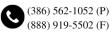


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R&S United Health Services LLC

We are Trusted | We are a Standard | We are Professionals

Request Date:		Fasting	Non Fast	ing		
Provider Information		Patient Information		() Male () Female		
Provider Company:	Name:					
Address:						
Phone: F	ax:	D.O.B:				
Ref Physician Provider NPI UPIN (Must be indic	Phone:		Billing/Responsible Party			
Name:	A d d a a a		BILL TO: My Account			
NPI or Account #:	Address:		Insurance Provided Lab Card/Membership			
Send results to: () Account Portal. () Fax. ()	Email.			Patient		
Fax: Email:	Account #:					
Standing Order. To be done every:We	ek Two WeeksMonth.	DIAGNOSIS / REAS	<u>DN:</u>			
Total Months Start Date: / /	State Other:					
Is this a observed urine collection request:()YES	S ()NO					
RAPID DRUG TEST	OTHER LAB TEST	Hand Written Ord	ler 1002	DONER INSTRUCTIONS		
5 Panel Urine Drug Test		Others		Make an appointment by call or online.		
7 Panel Urine Drug Test	COVID - 19	Other:		Take with you: - Lab Request Form		
10 Panel Urine Drug Test	Hepatitis screening			- 1 form of Identification: - Drivers License		
	Com Metabolic Panel			- Passport		
12 Panel Urine Drug Test	Diabetes Screen			- Government issued ID		
14 Panel Urine Drug Test	Anomia			More a strain of the stra		
16 Panel Urine Drug Test	Anemia			with you during your sample collection period.		
DRUG PROFILE	Complete Blood Count			You are not allowed to take items		
	Heart Disease screening			with you to the restroom. All items from your pocket will be locked		
DRUG MONITOR, PCP, W/CONF, URINE - Medmatch Phencyclidine	Coagulation Panel			away until the process is complete		
PhencyclidinePhencyclidine	QuanTiferon TB Gold Test			You are not allowed to flush the		
	Varicella - Zoster Virus			toilet or to wash your hands until the process is complete.		
BLOOD TESTS	—			If the sample is suspected to be		
Barbiturates Benzodiazepines	Measles Antibody (IgG)			tampered with or out of temperature range, you will be		
Cocaine and metabolite	Mumps Virus			asked to provide another		
Phencyclidine THC (marijuana) metabolite	Rubella Antibody (IgG)			observed urine sample.		
Opiates						
Oxycodone Methadone				THANK YOU		
Propoxyphene						

Ordering Physician Recruiter Signature:												
OFFICE USE												
Sample collected:	RT_S	EDTA_	_ G UR	Stool	Swab	Other:	Tech:	Date:	Time:			