



Collection Date: 4/22/2021 Collection Time: EREQ. Link Requisition #: B0114633978

Account #: 32647070 LABCORP HEALTH SCREENING  
531 SOUTH SPRING STREET  
BURLINGTON, NC 27215  
(800) 524-0249  
Pt Name: NAVAS, BLANCARZULIA  
DOB: 11/10/1971 Gender: F Age: 49  
Pt ID:  
Pt Phone: (954) 552-6403  
Physician: HAYES, BRENDAN NPI: 1760433098 UPIN: Prov #: SS #: Phys. ID:  
Bill To: Client  
Responsible Party: 1801 NE 62ND ST APT 210  
FORT LAUDERDALE, FL 33308  
Relationship:  
Responsible Party SS #:  
Responsible Party Phone #:  
Hospital Status:  
Secondary Insurance:

Primary Insurance:

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

Subscriber #:  
Insurance Group #:  
Emp/Group Name:

<u>CODE</u> <u>TEST ORDERED (TOTAL 6)</u>			<u>SUBMIT TO LAB</u>
CHM	006197	Rubella Antibodies, IgG	
CHM	182879	QuantiFERON-TB Gold Plus	
CHM	096552	Mumps Antibodies, IgG	
CHM	096206	Varicella-Zoster V Ab, IgG	
CHM	096560	Measles Antibodies, IgG	
CHM	006530	Hepatitis B Surf Ab Quant	
<u>Additional Information</u>			
Fasting:	Urine Vol:	Weight:	Height:
Call Results: N			
Clinical Comments:			

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