P: (800) 579-3914

F: (832) 495-4200

## **ATTENTION**

## **QUEST INSTRUCTIONS**

- This is a "CLIENT BILL" requisition. Payment or insurance information SHOULD NOT be collected from the patient
- · A photo ID is not required for testing.

## **PATIENT INSTRUCTIONS**

- It is required that you bring this form as well as the attached lab form with you to the testing site or have them faxed over prior to your arrival
- · An appointment is not required.
- To ensure that you will be seen, be sure to sign in upon arrival.
- Do not provide your insurance card to the lab.
- Please disregard the physician and patient signature lines located at the bottom of your requisition. These signatures are not required.
- Please do not take supplements that include Biotin for at least 24 hours prior to going into the lab for testing. If you have been taking over 30mcg of biotin per day, please wait at least 48 hours after you stop taking biotin before visiting the lab.

Quest



10039029-D3CAE2FF89

Client #: 10039029

HEALTHLABS.COM 11150 S WILCREST DR STE 100 HOUSTON, TX 77099-4343 800-579-3914(P) 832-495-4200(F) For Lab Use

**Quest Diagnostics Incorporated** 

PSC Hold

Patient Information

CENTENO MARTINEZ, HEBER
4725 N O'CONNOR RD
IRVING, TX 75062
(903) 215-6480

Collection Date:	Time:	Pat ID #: D3CAE2FF8	39	SSN:
Lab Reference ID: D3CAE2FF89		DOB: 10/05/1999 Sex: M		
Ref Physician Provider ID: CRITES-BAC Credentials: DO NPI: 1487847554 CRITES-BACHERT, MELAN		Responsible Party:	1	Bill Type: Client
				SSN: Relation:
		DOB:		Sex:

Insurance Address:

## **Profiles/Tests**

91431 - HIV-1/2 Antigen and Antibodies, Fourth Generation, with Reflexes [SERUM]

Signature Line <u>Date</u>

02/23/2024

Ordering provider signature, credentials and date (required by certain payers).

Barcode #



End of Requisition