma of Diagnostic Laboratory of O
EQUIRED SIGNATURES ATIENT ACKNOWLEDGEMENT authorize Quest Diagnostics (Quest) to release information received, including, without limitation, medical informat cludes laboratory test results, to my health plan/insurance carrier and its authorized representatives as necessan imbursement. I further authorize my health plan/insurance carrier to directly pay Quest for the services rendered at I may be responsible for portions of this test not covered by my insurance. IGNATURE REQUIRED atient Signature	tion, which y for I understand ee sting to be npairment, or the patient. I	te testing for any Quest Vantage Gene 93945 Please Specify NOTE: Copy of family member's report MUST be submitted. DIO, Diagnostic Laboratory of Oklahoma, the associated logo and all associated Diagnostic Laboratory of Oklahoma marks: DIO, Diagnostic Laboratory of Oklahoma of Diagnostic Laboratory of O
EQUIRED SIGNATURES ATIENT ACKNOWLEDGEMENT authorize Quest Diagnostics (Quest) to release information received, including, without limitation, medical informat cludes laboratory test results, to my health plan/insurance carrier and its authorized representatives as necessan imbursement. I further authorize my health plan/insurance carrier to directly pay Quest for the services rendered. at I may be responsible for portions of this test not covered by my insurance. IGNATURE REQUIRED atient Signature	tion, which y for I understand ee sting to be npairment, or the patient. I	te testing for any Quest Vantage Gene 93945 Please Specify NOTE: Copy of family member's report MUST be submitted. DIO, Diagnostic Laboratory of Oklahoma, the associated logo and all associated Diagnostic Laboratory of Oklahoma marks: DIO, Diagnostic Laboratory of Oklahoma of Diagnostic Laboratory of O
EQUIRED SIGNATURES ATIENT ACKNOWLEDGEMENT authorize Quest Diagnostics (Quest) to release information received, including, without limitation, medical informat cludes laboratory test results, to my health plan/insurance carrier and its authorized representatives as necessan imbursement. I further authorize my health plan/insurance carrier to directly pay Quest for the services rendered at I may be responsible for portions of this test not covered by my insurance. IGNATURE REQUIRED atient Signature	tion, which y for I understand ee sting to be npairment, or the patient. I	te testing for any Quest Vantage Gene 93945 Please Specify NOTE: Copy of family member's report MUST be submitted. DLO, Diagnostic Laboratory of Oklahoma, the associated Diagnostic Laboratory of Oklahoma marks: are the trademarks of Diagnostic Laboratory of Oklahoma Diagnostic Laboratory of Oklahoma on Marks For fastest processing, please fax this requisition and fully-completed Patient and Family Clinical History Form to 855.422.5181
EQUIRED SIGNATURES ATIENT ACKNOWLEDGEMENT authorize Quest Diagnostics (Quest) to release information received, including, without limitation, medical informat cludes laboratory test results, to my health plan/insurance carrier and its authorized representatives as necessan imbursement. I further authorize my health plan/insurance carrier to directly pay Quest for the services rendered. at I may be responsible for portions of this test not covered by my insurance. IGNATURE REQUIRED atient Signature	tion, which y for I understand sting to be npairment, or the patient. I sted herein.	te testing for any Quest Vantage Gene 93945 Please Specify NOTE: Copy of family member's report MUST be submitted. DIO, Diagnostic Laboratory of Oklahoma, the associated logo and all associated Diagnostic Laboratory of Oklahoma marks: DIO, Diagnostic Laboratory of Oklahoma of Diagnostic Laboratory of O
EQUIRED SIGNATURES ATIENT ACKNOWLEDGEMENT authorize Quest Diagnostics (Quest) to release information received, including, without limitation, medical information received, including, without limitation, medical information received, including, without limitation, medical information cludes laboratory test results, to my health plan/insurance carrier and its authorized representatives as necessan imbursement. I further authorize my health plan/insurance carrier to directly pay Quest for the services rendered at I may be responsible for portions of this test not covered by my insurance. IGNATURE REQUIRED atient Signature Dat TATEMENT OF MEDICAL NECESSITY AND INFORMED CONSENT have supplied information to the patient regarding genetic testing and the patient has given consent for genetic te erformed. I further confirm that this test is medically necessary for the diagnosis or detection of disease, illness, in myptom, syndrome, or disorder and the results will be used in the medical management and treatment decisions for onfirm that the person listed in the Ordering Physician space above is authorized by law to order the test(s) reques IGNATURE REQUIRED	tion, which y for I understand sting to be npairment, or the patient. I sted herein.	te testing for any Quest Vantage Gene 93945 Please Specify NOTE: Copy of family member's report MUST be submitted. DIO, Diagnostic Laboratory of Oklahoma, the associated logo and all associated Diagnostic Laboratory of Oklahoma marks: DIO, Diagnostic Laboratory of Oklahoma of Diagnostic Laboratory of O
EQUIRED SIGNATURES ATIENT ACKNOWLEDGEMENT authorize Quest Diagnostics (Quest) to release information received, including, without limitation, medical information received, including, without limitation, medical information received, including, without limitation, medical information cludes laboratory test results, to my health plan/insurance carrier and its authorized representatives as necessan imbursement. I further authorize my health plan/insurance carrier to directly pay Quest for the services rendered at I may be responsible for portions of this test not covered by my insurance. IGNATURE REQUIRED atient Signature Dat TATEMENT OF MEDICAL NECESSITY AND INFORMED CONSENT have supplied information to the patient regarding genetic testing and the patient has given consent for genetic te erformed. I further confirm that this test is medically necessary for the diagnosis or detection of disease, illness, in myptom, syndrome, or disorder and the results will be used in the medical management and treatment decisions for onfirm that the person listed in the Ordering Physician space above is authorized by law to order the test(s) reques IGNATURE REQUIRED	tion, which y for I understand sting to be npairment, or the patient. I sted herein.	te testing for any Quest Vantage Gene 93945 Please Specify NOTE: Copy of family member's report MUST be submitted. DIO, Diagnostic Laboratory of Oklahoma, the associated logo and all associated Diagnostic Laboratory of Oklahoma marks: DIO, Diagnostic Laboratory of Oklahoma of Diagnostic Laboratory of O
EQUIRED SIGNATURES ATIENT ACKNOWLEDGEMENT authorize Quest Diagnostics (Quest) to release information received, including, without limitation, medical information received, including, without limitation, medical information received, including, without limitation, medical information cludes laboratory test results, to my health plan/insurance carrier and its authorized representatives as necessan imbursement. I further authorize my health plan/insurance carrier to directly pay Quest for the services rendered at I may be responsible for portions of this test not covered by my insurance. IGNATURE REQUIRED atient Signature Dat TATEMENT OF MEDICAL NECESSITY AND INFORMED CONSENT have supplied information to the patient regarding genetic testing and the patient has given consent for genetic te erformed. I further confirm that this test is medically necessary for the diagnosis or detection of disease, illness, in myptom, syndrome, or disorder and the results will be used in the medical management and treatment decisions for onfirm that the person listed in the Ordering Physician space above is authorized by law to order the test(s) reques IGNATURE REQUIRED	tion, which y for I understand sting to be npairment, or the patient. I sted herein.	te testing for any Quest Vantage Gene 93945 Please Specify NOTE: Copy of family member's report MUST be submitted. DIO, Diagnostic Laboratory of Oklahoma, the associated logo and all associated Diagnostic Laboratory of Oklahoma marks: DIO, Diagnostic Laboratory of Oklahoma of Diagnostic Laboratory of O
EQUIRED SIGNATURES ATIENT ACKNOWLEDGEMENT authorize Quest Diagnostics (Quest) to release information received, including, without limitation, medical information received, including, without limitation, medical information received, including, without limitation, medical information cludes laboratory test results, to my health plan/insurance carrier and its authorized representatives as necessan imbursement. I further authorize my health plan/insurance carrier to directly pay Quest for the services rendered at I may be responsible for portions of this test not covered by my insurance. IGNATURE REQUIRED atient Signature Dat TATEMENT OF MEDICAL NECESSITY AND INFORMED CONSENT have supplied information to the patient regarding genetic testing and the patient has given consent for genetic te erformed. I further confirm that this test is medically necessary for the diagnosis or detection of disease, illness, in myptom, syndrome, or disorder and the results will be used in the medical management and treatment decisions for onfirm that the person listed in the Ordering Physician space above is authorized by law to order the test(s) reques IGNATURE REQUIRED	tion, which y for I understand sting to be npairment, or the patient. I sted herein.	te testing for any Quest Vantage Gene 93945 Please Specify NOTE: Copy of family member's report MUST be submitted. DIO, Diagnostic Laboratory of Oklahoma, the associated logo and all associated Diagnostic Laboratory of Oklahoma marks: DIO, Diagnostic Laboratory of Oklahoma of Diagnostic Laboratory of O

