

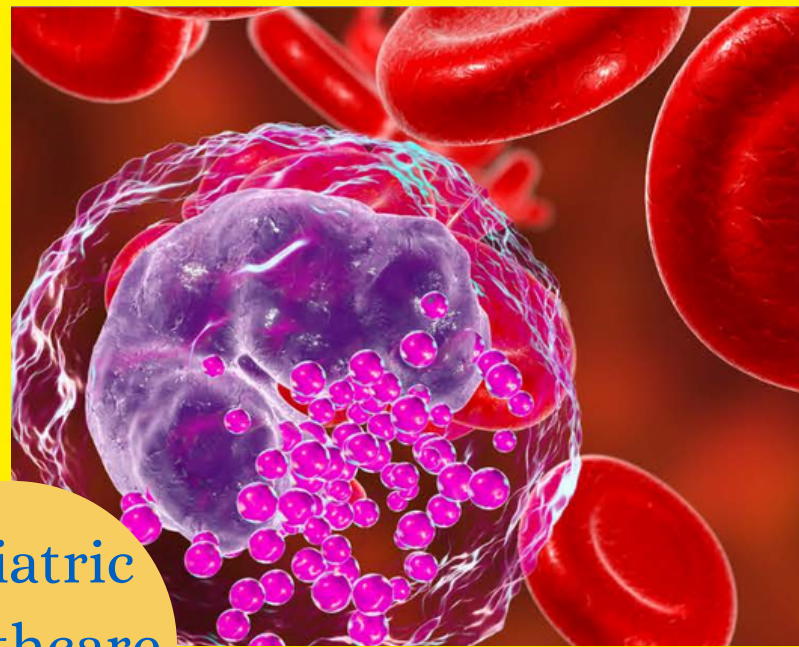


ATOWN LABS

FULL SERVICE

CLINICAL

LABORATORY



**Pediatric
Healthcare
Panels**



- 24 hour turn around time
- BLOOD DRAW SERVICE
- Convenient Booking Online

- Hematology
- Coagulation
- Urinalysis
- Microbiology
- AMA Panels
- Chemistries
- Therapeutic drugs
- Immunology



To Order Labs or View Results Visit Our Website www.atownlabs.com



HOW TO VIEW RESULTS

1. From our website www.atownlabs.com click on **Lab Orders & Results**
2. Login with your username and password
3. If this is a recent order, click on **Inbox** at the top of the web page or, if this is an earlier order, click **Result Inquiry**
4. Then search by **Last Name** on your company phone or desktop computer



1

Lab Orders & Results

2

Web Portal Login



3

Enter Web Portal

4

Search by Last Name

ATOWN LABS Please enter one of the following search

Last Name

First Name

D.O.B

Unit/Physician

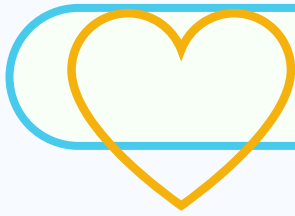
Order date

Collection Date

Starting Date

Ending Date

[Check here for more search options](#)



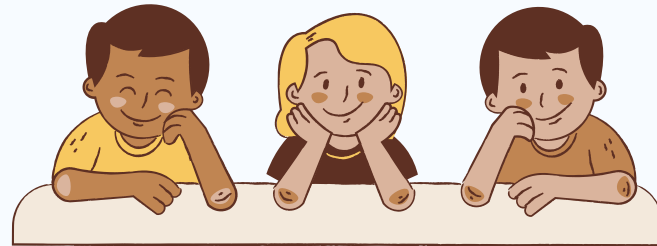
Pediatric Healthcare Panels

Attention Medical Director and Staff,

We Now Offer The Following:

Pediatric Panel Testing

- Pharyngitis Panel (Detects 5 viral and bacterial pathogens using a multiplex PCR amplification technology to detect multiple targets simultaneously which include: Group A Strep, Group B Strep, Strep species, arcanobacterium haemolyticum)
- Respiratory panel virus panel which includes, RSV, Influenza A & B and more
- Gastrointestinal Infection Panel (Norovirus and other easily transmissible microbes)
- Rapid Molecular biology and microbiology
- Pediatric Test Panels are customizable



Molecular Panels

-Fast turnaround time of up to 24 hours

- Nail Fungus Panel
- Wound Panel/W Antibiotic Resistance (testing for antibiotic resistance genes)
- Urinary Tract Infection Panel and more

*(*All of our molecular panels are backed by routine microbial culture)*

*Feel free to reach us at any time by making a call or dropping an email
and ask for Eddy to say Hi! we look forward to hearing from you!*



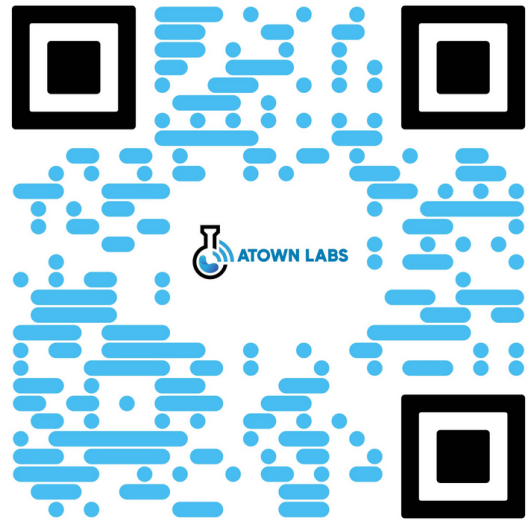
Online payment
Custom Amount



Scan to Pay

Online payments are for invoices received from our facility. Remember to indicate your invoice number on the memo to receive full credit. Call us for questions.

