



Report Delivery Samples



## Patient Report

Patient Information	
Patient Name	John Doe
Facility	Serenity Diagnostics S.r.a.
Date of Birth	05/04/2016
Sex	M
Patient Record #	1234553
Alternate Record #	
Address	8333 Walking Stick Rd, Apt 304 Ellicott City, MD, 20143
Patient Phone	301-343-333
Age	0

Patient Statistics	
Requisitions	12
Samples	10
Released Requisitions	6
Point of Care Test Results	4
Test Results	97
Test Codes	2
Medications	4
Diagnoses	4
Bill To	Insurance

Billing Information	
Use	Yes
Insurance Company 1	21st Century Insurance and Financial Services (NRT/51028)
Policy #1	234
Group #1	34
Subscriber	Self

Test Schedule	
Use Patient Testing Scheduler	Yes
Start Date	05/14/2016
End Date	06/04/2016
Randomized Schedule (Lab)	Three Times Every 7 Days
Schedule Type (Lab)	Randomized
Randomized Schedule (PoC)	Three Times Every 7 Days
Schedule Type (PoC)	Randomized
Testing Schedule Records	15
Scheduled Tests	3

Medical Necessity	
Use Medical Necessity On Requisition	Yes
Medical Necessity Statement	Patient John Doe, age 20 is diagnosed with high XXXX please test.

Communications			
Requisition	Type	Text	Who
L04211191	Message	Testing the Req's communications	
	Reply	Reply #2	Hospital N1
	Reply	Reply #1	Hospital N1

321 Ballenger Center Dr.  
Frederick, MD 21703  
Phone: 888-881-RURO  
Fax: 717-691-5551

## Requisition Form

**Order Priority:** Routine  
**Time:** 05/23/2016, 01:13 PM

Patient Information	
<b>Patient Name</b>	Doe, John
<b>Date of Birth</b>	05/04/2016
<b>Sex</b>	M
<b>Patient Record #</b>	1234553
<b>Address</b>	8333 Walking Stick Rd, Apt 304 Ellicott City, MD, 20143
<b>Patient Phone</b>	301-343-333

Physician Information	
<b>Facility Contact Name</b>	Dan A
<b>Physician Name</b>	Who, Doctor
<b>Physician NPI</b>	1234567890
<b>Address</b>	2324 Emergency Rd Frederick, MD, 21702
<b>Phone</b>	111-222-333
<b>Fax</b>	214-602-1690

### Medical Necessity

Patient John Doe, age 20 is diagnosed with high Methamgjkaj please test.

### Billing Information

<b>Insurance Company</b>	21st Century Insurance and Financial Services (NRT/51028)	<b>Subscriber</b>	Self	<b>Policy #</b>	234	<b>Group #</b>	34
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### Order Information

<b>ICD 10 Codes</b>	A0103	<b>Order Date</b>	05/23/2016	<b>Requisition #</b>	L04210398
<b>Comments</b>	comments				

### Specimen Information

Code	Description	Collection Date	Collection Time	Specimen Comments
Ethyl Glucuronide		05/23/2016	10:00 AM	
Ethyl Sulfate		05/23/2016	10:00 AM	

**AUTHORIZATION:**

By signing this authorization, I am acknowledging that payment(s) be made on my behalf to Serenity Diagnostics S.r.a. for any services provided to me by Serenity Diagnostics S.r.a. and any subsequent test ordered by my physician. I also allow the release of any medical information necessary to process this claim.

By submitting this physician order for testing at Serenity Diagnostics S.r.a., I acknowledge the test(s) ordered are medically necessary and reasonable for the diagnosis and treatments rendered. I acknowledge only medically necessary testing should be ordered. As a provider, I acknowledge that the requested test(s) are medically necessary and a written order is contained in the patient's records. If presumptive test(s) are performed, any request for definitive testing for drugs screened by LC/MS/MS is medically necessary for my patient. I acknowledge that this order is only for this specific patient.

I understand and agree to the statement above. I agree to have documented medical necessity to support the ordering of tests for my patient.



Physicians Name



Patient Name



5010 Ritter Road, Suite 104  
 Mechanicsburg, PA 17055  
 Phone: 717-691-1500 • Fax: 717-691-5551

**ORDER PRIORITY:** Routine

## CLINICAL REQUEST FORM

**Time:** 05/04/2016, 04:30 PM

PATIENT INFORMATION	
Patient Name	Doe, John
Date Of Birth	05/04/2016
Sex	M
Patient Record #	1234553
Address	8333 Walking Stick Rd, Apt 304 Ellicott City, MD, 20143
Patient Phone	301-343-333

PHYSICIAN INFORMATION	
Facility Contact Name	Dan A
Physician Name	Jones, Henry
Physician UPIN	
Street Address	2324 Emergency Rd Frederick, MD, 21702
Contact Phone	111-222-333
Contact Fax	214-602-1690

BILLING INFORMATION - PLEASE ATTACH COPIES OF CARD(S)					
Insurance 1	21st Century Insurance and Financial Services (NRT/51028)	Subscriber	Self	P: 234	G: 34
Insurance 2		Subscriber		P:	G:
Insurance 3		Subscriber		P:	G:

ORDER INFORMATION					
ICD-10 Codes	A009	Order Date	05/04/2016	Req #	20160504000378
Comments					

