



Memorial Hospital Central
 1400 East Boulder
 Colorado Springs, CO 80909
 719-365-5260

CHCO Breast Milk Exposure
 ID: 123031907
 13123 E. 16th Ave
 AURORA CO 80045

Laboratory Test Requisition

CLIENT BILL ONLY

STAT

Result Fax: 720-777-7295

Memorial Central CLIA # 06D0663026 Memorial North CLIA # 06D1065861 University of Colorado Hospital Clinic CLIA #06D0644352

PATIENT INFORMATION

Last Name:		First Name:	MI:	Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male
Collection Date		Time	Ordering Physician	Birthdate:
				Business Hours 720-777-5094

Breast Milk Exposure Testing

LAB ID	CPT	SEROLOGY PROFILE	SPECIMEN COLLECTION REQUIREMENTS
LAB472	86706	HEPATITIS B SURFACE AB	1.2 mL gold SST
LAB471	80074	HEPATITIS B SURFACE AG	1.2 mL gold SST
LAB868	86803	HEPATITIS C ANTIBODY	1.2 mL gold SST
LAB4706	G0475	HIV1/2 ANTIBODY/ANTIGEN SCREEN** see below	2.0 mL gold SST

For additional specimen collection information refer to the UCHHealth South Region online lab test catalog:
<https://www.testmenu.com/MemorialHospital>

**Unless this testing meets an exception under Colorado law, by authorizing this order, you understand that Colorado law requires you to inform the patient that
 (1) You have ordered testing for sexually transmitted infections;
 (2) The results may be reported to Colorado's Health Department, and;
 (3) The patient can opt out of testing.**