



Collection Date: 4/15/2021 Collection Time: 10:20 AM EREQ. Link Requisition #: B0114362535

Account #: 32647070 LABCORP HEALTH SCREENING
531 SOUTH SPRING STREET
BURLINGTON, NC 27215
(800) 524-0249
Pt Name: SUAREZ ALFONSO, DAMIRYS
DOB: 2/1/1972 Gender: M Age: 49
Pt ID:
Pt Phone: (786) 286-6748 SS #: ***-**-8070
Physician: HAYES, WILLIAM NPI: 1760433098 UPIN: Prov #: Phys. ID:
Bill To: Client
Responsible Party: 16259 SW 44TH LN
MIAMI, FL 33185
Primary Insurance: Relationship:
Responsible Party SS #:
Responsible Party Phone #:
Hospital Status:
Secondary Insurance:

Subscriber #:
Insurance Group #:
Emp/Group Name:
Worker's Comp: N
Subscriber #:
Insurance Group #:
Emp/Group Name:

CODE	TEST ORDERED (TOTAL 6)	SUBMIT TO LAB
CHM 182879	QuantiFERON-TB Gold Plus	1-SR GEL-RT
CHM 096206	Varicella-Zoster V Ab, IgG	1-SR GEL-REF
CHM 096560	Measles Antibodies, IgG	1-Quant Plus KIT-RT
CHM 006197	Rubella Antibodies, IgG	
CHM 006530	Hepatitis B Surf Ab Quant	
CHM 096552	Mumps Antibodies, IgG	

Additional Information				
Fasting:	Urine Vol:	Weight:	Height:	Call Results: N
Clinical Comments:				
0 SR GEL,0 SR GEL,0 Quant Plus KIT				

Authorization - Please Sign and Date

I hereby authorize the release of medical information related to the services described hereon and authorize payment directly to Laboratory Corporation of America. I agree to assume responsibility for payment of charges for laboratory services that are not covered by my healthcare insurer.

Physician/Authorized Signature

Date

Patient Signature

Date

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