ACCOUNT #: NAME: ADDRESS: CITY, STATE, ZIP TELEPHONE #: DATE COLLECTED	- True	Reflex And 0 At An Additi Each Sampl Least Two P Collection.	My Account Insurance Provided Lab Card/Select Patient Denents Are Listed On Confirmation Tests Aronal Charge. Should Be Labeled attent Identifiers At Toosis Codes are Napplicable fields	The Back. e Performed With At ime Of PAT	•	DATE M M D OF BIRTH CELL PH TY (LAST, FIRST, MIL	D YEAR SEX	C = C C Fill in the ap
	PERVISING PHYSICIAN AND	· ·	PRIM AMANG	ABN redicare @= May imited F = Has pverage &= A te	DE C	s with these sy orted diagnosis. for coverage. n research/experimental ki	ZIP /mbols Provide signed ABN when	ne applicable fields below.
PROVIDER: FAX Results to: (Send Client # OR N. Duplicate ADDRESS:_ Report to: CITY: Drug/Drug Class Alcohol Metabolites Amphetamines Mod/I Antidepressants Anhetamines w/d/I Antidepressants Antipsychotics Barbiturates Barbiturates Benzodiszepines Buprenorphine (Naloxone) Criscondol Criscondol Criscondol Marijuana MDA/MDMA Meperidine Marijuana MDA/MDMA Meperidine Methamphetamine d/I Methylphenidate Methadone Mitragynine Mitragynine Naliraxone Daycodone Prepabalin Propoxyphene Synthetic Cannabinoids Synthetic Stimulants Tapentadol Trirycelic Antidepressants Tolpidem Profile Base Fanel Panel I with d/I Panel I with d/I Panel I Panel I Panel B	Presumptive @ 39344 @ 39344 @ 39344 @ 39352 @ 39352 @ 39354 @ 39359 @ 39360 @ 39360 @ 39360 @ 39365 @ 39365 @ 39365 @ 39365 @ 39365	STATE ZIP Test Codes Presumptive w/reflex ■ 39366 ■ 39366 ■ 39366 ■ 39367 ■ 39368 ■ 494032 ■ 494032 ■ 494032 ■ 494032 ■ 494032 ■ 494032 ■ 494032 ■ 494032 ■ 494032 ■ 494032 ■ 49403333 ■ 494033376 ■ 494033376 ■ 494033376 ■ 494033376 ■ 494033376 ■ 494033380 ■ 49403381 ■ 49403381 ■ 49403381 ■ 49403381 ■ 49403381 ■ 49403381 ■ 49403382 ■ 4940382 ■	Vi I Ab Ac Ac Ac Ac Ac Ac Ac	9158 Activate stral etaminophen w/Codeine tigi™ derali™ razolam biben™ ittriptyline bobarbital-Secobarbital phetamine yytali™ ymo™ vann™ bibuca™ prenorphine prenorphine prenorphine itsiptyline bibuca™ prenorphine prenorphine itsiptyline bibuca™ prenorphine prenorphine prenorphine itsiptyline bibuca™ prenorphine preno	nostics.com/MLCP ICD Codes (ente medMATCH®. Next, se generic □ Dolophine™	for Medicare cover all that apply)	erage guidelines s) by either tradename or s is not for test ordering. Roxicet TM Roxicodone TM RoxyBond TM Ryzolt TM Secobarbital Seconal TM Serax TM SUblimaze TM Sublocade TM Sublocade TM Sublocade TM Tranenee TM Tranenee TM Triazolam	所用 Provide signed ABN when necessary Provide s
COMMENTS, CLINICAL INF Physician Signature (Required	for PA, NY, NJ & WV) Many requi	@39429 @39430 @39013	TOTA OR re and Medicaid) have order those tests wh treatment of the patier	ich are medicallý	□ Lunesta™ □ Lyrica™ Clinical Drug Monitorin	□ Ritalin™ □ RoxanoI™ g Consultation Hotline 1.877	□ No Drugs Prescribed 7.40.RX.TOX (1.877.407.9869)	igned ABN when necessary

