

Analyte Health

P: (800) 579-3914

F: (832) 495-4200

# ATTENTION

## LABCORP INSTRUCTIONS

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- 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

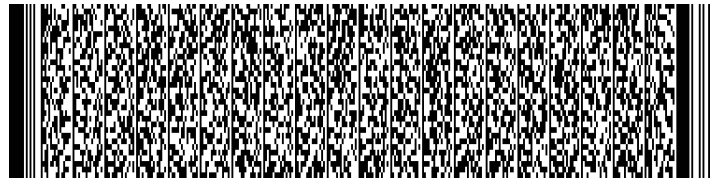
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- It is required that you bring this form as well as the attached lab form with you to the testing site or have them faxed over prior to your arrival
- An appointment is not required.
- To ensure that you will be seen, be sure to sign in upon arrival.
- 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 30mg of biotin per day, please wait at least 48 hours after you stop taking biotin before visiting the lab.

Labcorp

### ATTENTION

PLEASE NOTE if you did not purchase this lab test(s) and you **DO NOT WANT YOUR CONFIDENTIAL TEST RESULTS** potentially accessed by the individual who did, please contact our Privacy Office at **1-800-579-3914** or email us at [compliance@analytehealth.com](mailto:compliance@analytehealth.com) prior to visiting the lab so that we can update your account accordingly.



Requisition / Control # 1B5AF24408

Expires 05/19/2026

Patient Status Inpatient

CLIENT INFORMATION					
Name	Analyte Health	Address	11150 S Wilcrest Dr	Account	42216020
Phone	(888) 789-5639	City, State Zip	Houston, TX 77099-4343	Bill Type	Client

PATIENT INFORMATION					ID: 1B5AF24408
Name	SKELLY WILLIAM	Address	3173, lake johanna blvd	Gender	Male
Phone	(651) 403-3889	City, State Zip	arden hills, MN 55112	Date of Birth	12/16/2003

PROVIDER			
Name	Crites-Bachert, Melanie	NPI	1487847554

DIAGNOSIS CODES
Z00.8

RESPONSIBLE PARTY / GUARANTOR INFORMATION				PARENT/GUARDIAN INFORMATION	
Name	SKELLY, WILLIAM			Name	
Address	3173, lake johanna blvd			Address	
City, State Zip	arden hills, MN 55112			City, State Zip	
Phone	(651) 403-3889	Relation to Patient	Self	Phone	

TESTS
000620 - Thyroid Panel With TSH

**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.

*William Skelly*

Patient Signature

*5/19*

Date

Physician Signature

Date

**IS THIS YOUR CONTACT INFORMATION?**

Phone: (651) 403-3889

If this is not your contact information, please call us at (888) 789-5639 to update. The above information was provided when this Lab Requisition was ordered and may be used to access your confidential test results.