Below is our appointment tab, we recommend scheduling an appointment in order for us to serve you better. We have very short wait times between scheduled patients.



Scan to book appointments



Visit our website if you wish to know more about our services. Our fast Turnaround time and expeditious process is what our patients like about us. Insurance coverage question is no longer a question! Come with your valid insurance card and we will let you know if you're covered or not. If in doubt, just ask about patient eligibility check for free.



Visit our Website



CLINIC NAME: _____
 First Name: _____
 Last Name: _____
 NPI: _____

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 Laboratory Medical Director
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 Atascadero, CA 93422
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 WWW.ATOWNLABS.COM

STAT ROUTINE Collected By: _____ Date Collected: _____ Time Collected: AM PM

CLINICAL LABORATORY REQUISITION

MEDICAL REGISTRATION NUMBER: _____

Patient Information
 Patient Last Name First M.I. SEX: MALE FEMALE Date of Birth ____/____/____

PATIENT ADDRESS ZIP CODE POLICY #

CITY STATE FASTING YES OR NO INSURANCE COMPANY NAME:

ICD-10 CODES: DX-1 DX-2 DX-3 DX-4 DX-5 DX-6 USED BACK FOR ADDITIONAL CODES
 SPECIMEN LEGEND: R-RED TOP GY- GREY U- URINE UG- URINE GREY FEC- FECAL SWAB RB- ROYAL BLUE OTHER
 SST-SERUM SEPARATOR LAV-LAVENDER CG-GREEN CLB-LT BLUE CRB-ROYAL BLUE

EMAIL ADDRESS /COMMENTS PHONE: (____)____-____

PHYSICIAN REQUESTED PROFILES/ADDITIONAL REQUESTS: **LIST ANTIBIOTICS /CURRENT MEDICATIONS PRESCRIBED:**

MY CUSTOM PROFILE OTHER PANELS TESTS

HEMATOLOGY PANEL
 CBC WITH DIF (LAV)
 CBC WITHOUT DIF (LAV)
 RETIC COUNT (LAV)
 SED RATE (LAV)
 Hgb A1C (LAV)

URINE PANEL
 URINE DIP W/MICROSCOPIC IF IND.
 URINE CULTURE IF IND. PER UA
 URINE MICROSCOPIC EXAM ONLY
 URINE MICROALBUMIN
 WITH CREATININE RATIO

CHEMISTRIES PANEL
 ALT (SGPT) (SST) GLUCOSE (SST)
 AST (SGOT) (SST) IRON (SST)
 AMYLASE (SST) TIBC/UBIC (SST)
 BILIRUBIN, TOTAL (SST) MAGNESIUM (SST)
 BILIRUBIN, DIRECT (SST) PHOSPHORUS (SST)
 BLOOD UREA NITROGEN (BUN) POTASSIUM (SST)
 CALCIUM (SST) SODIUM (SST)
 CHOLESTEROL (SST) TRIGLYCERIDE (SST)
 CREATINE KINASE (CPK) (SST) URIC ACID (SST)
 CREATININE (SST)
 C-REACT. PROTEIN- INFLAMMATION (SST)
 C-REACT. PROTEIN- CARDIAC (SST)

VITAMIN PANEL
 VITAMIN A(SST)
 VITAMIN B1(SST)
 VITAMIN B12(SST)
 VITAMIN B3(SST)
 VITAMIN C (SST)
 VITAMIN K(SST)

AMA PANEL
 BASIC METABOLIC (SST)
 COMPREHENSIVE METABOLIC
 OBSTETRIC (SST)
 RENAL (SST)
 ELECTROLYTES (SST)
 LIVER/HEPATITIS (SST)
 LIPID (SST)
 DIRECT LDL IF TRIG >400 (SST)

COAGULATION PANEL
 PT-INR (LT-BLUE)
 PTT (LT-BLUE)
 MISC. _____

MICROBIOLOGY PANEL
 CULTURE AND ABR
 COLONY COUNT
 GRAM STAIN
 CULTURE W/ REFLEX TO PCR
 SPECIMEN SOURCE: _____
 SPECIMEN TYPE: _____
 SPECIMEN LOCATION: _____
 OVA AND PARASITE (FECAL)