l							
DL		LABORATORY Won	M-PCR® For nen and Men	BILLTO: My Account	PRINT PATIENT NAME (LAST, FIRST	, MIDDLE)	
				☐ Insurance Provided .☐ Lab Card/Select☐ Patient	REGISTRATION # (IF APPLICABLE)	DATE OF	YEAR SEX
				THIS FORM MUST I	BE PATIENT SOCIAL SECURITY #	BIRTH	CE / PATIENT ID #
ACCOUNT #:			Reflex tests are additional chair	•	ROOM # LAB REFERENCE	EE#	ONE#
NAME: ADDRESS: CITY, STATE, ZIP			with at least to		PRINT NA RED/RESPO	INSIBLE TIRST, MIDDLE) - IF OTHER THAN PATIENT
TELEPHONE #:			ICD Diagnosis (Fill in the appli		TST. ESS (C	OR INSURE	APT. # KEY #
DATE COLLECTE		TIME: AM PM DPERVISING PHYSICIAN AND/OR PA	ML H			STATE ZIP	
NPI/OPIN ORDE	ENING/St	DEENVISING ENTSICIAN AND/OR FA	ATONS (MUST BE INDICATED	PRIN	INSURED:	F SPOUSE [□ DEPENDENT
				<mark>ИЕМВ</mark>	ED ID NO. #	GROUP #	
				VRANC	E ADDRESS		
				CITY		STATE	ZIP G
					BN required for tes		
☐ ADDIT'L P NON-PHYSICIA PROVIDER			NP)#	Medicare Limited Coverage Tests	@= May not be covered for the F = Has prescribed frequency & = A test or service performe B = Has both diagnosis and fre	e reported diagnosis. rules for coverage. d with research/experimental l equency-related coverage limit	Provide signed kit. ABN when ations. necessary
☐ Fax Result		NAME:			ICD Codes (ent	ter all that apply)	
Duplicate ADDI Report to: CITY:		ST	rate zip				_
0111.				Specimen and (One Panel per Req	uisition.	To
Panels for	r Won	nen and Men*				Acceptable Specimen	PLEASE CIRCLE SPECIMEN TYPE
@ 95198		Women's Health Panel -				Acceptable Specimen Endocervical Swab	
			ndida albicans, Candid opicalis, Chlamydia tr o 2, Mycoplasma geni	achomatis, Gardnei italium, Mycoplasm	rella vaginalis, Herpes		PLEASE CIRCLE SPECIMEN TYPE
	*	Women's Health Panel - Atopobium vaginae, Can parapsilosis, Candida tro Simplex Virus Types 1 & gonorrhoeae, Trichomor	ndida albicans, Candio opicalis, Chlamydia tr. k 2, Mycoplasma geni nas vaginalis, Ureapla	achomatis, Gardnei italium, Mycoplasm asma urealyticum	rella vaginalis, Herpes na hominis, Neisseria	Endocervical Swab	Urethral Swab Urethral Swab Urine (STD) Urethral Swab
@ 95198	*	Women's Health Panel - Atopobium vaginae, Can parapsilosis, Candida tro Simplex Virus Types 1 & gonorrhoeae, Trichomor	ndida albicans, Candio opicalis, Chlamydia tr. k 2, Mycoplasma geni nas vaginalis, Ureapla	achomatis, Gardnei italium, Mycoplasm asma urealyticum	rella vaginalis, Herpes na hominis, Neisseria	Endocervical Swab Vaginal Swab	Urethral Swab Urine (STD)
@ 95198	*	Women's Health Panel - Atopobium vaginae, Can parapsilosis, Candida tro Simplex Virus Types 1 & gonorrhoeae, Trichomor Candidiasis Panel Candida albicans, Candid	ndida albicans, Candio opicalis, Chlamydia tr oz 2, Mycoplasma geni nas vaginalis, Ureapla da glabrata, Candida	achomatis, Gardnei italium, Mycoplasm asma urealyticum krusei, Candida par	rella vaginalis, Herpes na hominis, Neisseria rapsilosis, Candida	Endocervical Swab Vaginal Swab Endocervical Swab Vaginal Swab Endocervical Swab	Urethral Swab Men only
@ 95198 @ 95621 @ 95848	*	Women's Health Panel - Atopobium vaginae, Can parapsilosis, Candida tro Simplex Virus Types 1 & gonorrhoeae, Trichomor Candidiasis Panel Candida albicans, Candid tropicalis STD 5 Panel Chlamydia trachomatis, He vaginalis	ndida albicans, Candid opicalis, Chlamydia tr o 2, Mycoplasma geni nas vaginalis, Ureapla da glabrata, Candida orpes Simplex Virus Typ	achomatis, Gardnei italium, Mycoplasm asma urealyticum krusei, Candida par	rella vaginalis, Herpes na hominis, Neisseria rapsilosis, Candida	Endocervical Swab Vaginal Swab Vaginal Swab Vaginal Swab Endocervical Swab Vaginal Swab	Urethral Swab Men only Urine (STD) Urethral Swab Men only Urine (STD)
@ 95198 @ 95621	*	Women's Health Panel - Atopobium vaginae, Can parapsilosis, Candida tro Simplex Virus Types 1 & gonorrhoeae, Trichomor Candidiasis Panel Candida albicans, Candid tropicalis STD 5 Panel Chlamydia trachomatis, He	ndida albicans, Candid opicalis, Chlamydia tr o 2, Mycoplasma geni nas vaginalis, Ureapla da glabrata, Candida orpes Simplex Virus Typ	rachomatis, Gardnei italium, Mycoplasm asma urealyticum krusei, Candida par pes 1 & 2, Neisseria go	rella vaginalis, Herpes na hominis, Neisseria rapsilosis, Candida onorrhoeae, Trichomonas	Endocervical Swab Vaginal Swab Endocervical Swab Vaginal Swab Endocervical Swab	Urethral Swab Men only Urine (STD) Urethral Swab Men only Urine (STD)
@ 95198 @ 95621 @ 95848 @ 95176	*	Women's Health Panel - Atopobium vaginae, Can parapsilosis, Candida tro Simplex Virus Types 1 & gonorrhoeae, Trichomor Candidiasis Panel Candida albicans, Candid tropicalis STD 5 Panel Chlamydia trachomatis, He vaginalis Bacterial Vaginosis Panel Atopobium vaginae, Gardn	ndida albicans, Candid opicalis, Chlamydia tr oz 2, Mycoplasma geni nas vaginalis, Ureapla da glabrata, Candida erpes Simplex Virus Typ	rachomatis, Gardnei italium, Mycoplasm asma urealyticum krusei, Candida par pes 1 & 2, Neisseria go plasma hominis, Myco	rella vaginalis, Herpes na hominis, Neisseria rapsilosis, Candida onorrhoeae, Trichomonas	Endocervical Swab Vaginal Swab Vaginal Swab Vaginal Swab Endocervical Swab Vaginal Swab	Urethral Swab Men only Urine (STD) Urethral Swab Men only Urine (STD)
@ 95198 @ 95621 @ 95848 @ 95176	*	Women's Health Panel - Atopobium vaginae, Can parapsilosis, Candida tro Simplex Virus Types 1 & gonorrhoeae, Trichomor Candidiasis Panel Candida albicans, Candid tropicalis STD 5 Panel Chlamydia trachomatis, He vaginalis Bacterial Vaginosis Panel Atopobium vaginae, Gardin Ureaplasma urealyticum	ndida albicans, Candid opicalis, Chlamydia tr oz 2, Mycoplasma geni nas vaginalis, Ureapla da glabrata, Candida erpes Simplex Virus Typ	rachomatis, Gardnei italium, Mycoplasm asma urealyticum krusei, Candida par pes 1 & 2, Neisseria go plasma hominis, Myco	rella vaginalis, Herpes na hominis, Neisseria rapsilosis, Candida onorrhoeae, Trichomonas	Endocervical Swab Vaginal Swab Vaginal Swab Vaginal Swab Endocervical Swab Vaginal Swab	Urethral Swab Men only Urine (STD) Urethral Swab Men only Urine (STD)
@ 95198 @ 95621 @ 95848 @ 95176	*	Women's Health Panel - Atopobium vaginae, Can parapsilosis, Candida tro Simplex Virus Types 1 & gonorrhoeae, Trichomor Candidiasis Panel Candida albicans, Candid tropicalis STD 5 Panel Chlamydia trachomatis, He vaginalis Bacterial Vaginosis Panel Atopobium vaginae, Gardin Ureaplasma urealyticum	ndida albicans, Candid opicalis, Chlamydia tr oz 2, Mycoplasma geni nas vaginalis, Ureapla da glabrata, Candida erpes Simplex Virus Typ	rachomatis, Gardnei italium, Mycoplasm asma urealyticum krusei, Candida par pes 1 & 2, Neisseria go plasma hominis, Myco	rella vaginalis, Herpes na hominis, Neisseria rapsilosis, Candida onorrhoeae, Trichomonas	Endocervical Swab Vaginal Swab Vaginal Swab Vaginal Swab Endocervical Swab Vaginal Swab	Urethral Swab Men only Urine (STD) Urethral Swab Men only Urine (STD)
@ 95198 @ 95621 @ 95848 @ 95176	**	Women's Health Panel - Atopobium vaginae, Can parapsilosis, Candida tro Simplex Virus Types 1 & gonorrhoeae, Trichomor Candidiasis Panel Candida albicans, Candid tropicalis ESTD 5 Panel Chlamydia trachomatis, He vaginalis Esacterial Vaginosis Panel Atopobium vaginae, Gardin Ureaplasma urealyticum	ndida albicans, Candid opicalis, Chlamydia tr oz 2, Mycoplasma geni nas vaginalis, Ureapla da glabrata, Candida erpes Simplex Virus Typ	rachomatis, Gardnei italium, Mycoplasm asma urealyticum krusei, Candida par pes 1 & 2, Neisseria go plasma hominis, Myco	rella vaginalis, Herpes na hominis, Neisseria rapsilosis, Candida onorrhoeae, Trichomonas	Endocervical Swab Vaginal Swab Vaginal Swab Vaginal Swab Endocervical Swab Vaginal Swab	Urethral Swab Men only Urine (STD) Urethral Swab Men only Urine (STD)
@ 95198 @ 95621 @ 95848 @ 95176 * Medical Rec	including e medic	Women's Health Panel - Atopobium vaginae, Can parapsilosis, Candida tro Simplex Virus Types 1 & gonorrhoeae, Trichomor Candidiasis Panel Candida albicans, Candid tropicalis STD 5 Panel Chlamydia trachomatis, He vaginalis Bacterial Vaginosis Panel Atopobium vaginae, Gardn Ureaplasma urealyticum Tay Be Requested to Support Diag	ndida albicans, Candida picalis, Chlamydia tr. 2, Mycoplasma geninas vaginalis, Ureaplada glabrata, Candida prpes Simplex Virus Typularella vaginalis, Mycopunosis Code for Test(s) Ordendical necessity requirement of the patient.	rachomatis, Gardnei italium, Mycoplasm asma urealyticum krusei, Candida par pes 1 & 2, Neisseria go olasma hominis, Myco ered	rella vaginalis, Herpes na hominis, Neisseria rapsilosis, Candida conorrhoeae, Trichomonas coplasma genitalium,	Endocervical Swab Vaginal Swab Vaginal Swab Vaginal Swab Endocervical Swab Vaginal Swab	Urethral Swab Men only Urine (STD) Urethral Swab Men only Urine (STD) Urethral Swab Men only Urine (STD)
@ 95198 @ 95621 @ 95848 @ 95176 * Medical Rec	including e medic	Women's Health Panel - Atopobium vaginae, Can parapsilosis, Candida tro Simplex Virus Types 1 & gonorrhoeae, Trichomor Candidiasis Panel Candida albicans, Candid tropicalis CSTD 5 Panel Chlamydia trachomatis, He vaginalis Bacterial Vaginosis Panel Atopobium vaginae, Gardin Ureaplasma urealyticum ay Be Requested to Support Diag	ndida albicans, Candida picalis, Chlamydia trace 2, Mycoplasma geninas vaginalis, Ureaplada glabrata, Candida prpes Simplex Virus Typus la perella vaginalis, Mycopus Code for Test(s) Orde processity requirement of the patient.	rachomatis, Gardnei italium, Mycoplasm asma urealyticum krusei, Candida par pes 1 & 2, Neisseria go olasma hominis, Myco ered	rella vaginalis, Herpes na hominis, Neisseria rapsilosis, Candida conorrhoeae, Trichomonas coplasma genitalium,	Endocervical Swab Vaginal Swab Vaginal Swab Vaginal Swab Endocervical Swab Vaginal Swab	Urethral Swab Men only Urine (STD) Urethral Swab Men only Urine (STD)
@ 95621 @ 95848 @ 95176 * Medical Rec	including e medic	Women's Health Panel - Atopobium vaginae, Can parapsilosis, Candida tro Simplex Virus Types 1 & gonorrhoeae, Trichomor Candidiasis Panel Candida albicans, Candid tropicalis STD 5 Panel Chlamydia trachomatis, He vaginalis Bacterial Vaginosis Panel Atopobium vaginae, Gardn Ureaplasma urealyticum Tay Be Requested to Support Diag	ndida albicans, Candida picalis, Chlamydia trace 2, Mycoplasma geninas vaginalis, Ureaplada glabrata, Candida prpes Simplex Virus Typus la perella vaginalis, Mycopus Code for Test(s) Orde processity requirement of the patient.	rachomatis, Gardnei italium, Mycoplasm asma urealyticum krusei, Candida par pes 1 & 2, Neisseria go olasma hominis, Myco ered	rella vaginalis, Herpes na hominis, Neisseria rapsilosis, Candida conorrhoeae, Trichomonas coplasma genitalium,	Endocervical Swab Vaginal Swab Vaginal Swab Vaginal Swab Endocervical Swab Vaginal Swab	Urethral Swab Men only Urine (STD) Urethral Swab Men only Urine (STD)

