



TZAM DIAGNOSTICS

TZAM Clinical Laboratory

Toll Free: (888)319-3238

1824 Wilmette Ave
Wilmette, IL 60091

Tel: (847)256-3238
Fax: (847)256-3239

www.tzamdiagnostics.com

TEST REQUEST FORM

(PLEASE PRINT)

Patient Information

Last Name

First Name

MI

Address

City

State

Zip

Home Phone

Work Phone

DOB

SEX

M

F

SSN

Laboratory /Hospital Account Information

Date Collected (required):

Time Collected:

Patient ID#

Laboratory /Hospital Name

Address

Phone

Fax

Contact

Results

Mail

Fax

Call

Billing Information

BILL: Insurance Account Laboratory

Patient

Medicare

PRIMARY INSURANCE: As a courtesy, we will bill your insurance. Please attach a copy (front and back) of insurance cards or complete all the information below. **Note: Parent or guardian information required if patient is a minor. Parent or guardian is responsible for payment.**

Name of Parent or Guardian:

Insurance Carrier:

Policy Number:

Group Name:

Address:

City

State

Zip

Phone:

Fax:

Policyholder Name:

Relation to patient:

Policyholder ID# (SSN):

Policyholder DOB

Policyholder Phone

SECONDARY INSURANCE: As a courtesy, you may need to submit secondary insurance information. Please be sure to attach a copy of insurance card.

Physician /Account Information

Account Name

Address

City

State

Zip

Phone

Fax

Physician

NPI#

Sending Additional Report to: Name

Phone

Fax

ICD-9 CODES (required)

CLINICAL DIAGNOSIS

AVAILABLE TEST

H. Pylori Detection by Multiplex-PCR (M-HP)	<input type="checkbox"/> TZAM M-HP #0901
	<input type="checkbox"/> Stomach
	<input type="checkbox"/> Specimen in CLOtest Plate
	<input type="checkbox"/> Specimen in Lysis Fluid
	<input type="checkbox"/> Esophagus
	<input type="checkbox"/> Specimen in CLOtest Plate
	<input type="checkbox"/> Specimen in Lysis Fluid

SPECIMEN COLLECTION PROCEDURES

Sample MUST be labeled with patient name, physician name and date of collection. Specimens with incomplete label or without the requisition will NOT be accepted for testing. The specimen may be rejected if the specimen packaging is inappropriate.

Type of Specimen	Specimen in CLOtest Plate	Specimen in Lysis Fluid
Shipping & Collection Kit Requirement	TZAM Shipping Kit I TZAM Provided	TZAM Shipping Kit II TZAM Provided
Specimen Handling	Place CLOtest plate in one small Zip-lock bag, then put small bags in a larger biohazard bag, and then put into a shipping box.	Place the specimen into a tube with solution, twist the cap tightly, place the tube in another larger tube, then put large tubes in a biohazard zip-lock bag, and then put into a shipping box.
Storage Condition	Refrigerator	Refrigerator
Stability of Specimen	7 days	7 days
Turnaround Time From Receipt Date	Within 72 workday hours	Within 72 workday hours
Shipping Instructions	Use the shipping kits and preprinted labels that TZAM provided to pack the specimen. Call UPS at 1-800-pick-ups for priority overnight delivery services, or drop in UPS store.	

A privacy information sheet is available upon request.

For questions or more information, please call TZAM Clinical Laboratory 1-888-319-323