SPECIAL CHEMISTRIES
 FERRITIN(SST)
 FOLATE(SST)
 FREE T3 (SST)
 FREE T4 (SST)
 CORTISOL(SST)
 PSA(SST)
 RT3(SST)
 TOTAL T3(SST)
 TOTAL T4(SST)
 TESOSTERONE (SST)
 TSH(SST)
 VITAMIN D 25 OH(SST)

HEAVY METAL PANEL
 ZINC (RB)
 LEAD(R)
 MAGNESIUM(R)
 COPPER(R)
 NICKEL(R)
 CHROMIUM(R)
 CADMIUM(R)
 MOLYBDENUM(R)
 SILVER(R)
 IRON(R)
 MANGANESE(R)
 PROGESTERONE(SST)
 DHEAS(SST)
 ESTRADIOL(SST)

SOURCE:
 URETHRAL URINE
 VAGINAL RECTAL
 SPUTUM STOOL
 NOSE THROAT
 WOUND CERVICAL
 BLOOD

THERAPEUTIC DRUGS PANEL
 DIGOXIN (R)
 DILANTIN (R)
 LITHIUM (R)
 TEGRETOL (R)
 THEOPHYLLINE (R)
 VALPROIC ACID (R)
 LEVITRACETAM (R)

IMMUNOLOGY PANEL
 ANTISTREPTOLYSIN O (ASO) (SST)
 H PYLORI, IgG (SST)
 MONONUCLEOSIS SCREEN (SST)
 PREGNANCY, SERUM (SST)
 PREGNANCY, URINE (SST)
 RHEUMATOID FACTOR (SST)
 OTHER(S)

DISCLOSURE TO PHYSICIAN

PROVIDER'S STATEMENT: I AM AN AUTHORIZED PERSON AND HAVE ORDERED THE LABORATORY TEST INDICATED AS MEDICALLY NECESSARY FOR THE DIAGNOSIS, SUSPECTED DIAGNOSIS, OR TREATMENT OF THE IDENTIFIED PATIENT'S CONDITION, INJURY OR ILLNESS AS REFLECTED IN THIS REQUISITION AND PATIENT'S MEDICAL RECORDS. IF A PANEL IS INDICATED, EACH OF THE TESTS IS MEDICALLY NECESSARY FOR THIS PATIENT. I AM CERTIFYING THAT THE TESTS ARE MEDICALLY NECESSARY IN MY OPINION AND IN ACCORDANCE WITH ACCEPTED STANDARDS OF PRACTICE FOR MY LICENSE.

NOTE: IF ANY INDIVIDUAL COMPONENT/TEST INCLUDED IN ANY PANEL IS NOT, IN YOUR PROFESSIONAL OPINION, MEDICALLY NECESSARY FOR YOUR PATIENT, CMS STATES THAT YOU MUST INDIVIDUALLY ORDER ONLY THAT TEST(S) WHICH IS/ARE MEDICALLY NECESSARY.

NOTE: WHEN ORDERING TESTS FOR WHICH THIRD PARTY (MEDICARE OR MEDI-CAL) REIMBURSEMENT WILL BE SOUGHT, THE ORDERING AUTHORIZED PROVIDER SHOULD ONLY ORDER TESTS THAT ARE MEDICALLY NECESSARY FOR THE DIAGNOSIS OR TREATMENT OF THE PATIENT. BY ORDERING ANY TEST(S) OR PANEL(S), YOU ARE CERTIFYING THATY THEY ARE MEDICALLY NECESSARY. TESTS FOR SCREENING PURPOSES MAY BE ORDERED, BUT MEDICARE PATIENTS REQUIRE AN ADVANCED BENEFICIARY NOTICE (ABN) SIGNED BY THE PATIENT PRIOR TO OBTAINING THE SPECIMEN INCLUDING REQUESTING FOR SECONDARY INSURANCE(S). AND FOR TEST(S) NOT COVERED BY PATIENTS INSURANCE.

NOTE: BY LAW, "ANY PHYSICIAN SUBMITTING A TEST REQUEST MUST SUPPLY THE LAB WITH THE PATIENT'S ICD-10 CODE(S)" PRIOR TO OBTAINING THE SPECIMEN.

I HEREBY AUTHORIZE THE RELEASE OF MEDICAL INFORMATION RELATED TO THE SERVICE DESCRIBED HEREIN AND AUTHORIZE PAYMENT DIRECTLY TO ATOWN LABS. I AGREE TO ASSUME RESPONSIBILITY FOR PAYMENT OF CHARGES FOR LABORATORY SERVICES THAT ARE NOT COVERED BY MY HEALTHCARE INSURANCE COMPANY(S).

WE ACCEPT:
 MEDICARE, PPO, MEDI-CAID, MED-CAL, UHC, BCBS, CIGNA, TRICARE, HUMANA, AETNA, CENCAL & OTHER INSURANCES

*PATIENT SIGNATURE: _____ *DATE: _____

*PHYSICIAN SIGNATURE: _____ *DATE: _____



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Fax 805-465-6648