		DIAGNOSTIC LABORATORY				BILL TO:		NT PATIENT	Γ NAME (LAST	, FIRST, MID	DLE)			
		OF OKLAHOMA		·PCR® DIA ERENTIAL		☐ My Account ☐ Insurance Pr	ovided	LICED ATION	 # (IF APPLIC	A DI EX	IDATE OF	DIDTILIAMA (D		
800.891.2917	• ww	w.dlolab.com	J 1	LIKLIVITAL	TANLES	☐ Labcard Sele					DATEOF	BIRTH MM/D	/	
					IMPORTANT! THIS		BE FILLED	PATIENT S	OCIAL SECUR	:ITY#			OFFIC	CE/PATIENT ID #
ACCOUNT #	‡ :			No.	Reflex tests are pe		additional	ROOM#		AB REFEREN	CE	TIEN	IT PHONE	#
NAME:				S X	charge.			PRINT NA	ME	D/RESPON:	SIRI E	at FIRST I) MIDDLE) -	IF OTHER THAN
ADDRESS: CITY, STATE	7ID.			DID YOU KNOW	Each sample shou two patient identi			PRINT NA PATIENT		J I	5.522		, , ,	
TELEPHONE				百	ICD Diagnosis Code				EET.	OR INS	JRED/RE			APT. # KEY #
DATE COLLEC	TED	TIME	□ AM	TOTAL VOL/	/HRS.								STATE	ZIP
		:	□ PM	ML	HR			.46	TO THE INSU	1 18	ELF SPOU	DEP	ENDENT	
NPI/UPIN ORI	DERIN	G/SUPERVISING PH	YSICIAN AN	D/OR PAYOR	NDIC		SN A		JRANCE CO. N					
							SURAN							
						` \	S V	ı√İNSU	JRED ID #			GROUP#		
		_					PRIMA	URANCE A	DDRESS			<u> </u>		
							CIT	v				- 1	STATE	ZIP
			ا				Cit						DIAIL	ZIF
□ ADDIT'L PH	łY5			N			Medica	ire @= !	May not be cov	vered for the	reported diagr	nsis		Provide
NON- PHYSICIAN	N/				ID#		Limite Covera	d F=⊢	las prescribed A test or servic	frequency ru	les for coverag	e	kit	signed ABN when
PROVIDER:							Tests		las both diagno	osis and freq	uency-related	coverage limit	ation	necessary
Fax Results									ICD C	odes (e	nter all t	hat app	ly)	
Duplicate Clier Report to: Add	nt # OI ress:	K IV												
City				_STATE	ZIP:									
			Special	Instruct	tions: One S	Specimen	and O	ne Par	nel per l	Requisi	ition.			
		Specimer submitted usir			sting must be								kit	
					-		Lase com	tact DE	o chemes	арріу с	oraci ci	Jiicction	KIC.	
(Components		ferential Panels ck)	S		eptable Specin SE CIRCLE SPEC		Œ							
@ 95052		Bacterial Pneu	monia Pan	el Bron	chial Aspirate	1	Nasophar	yngeal A	spirate/W	ash/	Nasoph	aryngeal :	Swab	
				Sput	um Specimen S	wab 0	Other:							
95045		Gastrointestina	al Panel	Recta	al Swab	9	Stool Spec	imen			Other:			
@ 95048		Infectious Dise	ase Panel	Gene	eral Swab		Synovial F	luid			Other:			
@ 96411		Necrosis Panel		Gene	eral Swab	(Other:				Source:			
@ 95049		Respiratory Inf	ection Par	iel Bron	chial Aspirate	1	Nasophar	yngeal A	spirate/W	ash/	Nasoph	aryngeal S	Swab	
					um Specimen S	wab C	Other:							
@ 95852		Skin and Soft T	issue Pane		eral Swab	(Other:				Source:			
@ 95047		Staphylococcus Differentiation			eral Swab	1	Nasal Swa	b S	ynovial Fl	uid	Other:			
F07F2	┝	Vival Despisate	m. Damal	Sour			10000000		: /\A/	- ala	Nasanh		ala	
58753		Viral Respirato	ry Panei		chial Aspirate			Ü	spirate/W	a511	•	aryngeal :	owdD	
COMMENTS	CI INII	ICAL INICORNATIO	N.	Sput	um Specimen S	wap i	hroat Swa	ар			Other:			
COMMENTS,	CLINI	ICAL INFORMATIC	JIV.											
		any payor (includir		and Medic	aid), only order t	hose tests wh	nich are me	edically n	ecessary					
Diagnostic Labora	itory of	oklahoma, DLO, any ass	sociated logos,											
		nostic Laboratory of Ok L.L.C. All rights reserved			— [™] and [™] —are the p	property of their r	espective own	ners. ©2016	Diagnostic					

