Labcorp Test Requisition Instructions

For Participant Use Only

Thank you for participating in the Accenture (VP) testing program. By utilizing the attached test requisition, you can receive testing at a Labcorp facility as described below.

This test requisition must be used at a Labcorp facility by September 28, 2023.

Three steps to complete your Labcorp test:

1 **Verify the information on the test requisition form.** On the attached test requisition (page 2), please verify that the auto-populated information is accurate.
- If any of the auto-populated information listed is incorrect, please contact Support@lescustomercare.zendesk.com.

2 **Visit a Labcorp facility.** While appointments are encouraged, they are not required. You can go to your nearest Labcorp location at your convenience. If you prefer to make an appointment, follow the instructions below to search for the lab you'd like to visit and make an appointment. Expect the test to take approximately 15-20 minutes.

To schedule an appointment, follow these simple steps:
- Access the WellConnect Plus portal.
- Click the "Labcorp Patient Service Center" service card and select, "Make an appointment at a Labcorp Patient Service Center".
- Follow the prompts to locate a Labcorp facility near you and schedule your appointment.
- You will receive a confirmation email from Labcorp with your appointment details at the email address you provided. This information will also be displayed in the WellConnect Plus portal.

Bring a paper or digital copy of the test requisition with you to the Labcorp facility.

3 **View results.** Within two to three weeks of your test, your results will be posted to your wellness portal. Additionally, you can view all your historic Labcorp test results by visiting patient.labcorp.com and accessing your Labcorp patient account, or setting up a free account if you don't already have one. If you have not received your results within four weeks of your test date, please contact Support@lescustomercare.zendesk.com.

For Labcorp Use Only
- Info about looking for electronic order
- If you have any questions about processing this test requisition, please call the Labcorp Wellness Division at 866-827-8046.
- Fasting is not required by this client. Do not turn anyone away for not fasting. Please mark Fasting or Non-Fasting.
- If you are unable to locate the account number in your LCM, please contact your Supervisor for assistance.

ACCENTURE (VP)
c/o LabCorp Employer Services
LABCORP WELLNESS VERIFIED
7221 Lee Deforest Drive, Suite 600
Columbia MD 21046
844-251-6524

Send additional copy of report to:

- ☐ Fax
- ☐ Cell
- ☐ Mail

Client Number/Physician's Name   Phone/Fax Number

Physician's Address   City, State, Zip

PLEASE PULL ORDER FROM COR.

ENTER ONLY THE ACCOUNT BELOW

ACCOUNT NUMBER: 19257530

REQ/CONTROL #: 815789

CHECK ONE:
03[X] ACCOUNT BILL:

Patient's Legal Name(Last, First, MI)	Sex	Date of Birth	Collection Time	Fasting	Collection Date	Urine hrs/vol
SOOKLAL , KRISTIAN	M	MO 04 DAY 17 YR 1991	AM PM	☐ Yes ☐ No	MO DAY YR	hrs_____ vol_____

NPI	UPN	Physician's ID #	Patient's SS #	Patient's ID # 07C1C96E73AA4A72A4DC13A737B09AAF

Physician's Name (Last, First)	Physician/Authorized Signature X_____	Hospital Patient Status: ☐ In-Patient ☐ Out-Patient ☐ Non-Patient

ORDERING PHYSICIAN

1477523488

DR. DAVID ASHLEY

Diagnosis/Signs/Symptoms in ICD-CM format in effect at Date of Service

Highest Specificity Required

PATIENT

Patient's Address 4809 ERIE ST   Phone 443 - 797 - 4588
City COLLEGE PARK   State MD   ZIP 20740

RESP. PARTY

Name of Policy Holder (if different from patient)

Address of Policy Holder   APT #

City   State   ZIP

PRIMARY BILLING PARTY	SECONDARY BILLING PARTY
Insurance Carrier *	Insurance Carrier *
ID #	ID #
Group #	Group #
Insurance Address	Insurance Address
Name of Insured Person	Name of Insured Person
Relationship to Patient	Relationship to Patient
Employer Name	Employer Name

* If Medicaid State   Physician's Provider #   Workers Comp ☐ Yes ☐ No

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

X_____
Patient's Signature   Date

MEDICARE ADVANCE BENEFICIARY NOTICE OF NONCOVERAGE (ABN)

Refer to Determining Necessity of ABN Completion on reverse.

Race	Ethnicity
ASIAN	NOT HISPANIC OR LATINO

TRAVEL LOG ID

PST HR#   DATE   LOG#

101300 - BIOMETRICS
262204 - LP+GLU

Effective blood draw dates: 1/10/2023 - 9/28/2023

PLEASE PRINT

PLEASE PRINT

ORIGINAL-LABORTARY / COPY-CLIENT