

Place Label Here

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CAP#: 3418201



Patient Information

Form with fields for Last Name, First Name, MI, DOB, Phone #, Gender, Insurance Info, Known Drug Allergies, Race/Ethnic Orientation, and Diagnosis Codes (ICD-10).

Specimen Information - please select specimen type and any additional specimen information

Form with checkboxes for specimen types: Gastrointestinal, Nail/Paronychia, Respiratory, Urinary Tract/STD, and Wound/Ortho. Includes sub-options like Carry Blair Transport Medium and Location of swabbed area of interest.

Form with fields for Collection Date, Collection Time, Collector Name, Ordering Provider, and Clinic Name.

Test Order - please select one or more testing panels

Form for Gastrointestinal Panel testing options, including sub-panels with and without Antibiotic Resistance Genes.

Form for Nail Fungus (H&E/PAS)/PCR Paronychia Panel testing options, including sub-panels with and without Antibiotic Resistance Genes.

Form for Respiratory Panel testing options, including sub-panels with and without Antibiotic Resistance Genes.

Form for Urinary Tract Panel/STDI testing options, including sub-panels with and without Antibiotic Resistance Genes.

Form for Antibiotic Resistance Genes testing options.

Form for Wound/Ortho Panel testing options, including sub-panels with and without Antibiotic Resistance Genes.

Form for Additional Comments.

Patient and Provider Acknowledgment

Informational text regarding the accuracy of the form and specimen, and the patient's acknowledgment of the testing process and insurance coverage.

Form for Patient and Provider Acknowledgment, including fields for Patient Signature, Date, Provider Signature, and Date.