LABORATORY						
OF OKLAHOMA.	Non-Invasive Prenatal Screening 800.891.2917 • www.dlolab.com	☐ My Account				
		☐ Insurance Prov	REGISTRA	ATION # (IF APPLICABLE)	M	YEAR SEX
		☐ Lab Card/Seled	ct		DATE	
		Litation	DAT	IENT EMAIL ADDRESS	B	ENT ID # / MRN
	Call 866-GENE-INF	0 with any ques		IENT EMAIL ADDRESS		ENTID #/WIN
0001117.7	Call 866-GENE-INF test selection.			L PHO		
CCOUNT #: AME:	Each Sample Shou					
DDRESS:	Collection.		10 01	AME OF SPON	SIBLE PARTY (L)	AN PATIENT
ITY, STATE, ZIP	□ ICD Diagnosis C	Codes are	4/8			rry) APT.# KEY#
ELEPHONE #:	Fill in the applic	cabl fields		EET) IR	INSURP RESPO	rry) APT.# KEY#
ATE COLLECTED TIME	AM TOTAL VOL/HRS.				STATE ZIP	
PI/UPIN ORDERING/SUPERVISING PH	PM ML HR PAYORS (MUST MINDICATE	w Ci			0.7.112	4
		PRII		O INSURED: LEF	☐ SPOUSE [DEPENDENT
			IVIZ INC	E CO. NAME		J DET ENDENT
		व	мве	ID NO. #	GROUP#	
			RANCE ADDRES			
			HANCE ADDRES	55		710
		E CIT	Y		STATE	<u>- 11</u>
						nhole
		Medic		equired for tests not be covered for the repo	s with these syn	nbols Provide
I A		Limit	ted F = Has i	prescribed frequency rules	orteu diagnosis. for coverage. h research/experimental kit.	signed ABN when
ON	1.6	Tes	ts B = Has l	both diagnosis and frequen	cy-related coverage limitation	ons. necessary
Fax Resumment		Visit	QuestDiagi	ICD Codes (ente	for Medicare cover er all that apply)	rage guidelines
end Client # OR N						
	STATE ZIP					
aplicate ADDRESS:						COPURS A ED
Aneu Aling				Neural Tube Defect S		
Aneu 92777 QNatal TM Adv	ranced for Fetal Chromosomal Abnormalities (Serum AFP (MSAFP) (15.	.0 – 22.9 weeks gestation)
Aneu ating 92777 □ QNatal TM Adv	anced for Fetal Chromosomal Abnormalities (DO NOT report (opt out) for microdeletions (s DO NOT report (opt out) for fetal sex			@5059 Maternal S 1 mL Red Top S Date of Birth://	Serum AFP (MSAFP) (15. SST Collection Date://M	.0 – 22.9 weeks gestation)
Aneu offing 92777 □ QNatal™ Adv	DO NOT report (opt out) for microdeletions (s DO NOT report (opt out) for fetal sex	subchromosomal c	copy variant)	@5059 Maternal S 1 mL Red Top S Date of Birth: / /_ Estimated Date of Delivery (EDD):	Serum AFP (MSAFP) (15. SST Collection Date: / / M / / M	0 – 22.9 weeks gestation) laternal Weight: lbs
92777 QNatal TM Adv	DO NOT report (opt out) for microdeletions (s DO NOT report (opt out) for fetal sex	cubchromosomal c	copy variant)	@5059 Maternal S 1 mL Red Top S Date of Birth:// Estimated Date of Delivery (EDD): Determined by: _ Ultrasound _ Mother's Ethnic Origin: _ African	Serum AFP (MSAFP) (15. CST Collection Date:/ M / / M Last Menstrual Period (LMP) Pl D American Asian Caucasian	0 – 22.9 weeks gestation) laternal Weight: lbs
Aneu Jaing 92777 QNatal TM Adv Collection Date:/_ Estimated Date of Delivery	DO NOT report (opt out) for microdeletions (s DO NOT report (opt out) for fetal sex Two x 10mL ((EDD): (m.	cubchromosomal c	copy variant)	@5059 Maternal S 1 mL Red Top S Date of Birth:// Estimated Date of Delivery (EDD): Determined by: _ Ultrasound _ Mother's Ethnic Origin: _ African	Serum AFP (MSAFP) (15. SST Collection Date:// M // □ Last Menstrual Period (LMP) □ PI	0 – 22.9 weeks gestation) daternal Weight: lbs hysical Exam Hispanic Other: uses?
Aneu Aing 92777 QNatal TM Adv Collection Date:/_ Estimated Date of Delivery Number of Fetuses: _ One	DO NOT report (opt out) for microdeletions (s DO NOT report (opt out) for fetal sex Two x 10mL ([EDD): (m. _Two _Three _More than 3	subchromosomal c Cell Free DNA S andatory)	copy variant)		Serum AFP (MSAFP) (15. SST Collection Date:/ _ M/ _/ Last Menstrual Period (LMP) PI American Asian Caucasian [wo More than 2 How many fet	0 – 22.9 weeks gestation) daternal Weight: lbs hysical Exam Hispanic Other: uses?
Aneu Aing 92777 QNatal TM Adv Collection Date:/_ Estimated Date of Delivery Number of Fetuses: _ One	DO NOT report (opt out) for microdeletions (s DO NOT report (opt out) for fetal sex Two x 10mL ((EDD): (m.	subchromosomal c Cell Free DNA S andatory)	copy variant)	State Maternal S	Serum AFP (MSAFP) (15.ST Collection Date:/ M/ _/ _/ Last Menstrual Period (LMP) PI American Asian Caucasian [wo More than 2 How many fet endent diabetic prior to pregnancy n for this pregnancy	0 – 22.9 weeks gestation) daternal Weight: lbs hysical Exam Hispanic Other: uses?
Aneu Jing 92777 QNatal TM Adv Collection Date:/_ Estimated Date of Delivery Number of Fetuses: One Maternal Height: f	DO NOT report (opt out) for microdeletions (s DO NOT report (opt out) for fetal sex	cubchromosomal control of the contro	copy variant) treck Tubes	Stops Maternal S 1 mL Red Top S 1 mL Red Top S 2 mL Red Top S	Serum AFP (MSAFP) (15. SST Collection Date:/ M// Pi Last Menstrual Period (LMP) Pi Location	0 – 22.9 weeks gestation) laternal Weight: lbs
Aneu Jing 92777 QNatal TM Adv Collection Date:/_ Estimated Date of Delivery Number of Fetuses:One Maternal Height: f MEDICAL INDICATION FOR or add additional code to de	DO NOT report (opt out) for microdeletions (s DO NOT report (opt out) for fetal sex	cubchromosomal control of the contro	copy variant) treck Tubes	State of Birth:/ _ / _ Date of Birth:/ _ / _ Estimated Date of Delivery (EDD): Determined by: _ Ultrasound Mother's Ethnic Origin: _ African Number of Fetuses: _ OneT Yes No Patient is an insulin-dept This is a repeat specime! _ History of neural tube de Other Relevant Clinical Informatio Informed Consent for Mate	Serum AFP (MSAFP) (15. SST Collection Date:/ M// Pi Last Menstrual Period (LMP) Pi Location	0 – 22.9 weeks gestation) laternal Weight: lbs hysical Exam Hispanic
Aneu Jing 92777 QNatal TM Adv Collection Date:/_ Estimated Date of Delivery Number of Fetuses: _ One Maternal Height: f MEDICAL INDICATION FOR or add additional code to de High risk for fetal chrome	DO NOT report (opt out) for microdeletions (s DO NOT report (opt out) for fetal sex	cubchromosomal of Cell Free DNA S andatory) lbs) des if appropriat	copy variant) treck Tubes		Serum AFP (MSAFP) (15. SST Collection Date:/ M	0 — 22.9 weeks gestation) aternal Weight: lbs hysical Exam Hispanic Other: uses? be defects and may lead to the with open spina bilida.
Aneu aing 92777 QNatal TM Adv Collection Date:/_ Estimated Date of Delivery Number of Fetuses: Qne Maternal Height:f MEDICAL INDICATION FOR or add additional code to de High risk for fetal chrome. Advanced Maternal Age:	DO NOT report (opt out) for microdeletions (s DO NOT report (opt out) for fetal sex	cubchromosomal of Cell Free DNA S andatory) _ lbs) des if appropriate 2 2nd tri □ 0/98	treck Tubes te -	Stops Maternal S	Serum AFP (MSAFP) (15. SST Collection Date:/ M	0 — 22.9 weeks gestation) laternal Weight ibs hysical Exam
Aneu aing 92777 QNatal TM Adv Collection Date:/_ Estimated Date of Delivery Number of Fetuses: Qne Maternal Height:f MEDICAL INDICATION FOR or add additional code to de High risk for fetal chrome. Advanced Maternal Age:	DO NOT report (opt out) for microdeletions (s DO NOT report (opt out) for fetal sex	cubchromosomal of Cell Free DNA S andatory) _ lbs) des if appropriate 2 2nd tri □ 0/98	treck Tubes te -		Serum AFP (MSAFP) (15. SST Collection Date:/ M	0 — 22.9 weeks gestation) aternal Weight: lbs hysical Exam
Aneu aing 92777 QNatal TM Adv Collection Date:/_ Estimated Date of Delivery Number of Fetuses: _ One Maternal Height: f MEDICAL INDICATION FOR or add additional code to de High risk for fetal chrome Advanced Maternal Age:	DO NOT report (opt out) for microdeletions (s DO NOT report (opt out) for fetal sex	cubchromosomal of Cell Free DNA S andatory) lbs) des if appropriate 2 2nd tri	treck Tubes te -		Serum AFP (MSAFP) (15. SST Collection Date:/ _ M/ _/ Last Menstrual Period (LMP) PI Dast Menstrual	0 — 22.9 weeks gestation) aternal Weight: lbs hysical Exam Hispanic
Aneu aing 92777 QNatal TM Adv Collection Date:/_ Estimated Date of Delivery Number of Fetuses: _ One Maternal Height: f MEDICAL INDICATION FOR or add additional code to de High risk for fetal chrome Advanced Maternal Age:	DO NOT report (opt out) for microdeletions (s DO NOT report (opt out) for fetal sex	cubchromosomal of Cell Free DNA S andatory) _ lbs) des if appropriate 2 2nd tri	treck Tubes te -		Serum AFP (MSAFP) (15. SST Collection Date:/ _ M	0 — 22.9 weeks gestation) aternal Weight: lbs hysical Exam Hispanic
Aneu aing 92777 QNatal TM Adv Collection Date:/_ Estimated Date of Delivery Number of Fetuses: Qone Maternal Height:f MEDICAL INDICATION FOR or add additional code to de High risk for fetal chrome Advanced Maternal Age: Abnormal (MSS) serum	DO NOT report (opt out) for microdeletions (s DO NOT report (opt out) for fetal sex	cubchromosomal of Cell Free DNA S andatory) _ lbs) des if appropriate 2 2nd tri	treck Tubes te -		Serum AFP (MSAFP) (15. SST Collection Date:/ _ M	0 — 22.9 weeks gestation) aternal Weight: ibs hysical Exam
Aneu Aing 92777 QNatal TM Adv Collection Date:/_ Estimated Date of Delivery Number of Fetuses: Q One Maternal Height: f MEDICAL INDICATION FOR or add additional code to de High risk for fetal chrome Advanced Maternal Age: Abnormal (MSS) serum Abnormal Ultrasound fin	DO NOT report (opt out) for microdeletions (s DO NOT report (opt out) for fetal sex	cubchromosomal of Cell Free DNA S andatory) _ lbs) des if appropriate 2 2nd tri	treck Tubes te -		Collection Date:/ _ M Collection Date:/ _ M/ _/ Last Menstrual Period (LMP) PI n American Asian Caucasian [wo More than 2 How many fet endent diabetic prior to pregnancy nfor this pregnancy nfor this pregnancy fetct If yes, explain:	0 — 22.9 weeks gestation) aternal Weight: ibs hysical Exam
Aneu aing 92777 QNatal TM Adv Collection Date:/_ Estimated Date of Delivery Number of Fetuses: Qne Maternal Height:f MEDICAL INDICATION FOR or add additional code to de High risk for fetal chrome Advanced Maternal Age: Abnormal (MSS) serum Abnormal Ultrasound fir	DO NOT report (opt out) for microdeletions (s DO NOT report (opt out) for fetal sex	cubchromosomal of Cell Free DNA S andatory) lbs) des if appropriat 2 2nd tri	treck Tubes te - 9.513 3rd tri 9.523 3rd tri		Serum AFP (MSAFP) (15. SST Collection Date:/ M	0 — 22.9 weeks gestation) aternal Weight: ibs hysical Exam
Aneu aing 92777 QNatal TM Adv Collection Date:/_ Estimated Date of Delivery Number of Fetuses: _ One Maternal Height: f MEDICAL INDICATION FOR or add additional code to de High risk for fetal chrome Advanced Maternal Age: Abnormal (MSS) serum Abnormal Ultrasound fir Personal or family histor Prior pregnancy with to _ O09.291 Supervision O09.292 Supervision	DO NOT report (opt out) for microdeletions (s DO NOT report (opt out) for fetal sex	cubchromosomal of Cell Free DNA S andatory) lbs) des if appropriate 2 2nd tri	te - 9.513 3rd tri 9.523 3rd tri 9.523 1rd tri 9.523 3rd tri		Serum AFP (MSAFP) (15. SST Collection Date:/ _ M/ _ / Last Menstrual Period (LMP)	0 — 22.9 weeks gestation) aternal Weight: lbs hysical Exam
Aneu Aing 92777 QNatal TM Adv Collection Date:/_ Estimated Date of Delivery Number of Fetuses: □ One Maternal Height: f MEDICAL INDICATION FOR or add additional code to de High risk for fetal chrome Advanced Maternal Age: Abnormal (MSS) serum Abnormal Ultrasound fin Personal or family histor Prior pregnancy with 1 □ 0/99.291 Supervision □ 0/99.293 Supervision □ 0/99.293 Supervision	DO NOT report (opt out) for microdeletions (s DO NOT report (opt out) for fetal sex	cubchromosomal of Cell Free DNA S andatory) lbs) des if appropriat 2 2nd tri	te - 9.513 3rd tri 9.523 3rd tri story, 1st tri story, 2nd tri story, 3rd tri		Serum AFP (MSAFP) (15. SST Collection Date:/ M	0 — 22.9 weeks gestation) aternal Weight: ibs hysical Exam
Aneu 92777	DO NOT report (opt out) for microdeletions (s DO NOT report (opt out) for fetal sex	cubchromosomal of Cell Free DNA S andatory) lbs) des if appropriat 2 2nd tri	te - 9.513 3rd tri 9.523 3rd tri 9.523 3rd tri story, 1st tri story, 2nd tri story, 3rd tri , unspecified	●5059	Serum AFP (MSAFP) (15. SST Collection Date:/ M	0 — 22.9 weeks gestation) aternal Weight: ibs hysical Exam
Aneu 20777 QNatal TM Adv Collection Date:/_ Estimated Date of Delivery Number of Fetuses: _ One Maternal Height: f MEDICAL INDICATION FOR or add additional code to de High risk for fetal chrome Advanced Maternal Age: Abnormal (MSS) serum Abnormal Ultrasound fir Personal or family histor Prior pregnancy with delivery one prior pregnancy with delivery one prior pregnancy one prio	DO NOT report (opt out) for microdeletions (s DO NOT report (opt out) for fetal sex	cubchromosomal of Cell Free DNA S andatory) lbs) des if appropriat 2 2nd tri	te - 9.513 3rd tri 9.523 3rd tri 9.523 3rd tri story, 1st tri story, 2nd tri story, 3rd tri t, unspecified Call 866-Gi		Serum AFP (MSAFP) (15. SST Collection Date:/ M	0 — 22.9 weeks gestation) aternal Weight: lbs hysical Exam
Aneu aing 92777 QNatal TM Adv Collection Date:/_ Estimated Date of Delivery Number of Fetuses: One Maternal Height: f MEDICAL INDICATION FOR or add additional code to de High risk for fetal chrome Advanced Maternal Age: Abnormal (MSS) serum Abnormal Ultrasound fir Personal or family histor Prior pregnancy with to O09.291 Supervision O09.293 Supervision O09.299 Supervision O09.891 Supervision O09.891 Supervision O09.893 Supervision	DO NOT report (opt out) for microdeletions (s DO NOT report (opt out) for fetal sex	Cell Free DNA S andatory) _ lbs) des if appropriat 2 2nd tri	te - 9.513 3rd tri 9.523 3rd tri 9.523 3rd tri story, 2nd tri story, 2nd tri story, 3rd tri , unspecified Call 866-Gi any c	●5059	Serum AFP (MSAFP) (15. SST Collection Date:/ M	0 — 22.9 weeks gestation) aternal Weight: ibs hysical Exam
Aneu aing 92777 QNatal TM Adv Collection Date:/_ Estimated Date of Delivery Number of Fetuses: _ One Maternal Height: f MEDICAL INDICATION FOR or add additional code to de High risk for fetal chrome Advanced Maternal Age: Abnormal (MSS) serum Abnormal Ultrasound fir Personal or family histor Prior pregnancy with to O09.291 Supervision _ O09.293 Supervision O09.299 Supervision _ O09.891 Supervision _ O09.891 Supervision _ O09.893 Supervision _ O09.893 Supervision _ O09.893 Supervision _ O09.899 Supervision _ O09.899 Supervision _ O09.899 Supervision	DO NOT report (opt out) for microdeletions (s DO NOT report (opt out) for fetal sex	cubchromosomal of Cell Free DNA S andatory) lbs) des if appropriat 2 2nd tri	te - 9.513 3rd tri 9.523 3rd tri 9.523 3rd tri story, 2nd tri story, 3rd tri, unspecified Call 866-Gi any C	●5059	Serum AFP (MSAFP) (15. SST Collection Date:/ M	0 — 22.9 weeks gestation) aternal Weight: lbs hysical Exam
Aneu aing 92777 QNatal TM Adv Collection Date:/_ Estimated Date of Delivery Number of Fetuses: _ One Maternal Height: f MEDICAL INDICATION FOR or add additional code to de High risk for fetal chrome Advanced Maternal Age: Abnormal (MSS) serum Abnormal Ultrasound fir Personal or family histor Prior pregnancy with to O09.291 Supervision _ O09.293 Supervision O09.299 Supervision _ O09.891 Supervision _ O09.891 Supervision _ O09.893 Supervision _ O09.893 Supervision _ O09.893 Supervision _ O09.899 Supervision _ O09.899 Supervision _ O09.899 Supervision	DO NOT report (opt out) for microdeletions (s DO NOT report (opt out) for fetal sex	cubchromosomal of Cell Free DNA S andatory) lbs) des if appropriat 2 2nd tri	te - 9.513 3rd tri 9.523 3rd tri 9.523 3rd tri story, 1st tri story, 2nd tri story, 3rd tri try, 2nd tri try	●5059	Serum AFP (MSAFP) (15. SST Collection Date:/ M	0 — 22.9 weeks gestation) aternal Weight: lbs hysical Exam

