CLIA ID: 23D2126347

Since 2017, North West Labs has been dedicated to providing best-in-class patient care through our cutting-edge technologies, rigorous quality control measures, comprehensive data analytics and reliable, timely results. Our commitment to state-of-the-art technology and research has allowed us to enhance the accuracy, speed and range of our services strengthening our brand as the trusted laboratory partner in the medical community. North West offers a wide spectrum of clinical tests, anatomical pathology, and toxicology services.

Why our clients use North West:

- Local, MI based company
- Highest quality diagnostic equipment with most accurate test results
- In-Network with EVERY MI based insurance carrier
- Low-cost billing for self-pay patients
- EMR integration with over 50 different systems and counting
- Industry leading turnaround time
- Comprehensive testing menu for both urine and oral fluid drug testing
- Innovative PCR testing covering a wide-range of specialties
- Most advanced client web-portal with customizable reporting and graphical data analysis
- Dedicated team of Pathologists covering every sub-specialty made available for consultation anytime
- 4-hour STAT turnaround time
- Best-in-class customer service

29580 NORTHWESTERN HWY, SUITE 120
SOUTHFIELD, MI 48034

2000 TOWN CENTER, SUITE 850
SOUTHFIELD, MI 48075

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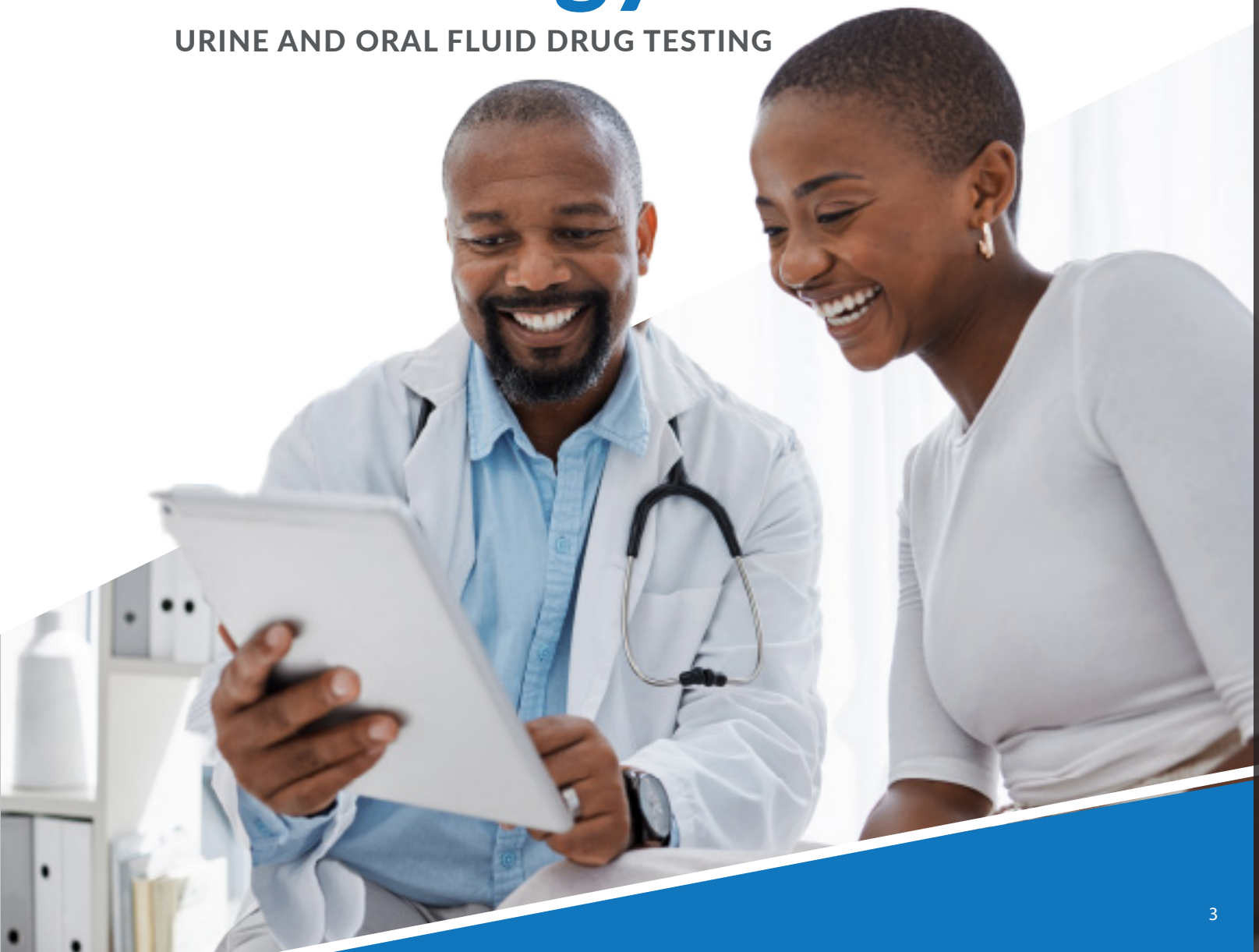
Toxicology

