

**PATIENT: Please give this form to the
lab technician when you arrive for testing.**

LabCorp Nationwide Cover Alert

IMPORTANT INSTRUCTIONS FOR LABCORP STAFF REGARDING PAPER REQUISITIONS FOR:

**DTCMD
ACCT #12004405**

DO NOT manually place the lab order in the **PSC LCM**—
only retrieve the order by using the **REQ/CTRL# FROM COR.**

LabCorp
COR ORDER

This order expires 2011-07-02

Collection Date:

Reg/Ctrl# (ACC): 1200440501069020

Collection Time:

Alt Patient ID: 1069020

Client Information:

Name: DC MD LC
Account Number: 120004405
2060 E. Algonquin Road
Schaumburg, IL 60173
Medivc, Inc.
Phone Number: 888-362-4321

Patient Information:

Name: Jennifer File
DOB: 11-22-1973
Gender: Female
Age: 37
Address: Address Withheld
City: 97103
State: OR

The client will always be **Account Bill only** (no diagnosis codes
are needed and **no billing/patient information will be provided**).

DO NOT ask for the patient's mailing address,
billing information, or diagnostic information.

**DO NOT EVER TURN A PARTICIPANT AWAY, DO NOT DETAIN
THE PARTICIPANT, AND DO NOT EXTEND HIS/HER WAIT-TIME.**

**IT IS VERY IMPORTANT YOU COLLECT THE SAMPLE(S) AND
CALL THE NUMBERS BELOW IF YOU STILL HAVE QUESTIONS:**

MATT RUTA, SALES AND MARKETING MANAGER, LABCORP, ELMHURST IL, 1-630-390-9399 (CELL PHONE)