AmeriPath			05.841.7 00.281.8				L LTO: My Account	PRINT PATIE	ENT NAME (LAST, FIRST, M	MIDDLE)	1 1 1			0
A Quest Diagnostics Company Oklahoma City		0	100.201.0	0//			Insurance Provide	REGISTRAT	ION # (IF APPLICABLE)	DATE OF BIRTH	M M D	D	SEX	1111
							Lab Card/Select Patient	LAB REFERE	NCE #	DINTH	CE			0
				MO					PATIENT ID # / MRN		PATIL			\sim
ACCOUNT #:							should be la two patient		PATIENT EMAIL ADD	RESS				O
NAME:							time of col			DNS	AST, FIRST, MID	DLE	ATIENT	T O
ADDRESS: CITY, STATE, ZIP				> 	ICD Dia	agnosi	Codes are I	/lar v						
TELEPHONE #:	I == 1 ==		I = o = v ·	ַם		he app	licable fields		PAT ET A	OR INS		RTY) APT. #	KEY#	
DATE COLLECTED	TIME :	☐ AM	1 1	OL/HRS. ML	HF		asting				STATE Z	IP		in the applicable fi
NPI/UPIN ORDERING/SUPE	RVISING P	HYSICIAN	AND/OR F	PAYERS (M	IUST BE II	NDICATE	, ,	A	O INS	SELF	SPOUSE	☐ DEPENDE	ENT	
								7	CO.					ica
					` '			/ IN	NO. #	G	ROUP#			
							ARY	NCE A	ADDRESS					<u> </u>
							PRIMA	CITY			STATE	ZIP		d S b
							4							below
							N	AB ledicare @	N required for = May not be covered for	tests with the reported diagn	these sy	ymbols	Provide	ξQ.
☐ ADDIT'L PHYS.: Dr NON-PHYSICIAN NAME				PI/L		ш		Limited F overage &	 May not be covered for Has prescribed frequen A test or service perfor Has both diagnosis and 	cy rules for coverage med with research/	je. experimental k	rit. A	signed IBN when	
PROVIDER:)		•				<u>\</u>	Tests B isit Quest	Diagnostics.com/	MLCP for Me (enter all th	dicare cov	erage gui	delines	9
Send Client # OR NAM Duplicate ADDRESS:	É:													
Report to: CITY:				STATE	ZIP		whic	are medically n	g Medicare and Medicaid) ha ecessary for the diagnosis an	nd treatment of the pa	requirements. Yo tient.	ou should only o	rder those tests	FOLD
			TISS	JE PAT	HOLOG	GY AN	D NON GYN	CYTOLOG	GYTEST OFFERI	NGS §				HERE
Specimen (Sources)			Specific	Anatomic	Site		Procedure (excision	nn, cone, punch,	shave, etc.)	Pre-Op Dx (dura	tion, size, impre	ssion, etc.)		Diagnostic L
1.														aboratory
3.														of Oklahom
4.														ia, the asso
5.) ociated log
6.														
Record times below in HH:MM	#1	#2	#3	#4	#5	#6		Non-Gyn	Вх Нх		Gyn B	к Нх		ssociated Diagnosti
Time Tissue Excised							Date of Bx:			LMP:				stic Laboratory of
										Previous Bx	No:			Tony of Oklai
Time Tissue Placed in Formalin							Accnt No: _			_ Previous PA				homa marks
						<u> </u>								
Clinical History	/ :						+			+				rademarks
							_							of Diagnos
														tic Laborat
														atory of Okla
														homa.
														0D90042-X0. Revise
These offerings may re deemed appropriate for	quire spe	cial studie	es, marke	rs, or stair meriPath I	ns as Pathologi	st.								. B
These additional tests	may resul	t in additi	onal char	ges.										O
														-