URINE AND ORAL FLUID DRUG TESTING



Toxicology

Trim Area

Trim Area

BEING REPLACED BY "NEW TOX REPORT"

NORTH WEST LABS
29580 Northwestern Hwy
Suite 120, Southfield, MI 48034
(248) 301-6917
nwlabs.com

FINAL

LAB DIRECTOR Eugene Olsowka, MD
CLIA ID# 23D2126347

OLSOWKA, EUGENE		**TEST, TOXICOLOGY**			**Accession:**	1013050	
29580 NORTHWESTERN HWY	**Patient: #:**	574878	**MRN:**		**Collected:**	3/16/2024 9:08 AM	RK
Southfield, MI48034	**DOB:**	1/1/2000	**Sex:**	Male	**Approved:**	3/18/2024 8:11 PM	

Drug Adherence Assessment Report

Medications: *Alprazolam [Xanax], Amphetamine [Adderall], Hydrocodone [Norco]*

Listed Medications Not Tested For: *None*

URINE DRUG SCREEN SUMMARY

TEST NAME	RESULT	UNITS	FLAG	REFERENCE RANGE/CUTOFF
Amphetamine	POSITIVE		POSITIVE	<500
Benzodiazepine	POSITIVE		POSITIVE	<200
Marijuana (THC)	POSITIVE		POSITIVE	<50

PRESCRIBED MEDICATIONS

REPORTED PRESCRIPTIONS	ANTICIPATED POSITIVES	MEASURED RESULTS	CUTOFF	TEST OUTCOME	COMMENTS	DETECTION WINDOW
Alprazolam [Xanax]	Alprazolam	67	25	POSITIVE	Consistent	1-4
	Alpha-hydroxyalprazolam	90	25	POSITIVE	Consistent	2-3
Amphetamine [Adderall]	Amphetamine	110	50	POSITIVE	Consistent	1-3
Hydrocodone [Norco]	Hydrocodone	N/A	25	NEGATIVE	Inconsistent	3-4
	Norhydrocodone	N/A	25	NEGATIVE	Inconsistent	2-4
	Hydromorphone	N/A	25	NEGATIVE	Inconsistent	2-3

INCONSISTENT RESULTS - ANALYTE DETECTED BUT NO CORRESPONDING PRESCRIPTION REPORTED

ANALYTE DETECTED	ILLICIT	MEASURED RESULT	CUTOFF	TEST OUTCOME	DETECTION WINDOW
THC-COOH	Yes	125	12.5	POSITIVE	1-3
Clonazepam	No	65	20	POSITIVE	2-7
7-aminoclonazepam	No	100	25	POSITIVE	2-7

SPECIMEN VALIDITY TESTING

TEST	MEASURED RESULT	TEST OUTCOME	REFERENCE RANGE
Creatinine	25.00	Normal	20.00 - 400.00
pH	5.00	Normal	4.50 - 9.00
Specific Gravity	1.005	Normal	1.002 - 1.030

HISTORICAL REPORT

Analyte	1/18/2024	12/19/2023	11/19/2023	10/19/2023	9/19/2023
Alprazolam	75	N/A	65	N/A	35
Alpha-hydroxyalprazolam	78	86	76	75	45
Amphetamine	890	780	926	118	812
Clonazepam	65	65	45	45	34
7-aminoclonazepam	105	65	65	65	76
Hydrocodone	N/A	150	200	100	80
Norhydrocodone	500	N/A	100	50	21
Hydromorphone	50	N/A	125	50	47
THC-COOH	125	65	415	200	76

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BEING REPLACED BY "NEW TOX REPORT"

FINAL

NORTH WEST LABS
29580 Northwestern Hwy
Suite 120, Southfield, MI 48034
(248) 301-6917
nwlabs.com

