GLUE LINE

MicroPhase Clinical Laboratory

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MICROPHASE@MAIL.COM
256-882-7275 T, 256-882-3853 F

SPECIMEN COLLECTION FORM			
PATIENT DEMOGRAPHIC SHEET, COPY OF LICENSE AND INSURANCE CARD CAN BE ATTACHED INSTEAD OF COMPLETING INFORMATION BELOW			
Patient Last Name	Patient First Name	Date of Birth	Sex
Address			
City	State	Zip	

INSURANCE			
Primary (Check One): ☐ BCBS ☐ MEDICARE ☐ MEDICAID ☐ UHC ☐ Humana ☐ Tricare ☐ Other	ID#	Date Collected	Time
Secondary (Check One): ☐ BCBS ☐ MEDICARE ☐ MEDICAID ☐ UHC ☐ Humana ☐ Tricare ☐ Other	ID#		
Referring Physician			
Source of Specimen			
Diagnosis			
PLEASE CALL 256-882-7275 OR TEXT 256-509-6543 FOR CULTURE PICKUP			

TESTS	
☐	**ROUTINE BACTERIAL CULTURE - AEROBIC AND ANAEROBIC**
☐	**URINE CULTURE**
☐	**THROAT CULTURE**
☐	**FUNGUS CULTURE AND SMEAR**
☐	**AFB CULTURE**
☐	**RT-PCR — SARS-COV-2 (SAME DAY RESULTS IF SWABBED AND ONSITE BY 1:30)** $150 TRAVEL
☐	**SARS-COV-2 ANIGEN** (RAPID) RESULTS WITHIN THE HOUR
☐	**SARS-COV-2 ANTIBODY - IGM AND IGG** RESULTS WITHIN THE HOUR
☐	**SARS-COV-2, FLU A, FLU B, RSV, RT-PCR** COMBO TEST (SINGLE SWAB) RESULTS WITHIN THE HOUR
☐	**LYME DISEASE** BLOOD 30 MICROLITERS, SERUM OR PLASMA
☐	**STREP COMPLETE Group A/C/G/Molecular Assay**
☐	**OTHER**
☐	**FLU A and B Molecular Assay**
☐	**RSV / hMPV Molecular Assay**

The SARS-CoV-2 has been authorized by the FDA under an Emergency Use Authorization (EUA) for the detection and/or diagnosis of the SARS-CoV-2 Virus and is only authorized for the duration of the declaration that circumstances exist justifying the authorization of emergency use of in vitro diagnostics for detection and / or diagnosis of Covid-19 under section 564(B)(1) of the Federal Food, Drug, and Cosmetic Act, 21 USC 360 BBB-3(B(1) unless the authorization is terminated or revoked sooner. Tests performed at MicroPhase Clinical Laboratory CLIA #01D0923800

Signature_____ **Fax Results to** _____