DLO Patient Service Centers

800.891.2917 • dlolab.com

701 Better Now Plaza M - Th: 7AM-4PM Fri: 7AM-3PM Fax: 580.310.0948

ARDMORE*

107 N. Commerce St. M-Th: 7AM-4PM Fri: 7AM-3PM Fax: 580.223.3265

BROKEN ARROW *

2008 W. Houston St. M-F: 7AM-12:00PM & 1-4PM Fax: 539.367.3734

CLINTON*

812 W. Gary Blvd. M-Th: 7AM-12:30 PM & 1-4PM Fri: 7AM -12PM Fax: 580.323.1448

DEL CITY*

4801 SE 15th St., Suite 310 M-F: 8 AM-12:30 PM & 1:30-5 PM Fax: 405.702.9440

DUNCAN*

3075 Brookwood Ave., Suite A M-Th: 7AM-11PM & 12-3PM Fri: 7AM-1PM Fax: 580.470.8880

DURANT

East * 1706 Delivery Ln., Suite 200 M-Th: 8AM-12:15PM; 1:15-5:00PM Fri: 8AM-1PM Fax: 580.931.9979

West*

1028 Criswell Dr., Suite 106 M-Th: 7AM-12PM & 1-4PM Fri: 7AM-3PM Fax: 580.931.9716

EDMOND

Edmond Markplace* 3325 S. Boulevard., Suite 145 M-F: 6:30AM-5PM Sat: 9AM-12PM Fax: 405.359.1038

INTEGRIS HEALTH EDMOND EAST* 4833 Integris Pkwy., Suite 125 M-F: 8AM-5PM

Fax: 405.657.3942

INTEGRIS HEALTH EDMOND WEST* 4509 Integris Pkwy., Suite 125 M-Th: 7:30AM-5:30PM Fri: 7:30AM-5PM Fax: 405.657.3897

ELK CITY*

1925 W. 3rd St., Suite 2 M - Th: 7AM-12:30PM & 1-3:30PM Fri: 7AM-12PM Fax: 580.225.2218

ENID

Medical Plaza* 620 S. Madison, Suite 101 M - Th: 7:00AM-5PM Fri: 7:00AM-3PM Fax: 580.548.1492

GROVE*

601 E. 13th St., Suite D M-F: 7:30AM-5:00PM Sat: 8:00AM-10:00AM Fax: 918.786.9358

IDARFI*

1425 E. Lincoln Rd., Suite A5 M-Th: 7:30AM-12PM & 1-5PM Fri:7:30AM-12PM Fax:580.286.5588

JENKS*

607 F. Main St. M-F: 7AM-12:45PM & 1:45-4PM Fax: 918.299.2180

LAWTON

Southwest* 1401 SW Parkridge Blvd., Suite C Mon-7AM-4:30PM T-Th: 6:30AM-4:30PM Fri: 6:30AM-4PM Fax: 580.248.8870

Wolf Creek* 4411 W. Gore, Suite B8 M-Th: 8AM-5PM Fri: 8AM-3PM Fax: 580.248.1877

MCALESTER*

1500 N. Strong Blvd. M-Th: 7AM-12PM & 1-4PM Fri: 7AM-3PM Fax:918.302.3895

MIAMI*

310 2nd Ave. SW, Suite 100 M - F: 7AM-4:30PM Fax: 918.542.6748

MIDWEST CITY*

MiddlePointe 9060 Harmony Dr., Suite C M - F: 6AM-4PM Sat: 9AM-12PM Fax: 405.737.1575

any lab provider in the state

DLO provides Oklahomans

the best patient access of

MOORF*

1401 SW 34th St., Suite 310 M - F: 8AM-5PM Fax: 405.676.8109

MUSKOGEE*

3316 W. Okmulgee Ave. M-F: 7AM-1PM & 1:30-3:30PM Fax: 918.682.4117

MUSTANG*

1001 E. State Highway 152, Suite 109 M - F: 7AM-4PM Fax: 405.256.6728

NORMAN

Tecumseh Crossings* 3321 W. Tecumseh Rd., Suite 105 M -F: 6:30AM - 4PM Fax: 405.857.2409

Norman North* 3421 24th Ave., NW Suite 109 M-F: 7:00AM-4PM Sat: 9:00AM-12:00PM Fax: 405.321.1416

OKLAHOMA CITY

Council Crossing* 9417 N. Council Rd., Suite 210 M - F: 8AM-12:30PM & 1:30-5PM Fax:405.470.2932

South Walker* 525 SW 80th St., Suite 101 M - F: 7AM-4PM Sat: 9AM-12PM Fax: 405.632.9048

Gaillardia

13921 N. Meridian Ave., Suite 201 M-Th: 8AM-5PM Fri: 7AM-5PM Fax: 405.242.2796

Hefner Pointe 11101 Hefner Pointe Dr., Suite 208 M-Th: 7AM-5PM Fri: 7AM-5PM Fax: 405.252.4277

Fax:405.945.4241

INTEGRIS Baptist Medical Center, Building A* 3435 NW 56th St., Suite 100 M-Th: 7AM-5PM Fri: 7AM-4 PM

INTEGRIS Baptist Medical Center, Building C 3400 NW Expressway, Suite 120 M-F: 7AM-4PM Fax: 405.945.4431

INTEGRIS Baptist Medical Center, Building D* 3366 NW Expressway, Suite 150

M-F: 6AM-5PM Sat: 7AM-12PM Fax:405.945.4837

INTEGRIS Baptist Medical Center Portland Ave 5401 N. Portland Ave., Suite 110

M-F: 7:30AM-5PM Fax: 405.839.3462

INTEGRIS Memorial West - Cancer Institute 5915 W. Memorial Rd., Suite 301

M - F: 7:30AM-5PM Fax: 405.470.6026

INTEGRIS Southwest Medical Plaza* 4221 S. Western Ave., Suite 4030 M-Th: 6:30AM-5PM Fri: 6:30AM-4PM Fax: 405.632.0365

McBride Hospital* 9600 N. Broadway Ext., Suite 2142 M-Th: 7:30AM-6PM Fri: 7:30AM-5PM

Northwest Medical Center 3330 NW 56th St., Suite 510 M-Th: 7:30 AM-4:30 PM F: 7:30 PM-4:00 Fax: 405.552.0111

Quailbrook* 13901 McAuley Blvd., Suite 103

M-F: 8AM-4PM Fax: 405.748.8233

Fax: 405.286.3455

PONCA CITY*

401 Fairview Ave. M-F: 7:00AM-12:00PM; 1:00-4:00PM

Fax: 580.762.3276



SHAWNEE*

Bison Crossings 3954 N. Kickapoo Ave., Suite 4 M-Th: 7AM-4PM Fri: 7:00AM-3:00PM Fax: 405.878.4561

STILLWATER*

819 S. Pine St. M-F: 7-11 AM & 12-4 PM Fax: 405.624.0436

TULSA

Hillcrest South*
8803 S. 101St East Ave. Suite 375
M-F: 7:30 AM-1PM & 2-4:30PM
Fax: 918.459.9287

