



225000

Check One

- Doctor Pay
- Patient Pay
- Medicare - Sign ABN on Page 2
- Tricare
- Insurance

Specimen Type

- Urine = U
- Blood
 - Serum Separator Tube = SST
 - Lavender Top (EDTA) = LAV
 - Yellow Top (ACD, Solution B)=YEL
- Tissue =
- Tissue Source _____
- Swab
 - Nasal Swab = NS
 - Buccal Swab = BS
 - Vaginal Swab = VS

Patient

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

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

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

Patient's Phone: _____ Patient Email: _____

MEDICARE ADVANCE BENEFICIARY NOTICE (ABN)
Medicare Patients Must Complete and Sign ABN on Page 2

I hereby authorize payment directly to RealTime Laboratories, Inc. for all testing. I agree to assume responsibility for payment of charges for laboratory services that are not covered by my healthcare insurance.

Patient Signature: _____ Date: _____

Physician

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

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

MYCOTOXIN TESTS by ELISA	TYPE
<input type="checkbox"/> E8400 MYCO15 Panel (15 Mycotoxins) (E8501, E8502, E8503, E8510)	U
<input type="checkbox"/> E8501 Ochratoxin (OCHRATOXIN A)	U/NS/BAL
<input type="checkbox"/> E8502 Aflatoxin Group (4 Mycotoxins) AFLATOXIN B1, AFLATOXIN B2 AFLATOXIN G1, AFLATOXIN G2	U/NS/BAL
<input type="checkbox"/> E8503 Trichothecene Group (9 Mycotoxins) SATRATOXIN G RORIDIN H SATRATOXIN H RORIDIN L-2 ISOSATRATOXIN F VERRUCARIN A RORIDIN A VERRUCARIN J RORIDIN E	U/NS/BAL
<input type="checkbox"/> E8510 Gliotoxin BIS(METHYL)GLIOTOXIN	U

IMMUNOLOGY-SERUM	TYPE
<input type="checkbox"/> P5114 Mold Panel IgE SST Penicillium, Cladosporium, Aspergillus fumigatus, Candida, Alternaria, Helminthosporium, Rhizopus, Pullularia, Phoma, Rhodotorula, Epicoccum, Chaetomium, Stachybotrys	
<input type="checkbox"/> P5115 Mold Panel IgG SST Penicillium, Cladosporium, Aspergillus fumigatus, Candida, Alternaria, Helminthosporium, Rhizopus, Pullularia, Phoma, Rhodotorula, Epicoccum, Chaetomium, Stachybotrys	

FUNGAL DNA TESTING by REALTIME PCR	TYPE
<input type="checkbox"/> M8605 Aspergillus Panel LAV/T/NS/BS M8601 A. niger M8602 A. flavus M8603 A. fumigatus M8604 A. terreus	
<input type="checkbox"/> M8617 Candida Panel U/VS M8613 C. albicans M8614 C. krusei M8615 C. glabrata M8616 C. tropicalis M8618 C. parapsilosis M8619 C. auris	

MYCOTOXIN TISSUE TESTS
<input type="checkbox"/> E8400 MYCO15 Panel (15 Mycotoxins)
<input type="checkbox"/> Tissue Type (Fresh)
<input type="checkbox"/> Tissue Type (In Block)

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

RealTime Lab Use Only

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

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

Notes: _____ Other: _____