LAB DIRECTOR Eugene Olsowka, MD
CLIA ID# 23D2126347

OLSOWKA, EUGENE		**TEST, TOXICOLOGY**			**Accession:**	1013050	
29580 NORTHWESTERN HWY	**Patient: #:**	574878	**MRN:**		**Collected:**	2/18/2024 9:08 AM	RK
Southfield, MI48034	**DOB:**	1/1/2000	**Sex:**	Male	**Approved:**	3/18/2024 8:11 PM	

Test Name	Result	Units	Flag	Reference Range/Cutoff
11 Panel Urine Drug Screen w/Reflex to Confirmation				*Run by AK on 3/18/2024 5:20:00 PM at Location*
6-AM	Negative		**Negative**	<10
Amphetamine	POSITIVE		**POSITIVE**	<500
***Confirmation to follow				
Benzodiazepines	Negative		**Negative**	<200
Buprenorphine	Negative		**Negative**	<5
Fentanyl	Negative		**Negative**	<2.0
Cocaine	Negative		**Negative**	<150
Methamphetamine	Negative		**Negative**	<500
EDDP	Negative		**Negative**	<100
Opiates	POSITIVE		**POSITIVE**	<300
***Confirmation to follow				
Oxycodone	Negative		**Negative**	<100
Marijuana (THC)	POSITIVE		**POSITIVE**	<50
***Confirmation to follow				

Test Name	Outcome	Measured Result	Cutoff	Units	Illicit?	Status
THC-COOH						*Run by AK on 3/18/2024 5:20:00 PM at Location*
THC-COOH	POSITIVE	125.0	12.5	ng/mL	Yes	Inconsistent Result
STIMULANTS						*Run by AK on 3/18/2024 5:20:00 PM at Location*
Amphetamine	POSITIVE	110	50	ng/mL	No	Consistent Result for Amphetamine [Adderall]
Methylphenidate	NEGATIVE		25	ng/mL	No	Consistent Result
Ritalinic acid	NEGATIVE		25	ng/mL	No	Consistent Result
Phentermine	NEGATIVE		25	ng/ml	No	Consistent Result
BENZODIAZEPINES						*Run by AK on 3/18/2024 5:20:00 PM at Location*
Alprazolam	POSITIVE	67	25	ng/mL	No	Consistent Result for Alprazolam [Xanax]
Alpha-hydroxyalprazolam	POSITIVE	90	25	ng/mL	No	Consistent Result for Alprazolam [Xanax]
Clonazepam	POSITIVE	65	20	ng/mL	No	Inconsistent Result
7-aminoclonazepam	POSITIVE	100	25	ng/mL	No	Inconsistent Result
Diazepam	NEGATIVE		25	ng/mL	No	Consistent Result
Nordiazepam	NEGATIVE		25	ng/mL	No	Consistent Result
Oxazepam	NEGATIVE		25	ng/mL	No	Consistent Result
Temazepam	NEGATIVE		25	ng/mL	No	Consistent Result
Lorazepam	NEGATIVE		25	ng/mL	No	Consistent Result
Triazolam	NEGATIVE		12	ng/ml	No	Consistent Result

DELETE THE WORD "PAIN"

