MCI DIAGNOSTIC CENTER
Laboratory
Ph. 918-744-1001 | Fax: 918-744-9729

Date of Collection: ____/____/____

Time of Collection: ____:_____ AM/PM

Patient Information					
First Name JANE	Last Name MINNEAPOLIS	MI	DOB 12/25/1998		Gender ☐ M ☒ F
Race ASIAN	Ethnicity	City ST. PAUL		State MN	Zip 55014

Group / Practice Name		
Location Name/Site ID:		Ordering Provider Name:
Address Line 1		NPI:
Address Line 2		Provider Signature:
City, State, ZIP		________________________________
Office Ph.#	Fax	

4th GENERATION HIV (L)

- ☒ 900759 – HIV Test: Entrance
- ☐ 900760 – HIV Test: Contact exposure, including PEP
- ☐ 900761 HIV Test: New sexually transmitted infection
- ☐ 900762 – HIV Test: Clinical indications, including PrEP
- ☐ 900763 – HIV Test: Prior indeterminate result
- ☐ 900764 – HIV Test: Student request

TOXICOLOGY (Y)

- ☒ 900748 – Toxicology Test: Entrance
- ☐ 900765 – Toxicology Test: Follow-up 45-day
- ☐ 900766 – Toxicology Test: Suspicion
- ☐ 900767 – Toxicology Test: DOT

CHLAMYDIA (PCR)

- ☒ 900770 – Chlamydia Test: Entrance
- ☐ 900771 – Chlamydia Test: Reinfection 1-3 months after a positive test
- ☐ 900772 – Chlamydia Test: New clinical indications or contact exposure