

Acct: 19406  
University of Arizona – HEROES Study  
Roy P Drachman Hall, Bldg A 1295 N Martin Ave.  
Tucson, AZ, 85724  
P: 520.621.9097 F: 520.621.7078



A Subsidiary of Laboratory Sciences of Arizona

800.766.6721 www.SonoraQuest.com

Ordering Provider:

HA1S\_\_\_\_A0

Page 1

PLEASE PRINT CLEARLY ALL INFORMATION MUST BE PROVIDED OR ACCOUNT WILL BE BILLED. USE BLACK OR BLUE INK ONLY

PATIENT'S LAST NAME	FIRST	MI
ID, _____	HA1S_____	A0_____

DATE COLLECTED	<input type="checkbox"/> STAT
SEX <input type="checkbox"/> M <input type="checkbox"/> F	COLL TIME AM PM
DATE OF BIRTH	Phone # _____ <input type="checkbox"/> FAX (verify #) Fax #: _____

CLINICAL INFO.	CHART/ OTHER I.D.	FASTING	HRS. PP	URINE VOL. 24 HRS.	TIME OF COLL.
				ML.	HR.

PAT. SS# (Will not print on report)	ORDERING PHYSICIAN & NPI REQUIRED (Unless listed and circled above):	DIAGNOSIS CODE(S):
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BILL: <input checked="" type="checkbox"/> ACCOUNT COMPLETE YELLOW AREAS	<input type="checkbox"/> PATIENT COMPLETE YELLOW & GREY AREAS	<input type="checkbox"/> PAID AT PSC (RECEIPT ATTACHED)	<input type="checkbox"/> INSURANCE (INFO MUST MATCH INSURANCE CARD) COMPLETE YELLOW, GREY & GREEN AREAS
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RESPONSIBLE PARTY/INSURED:	INSURANCE COMPANY/UNDERWRITER/CARRIER:		
ADDRESS:	CLAIMS ADDRESS:		
CITY / STATE / ZIP CODE:	PT. RELATIONSHIP:	CITY / STATE / ZIP CODE:	EMPLOYER:
HOME PHONE NO.:	WORK PHONE NO.:	INSURANCE PLAN NAME/ADMINISTRATOR:	GROUP/PLAN #:
REPORT COPY TO INCLUDE NAME, ACCT. # AND ADDRESS:	INSURANCE I.D. #:		

DO NOT PLACE ORDER IN QUANUM

Always Bill Account - Do NOT charge patient

PSC Instructions:

Send both pages of this requisition with Samples - please document Collection Date, Time, and Date of Birth on both Pages

Samples can be collected any day of the week and sent to TSO

Collection Instructions:

2 - 10ML Serum Separator Tubes - filled completely  
Label each sample with above ID, XXXXX and DOB  
Spin, Refrigerate, and place entire SST Specimen in a Specimen bag. Refrigerate until shipped.

Specimen Management Instructions:

Enter page 1 in NeTLIMS for Tracking, Billing, and send to Scanning. Place page 2 with samples and put in TSO bin.

Order all 3 tests below:

- 108004 Blood Collection (Bill Only)
- 900867 Handling (Bill Only)
- 902891 Pass Through Test

# Send to TSO

Page 2

DATE COLLECTED	
COLL TIME	AM PM
DOB	

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PATIENT'S LAST NAME

FIRST

MI

ID, HA1S\_ \_ \_ \_ A0

## Account 19406 - University of Arizona - Heroes Study

**Test Send Outs-Only ship samples Monday through Thursday and use priority overnight shipping**

**Send this page with the samples to:**

**Ship all samples Refrigerated to:**

# Medical Research Building Lab 130

**Attn: Shawn Beitel**

**1657 E Helen St.**

**Tucson, AZ, 85719**

**(520) 302-6521**

**Note to include on Shipping Label:**

**Deliver to loading dock attendant.**