Utica*

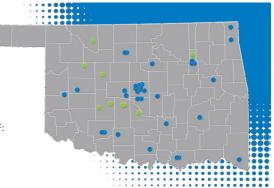
1145 S. Utica Ave., Suite 162 M-F: 7AM-12:30 PM &1:30-4PM Fax: 918.294.5397

WOODWARD*

1611 Main Street, Suite 204 M-TH: 8:00 AM-12:00PM;1:00-5:00PM F: 8:00 AM-12:00 PM Fax: 580 254 0147

YUKON*

1607 Professional Cir. M-F: 6:30 AM-4:30 PM Sat: 7:30 AM-12:00 PM Fax: 405.354.3220



DLO Contracted Draw Sites

ALTUS

Reed Chiropractic Clinic 1204 N. Grady St. M-Th: 9AM-2PM

ANADARKO

RuralWellness Inc. 1002 E. Central Blvd. M-F: 8AM-5PM

CHICKASHA

Grady Memorial Hospital Five Oaks Medical Clinic 2200 W. Iowa Ave. M-F: 8AM-5PM

CareFirst Wellness Associates 2222 W. Iowa Ave. M-F: 7:45AM-5PM

CLEVELAND

Cleveland Area Hospital 1401 W. Pawnee St. M-F: 8AM-5PM

PURCELL

Purcell Municipal Hospital 2301 N 9th Ave. M-F: 8AM-5PM

DLO Contracted Draw Sites only accept paper requisitions from healthcare providers only and cannot perform Quest Health™ testing.

Preparing for your Patient Service Center (PSC) visit, lab results and billing:

- While appointments aren't required, you do have the ability to make an appointment by visiting dlolab.com/locations and click the "Make an Appointment" link on the PSC you plan to use. Keep in mind, DLO PSCs are busiest early in the morning.
- Test results will be delivered directly to your physician and through MyQuest™, DLO's online patient portal. To learn more about MyQuest and to create an account, visit dlolab.com/myquest. If you wish to have a copy sent directly to you, call DLO Client Services at 800-891-2917 option #2 and ask for a Request for Access Form or contact your healthcare provider.
- Most test results are reported to your ordering healthcare provider and MyQuest within 24 hours, although certain tests can take several days to weeks.
- Test costs vary by several factors including insurance coverage, age, and your health care provider's agreement with DLO. For billing questions, contact us at 800-891-2917.
- DLO files all insurance claims to the payer. Some insurance plans may result in a patient bill. Visit dlolab.com/insurance for a complete list of preferred and in-network health plans accepted by DLO. For any questions, contact us at 800-891-2917.

What happens when you get your blood tested:

A blood test is a very simple procedure. Usually you do not need to prepare for your blood test. However, for some tests, you might need to stop eating or drinking beforehand. You might also need to stop taking medication. Be sure to contact your health-care provider about requirements for your specific test. Here are the steps in a blood test:

- You are pricked with a small needle, usually on your arm.
- A sample of your blood goes into a specimen tube.
- The laboratory examines your blood using special instruments.
- The laboratory sends the test results to MyQuest and your healthcare provider so they can explain the test results to you.



CLIENT SUPPLY REQUEST

For Internal Use Only						
Lines:	_CSO:					

Client Name:		Account #:			
Date:	Ordered by:	Phone #:			

Supply requests are filled based on specimen containers received and issued to the account. Orders are adjusted according to tests submitted to DLO.

Item ID	PK	TUBES	Item ID	PK	MICROBIOLOGY	Item ID	PK	GC/CHLAMYDIA
T157		Red/Yellow SST 8mL (50/pk)	BC34/ BC35		Anaerobic/Aerobic Blood Culture Bottles (1 set/pk)	S04		Affirm™ VPIII (10/pk)
T59		Lavender 4mL (50/pk)	ВС33		Pediatric Blood Culture (each)	S06		VCM, Cervical/Vaginal (5/pk)
T05		Red 9mL (50/pk)	S02		Blue Culture Swab (10/pk)	S09		VCM, Urethral (5/pk)
T03		Gray 4mL (10/pk)	S11		Yellow Nasal Culture Swab (10/pk)	S05		VCM, Nasal (5/pk)
T04		Light Blue 2.7mL (10/pk)	S07		Double Red Strep Swab (10/pk)	S03		VCM, Lesion (5/pk)
T08		Royal Blue EDTA 6mL (10/pk)	Item ID	PK	STOOL	A02		APTIMA® Unisex Swab (5/pk)
T09		Royal Blue No Add. 6mL (10/pk)	F49		InSure ONE (10/pk)	A03		APTIMA® Vaginal Swab (5/pk)
T69		Lavender K2EDTA 10mL (10/pk)	F57		Stool Container w/ Red Lid (50/pk)	A01		APTIMA® Urine Tube (5/pk)
T56		Tan 3mL (10/pk)	F02		Para-Pak® C&S, Orange (20/pk)	Item ID	PK	MISCELLANEOUS
T60		White PPT 5mL (10/pk)	F01		Total Fix® O&P, Black (5/pk)	B112		Specimen Bag, Regular (100/pk)
T61		Green NaHep 10mL (10/pk)	Item ID	PK	URINE	B113		Specimen Bag, STAT (100/pk)
T68		Green NaHep 6mL (10/pk)	U01		C&S Gray Tube w/Straw (10/pk)	G01		Glucola 50gm, Orange (6/pk)
T35		Green LiHep 4.5mL w/gel (10/pk)	U03		UA Tube w/Yellow Cap (25/pk)	G03		Glucola 75gm, Lemon-Lime (6/pk)
T58		Pink K2EDTA 6mL (50/pk)	U10		Collection Hat (for toilet) (5/pk)	G02		Glucola 100gm, Fruit Punch (6/pk)
T15		Yellow ACD-B 6mL (10/pk)	U30		24H Container (each)	K165		AN COVID Swab (4/pk)
ST05		Light Protect Tube w/cap (25/pk)	U32		24H Acid-Wash Cont. w/Vial (each)	V04		Tourniquets, Blue (10/pk)
ST01		Pour off Transport Vial (500/pk)	U24		24H Stone Risk Kit (each)	K01		Breath Tech, UBIT kit (each)
ST22		Pour off Transport Lid (500/pk)	U34		24H w/Sodium Carbonate (each)	Item ID	PK	REPORTING SUPPLIES
T51		Pediatric: Red Serum (50/pk)	U35		24H w/ 6n HCL (each)	FR01		Copy Paper (500 sheets/pk)
T52		Pediatric: SST (50/pk)	ST02		Pipet, Transfer w/Bulb (50/pk)	L219		DLO™ Care 360 Labels (5 rolls/pk)
T50		Pediatric: Amber SST (50/pk)	U09/ U06		Routine Urine Cup w/ lid (75/pk)	FA12		ABN Form (25/pk)
T89		Pediatric: Green LiHep (50/pk)	UD02		Pain Management Cup, Single (drug screen/monitoring)	FM112		PSC Directory (25/pk)
T55		Pediatric: Lavender (25/pk)	U02		Sterile Urine Cup, Green Lid (25/pk)	Item ID	EA	TONER
Q04		Quantiferon Kit, Single (25/pk)	Item ID	PK	CYTOLOGY	PT15		Toner, M401, HP CF280A
Item ID	PK	FORMALIN	C01		ThinPrep® w/Brush/Spatula (25/pk)	PT03		Toner, M402, HP 26X
H29		20mL (32/pk)	C02		ThinPrep® w/Broom (25/pk)	PT167		Toner, M404, HP 58X
H48		40mL (24/pk)	C06		SurePath™ w/Brush/Spatula (25/pk)	Item ID	PK	TEST REQUISITIONS
H32		60mL (27/pk)	C05		SurePath™ w/Broom (25/pk)	FQ70		354 Clinical (25/pk)
H28		120mL (24/pk)	Item ID	PK	TEM-PCR	FQ71		355 Semi-Custom (25/pk)
H18		5.3 Gallon (each)	K144		TEM-PCR Universal Kit (5/pk)	FQ73		374 Cytology (25/pk)
Item ID	PK	NEEDLES/HUBS	OTHER IT	EMS NE	EEDED, BUT NOT LISTED	FQ74		561 Pathology/Histology (25/pk)
N55		Needle, 21g Straight (100/pk)					1	<u>L</u>
N56		Needle, 22g Straight (100/pk)						
N58		Needle Holder w/ Safety, Straight						
N57		(50/pk) Needle Holder, Butterfly (100/pk)						

BACKORDERS WILL BE AUTOMATICALLY FILLED WHEN PRODUCT BECOMES AVAILABLE

Fax: (405) 608-6135 Email: <u>DLOClientSupply@questdiagnostics.com</u>

Supply request forms are available to download and print on our website: www.dlolab.com/supply-catalog