**SPECIMEN INFORMATION**

<b>Code</b>	<b>Description</b>	<b>Collection Date</b>	<b>Collection Time</b>	<b>Specimen Comments</b>
CBC	Complete Blood Count (CBC)	05/04/2016	12:00 AM	
CMP	Comprehensive metabolic panel	05/04/2016	12:00 AM	

5010 Ritter Road, Suite 104  
 Mechanicsburg, PA 17055  
 Phone: 717-691-1500 • Fax: 717-691-5551

**ORDER PRIORITY:** Routine

## CLINICAL REQUEST FORM

**Time:** 05/05/2016, 10:49 AM

PATIENT INFORMATION	
Patient Name	Doe, John
Date Of Birth	05/04/2016
Sex	M
Patient Record #	1234553
Address	8333 Walking Stick Rd, Apt 304 Ellicott City, MD, 20143
Patient Phone	301-343-333

PHYSICIAN INFORMATION	
Facility Contact Name	Dan A
Physician Name	Jones, Henry
Physician UPIN	
Street Address	2324 Emergency Rd Frederick, MD, 21702
Contact Phone	111-222-333
Contact Fax	214-602-1690

BILLING INFORMATION - PLEASE ATTACH COPIES OF CARD(S)					
Insurance 1	21st Century Insurance and Financial Services (NRT/51028)	Subscriber	Self	P: 234	G: 34
Insurance 2		Subscriber		P:	G:
Insurance 3		Subscriber		P:	G:

ORDER INFORMATION					
ICD-10 Codes	A0100	Order Date	05/05/2016	Req #	20160505000381
Comments					

**SPECIMEN INFORMATION**

<b>Code</b>	<b>Description</b>	<b>Collection Date</b>	<b>Collection Time</b>	<b>Specimen Comments</b>
CBC	Complete Blood Count (CBC)	05/05/2016	12:00 AM	



• 321 Ballenger Center Dr. • Frederick, MD 21703 • Phone: 888-881-RURO • Fax: 717-691-5551 •

**PATIENT: Doe, John**  
 DOB: 2016-05-04 Age:0 Gender:M  
 MR#: 1234553  
 Acct#: L04209184  
 Physician: Doctor Who

**CASE # 9000470**  
 Date/Time Collected: 05/13/2016, 12:00 AM  
 Date/Time Rec'd: 05/13/2016, 01:19 PM  
 Date Reported: 05/13/2016

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**Clinical Test Results**

Test	Result	Units	Flag	Range
<b>Ordering Profile: Complete Blood Count (CBC) 85027 05/13/2016, 01:23 PM</b>				
<b>Procedures</b>				
<b>White Blood Cell Count</b>	<b>34</b>	<b>10e3/uL</b>	<b>CH</b>	<b>4.8 - 10.8</b>
correct				
<b>Red Cell Dist. Width</b>	<b>2</b>	<b>%</b>	<b>CL</b>	<b>11.5 - 14.5</b>
correct				
<b>Hemoglobin</b>	<b>11</b>	<b>g/dL</b>	<b>L</b>	<b>12.0 - 16.0</b>
correct				
Hematocrit	40	%		37.0 - 47.0
correct				
Mean Corpuscular HGB	27	pg		27.0 - 31.0
correct				
<b>Mean Corpuscular HGB Conc.</b>	<b>70</b>	<b>g/dL</b>	<b>CH</b>	<b>33.0 - 37.0</b>
correct				
<b>Mean Platelet Volume</b>	<b>5</b>	<b>fL</b>	<b>CL</b>	<b>6.4 - 10.4</b>
correct				
<b>Platelet Count</b>	<b>2</b>	<b>10e3/uL</b>	<b>CL</b>	<b>130.0 - 400.0</b>
correct				
<b>Mean Corpuscular Volume</b>	<b>3</b>	<b>fL</b>	<b>CL</b>	<b>81.0 - 99.0</b>
correct				
<b>Red Blood Cell Count</b>	<b>10</b>	<b>10e6/uL</b>	<b>CH</b>	<b>4.2 - 5.5</b>
correct				

Dr. Evil, M.D., FCAP \*President and Director of Laboratory





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**PATIENT: Doe, John**  
 DOB: 2016-05-04 Age:0 Gender:M  
 MR#: 1234553  
 Acct#: 20160509000386  
 Physician: Henry Jones

**CASE # Clin2016-000354**  
 Date/Time Collected: 05/09/2016, 12:15 AM  
 Date/Time Rec'd: 05/09/2016, 09:53 AM  
 Date Reported: 05/09/2016

**Sensitivity Results**

**Ordering Profile: Culture, GC 87102 05/09/2016, 10:03 AM**  
 Source: Blood  
 Report #1: [10] 10 000 CFU/ML Staphylococcus alactolyticus - strala

Sensitivity: Sensitive - S, Resistant - R, Intermediate - I

Antibiotic	Sensitivity
Ceftriaxone	S
Imipenem	I
Amikacin	I
Amoxicillin/Clavulanicacid	S
Ampicillin	R
Aztreonam	S
Cefazolin	S
Ciprofloxacin	S
Ertapenem	R
Gentamicin	R
Levoflaxacin	I
Meropenem	R
Tobramycin	I
Trimeth/Sulfa (Bactrim)	S

GRAM STAIN: Gram Negative Bacilli - GNB

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