PDL Patient Direct Access Testing Test Request Form



Patient Instructions:

- Complete the "PATIENT INFORMATION" section of the form.
- Mark the tests you are requesting in the "TESTS AVAILABLE" section of the form.
- Bring the completed form to one of our Pacific Diagnostic Laboratories (PDL) Patient Service Center locations (to locate a PDL Patient Service Center visit www.pdllabs.com).
- Payment is required at the time of collection (credit card, money order, or check).

PATIENT INFORMATION						
Patient's Name (Last, First, MI)						
Patient DOB Age Sex			Sex	Phone Numb	per	Patient ID/MRN
						(for Lab use)
Address				City	State	 Zip
Auui ess				City	State	Ζίρ
LAB USE ONLY						
Submitter Code: PDAT						
Ordering Provider: Stewart W. Comer (Physician ID: 100779; PDL Core Laboratory)						
LAB USE ONLY - Specimen Collection Information (Required)						
Date of Collection Time of Collection			ollection	Collected By		Dietary Status
						Fasting / Random
Comments						
TESTS AVAILABLE (please mark "X" next to each test being requested)						
ILO	13 AVAILABLE	. (picase i		icat to caci	test being request	cu)
X	Test			der Code	Specimen	TOS Price*
	Lipid Panel		LA	B18	Blood	\$30.70
	Glucose (Fasting)			B81	Blood	¢0.05
						\$9.05
	Glycated Hemoglobin (A1c)			LAB90 Blood		\$22.25
	Fecal Occult Blood			B694	Stool	\$36.45
	Drognanov Toot			D0107	I luite a	Ψ30.13
	Pregnancy Test			B9197	Urine	\$17.75
	Urine Dipstick			B9507	Urine	\$5.15
	[LAB USE] Phlebotomy Charge (Venipuncture fee)					\$10.00
					TOTAL	

^{*} Time of Service (TOS) prices are subject to change based on the current fee schedule.