PAIN METABOLITES & WINDOWS OF DETECTION

NATURAL AND SEMI-SYNTHETIC OPIOIDS	One of these drugs was detected OR this metabolite	Window of Detection
BUPRENORPHINE	Suboxone, Butrans, Zubsolv	2-4 days
NORBUPRENORPHINE	Metabolite of Buprenorphine	3-5 days
CODEINE	Tylenol III, many cough meds	2-3 days
DIHYDROCODEINE	Metabolite of Hydrocodone	2-4 days
HYDROCODONE	Lorcet, Lortab, Norco, Vicodin, and Metabolite of Codeine	3-4 days
NORHYDROCODONE	Metabolite of Hydrocodone	2-4 days
HYDROMORPHONE	Dilaudid, Exalgo, and Metabolite of Morphine & Hydrocodone	2-3 days
MORPHINE	MSIR, MSContin, Avinza, Kadian, and Metabolite of Codeine	2-3 days
OXYCODONE	Oxycontin, Percocet, Percodan, Roxicet, Roxicodone, Roxiprin, Oxy Ir, Endocet	2-3 days
NOROXYCODONE	Metabolite of Oxycodone	2-3 days
OXYMORPHONE	Opana, and Metabolite of Oxycodone	2-3 days
SYNTHETIC OPIOIDS		
METHADONE	Methadone	1-3 days
EDDP	Metabolite of Methadone	1-6 days
FENTANYL	Duragesic, Actiq, Fentora	1-3 days
NORFENTANYL	Metabolite of Fentanyl	3-4 days
FENTANYL ANALOGS	SUFENTANIL, ACETYL FENTANYL, ACETYL NORFENTANYL, ACRYLFENTANYL, BUTYRYL FENTANYL, CARFENTANIL, NORCARFENTANIL, CYCLOPROPYL FENTANYL, 2-FURANYL FENTANYL, VALERYL FENTANYL	
MEPERIDINE	Demerol	1-2 days
NALTREXONE	Naltrexone/Used for opiate and ethanol overdose	1-3 days
NORMEPERIDINE	Metabolite of Meperidine	2-3 days
O-DESMETHYL-CIS-TRAMADOL	Darvocet, Darvon, Darvon-N	1-7 days
TAPENTADOL	Nucynta, Nucynta ER	2-3 days
SUFENTANIL	Sufenta	1-3 days
NALOXONE	Narcan	3-4 days
TRAMADOL	Ultram, Ultram ER	2-4 days
BENZODIAZEPINES		
ALPRAZOLAM	Xanax	1-4.5 days
HYDROXYALPRAZOLAM	Metabolite of Alprazalom	2-3 days
7-AMINO CLONAZEPAM	Klonopin	2-7 days
DIAZEPAM	Valium	1-2 days
NORDIAZEPAM	Metabolite of Diazapam	1-2 days
OXAZEPAM	Alepam, Serax, and Metabolite of Diazepam & Temazapam	1-3 days
TEMAZEPAM	Restoril, and Metabolite of Diazepam	1-4.5 days
FLUNITRAZEPAM	Rohypnol	2-4 days
FLURAZEPAM	Dalmane, Dalmadorm	2-4 days
TRIAZOLAM	Halcion	5-7 days
CLONAZEPAM	Klonopin	2-7 days
MIDAZOLAM	Versed	2-3 days
LORAZEPAM	Ativan	5-7 days
STIMULANTS		
AMPHETAMINE	Adderall	1-3 days
ILLICITS		
6-MAM	Heroin Metabolite	1-2 days
BENZOYLECGONINE	Cocaine Metabolite	2-4 days
MDA	3, 4-Methylenedioxyamphetamine	1-2 days
MDEA	Eve, psychedelic stimulant	1-2 days
MDMA	Ecstasy	1-2 days
METHAMPHETAMINE	Crystal Meth	3-4 days
Isomer D/L Reflex for Meth	Prescription vs Illicit	
PCP	Phencyclidine	3-4 days
COCAETHYLENE	Cocaine	3-5 days
COCAINE		3-5 days
THC - COOH	Cannabinoid (single/chronic)	1-3/<30 days
OTHER		
CARISOPRODOL	Soma	1-7 days
MEPROBAMATE	Miltown, and Metabolite of Carisoprodol	2-3 days
PREGABALIN	Lyrica	1-2 days
GABAPENTIN	Neurontin, Gabarone	1-2 days
METHYLPHENIDATE	Ritalin, Concerta	2-3 days
NORPROPOXYPHENE	Metabolite of Propoxyphene	2-5 days
RITALINIC ACID	Ritalin	1-2 days
XYLAZINE	Rompun	2-3 days
SEDATIVE HYPNOTICS/NON-BENZOS		
ZOLPIDEM	Ambien	1-3 days
ZOPICLONE	Zimovane	1-3 days
ZALEPLON	Sonata	1-1.5 days
BARBITURATES		
PENTOBARBITAL	Nembutal, Amytal	1-3 days
BUTABARBITAL	Butisol	2-10 days
SECOBARBITAL	Seconal	1-3 days
BUTALBITAL	Fiorinal	1-7 days

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DELETE WORD "PS CHOLOGICIAL"

PSYCHOLOGICAL METABOLITES & WINDOWS OF DETECTION

ANTIDEPRESSANTS	One of these drugs was detected OR this metabolite	Window of Detection
CITALOPRAM/ESCITALOPRAM	Celexa, Lexapro	2-4 days
DULOXETINE	Cymbalta	1-2 days
VENLAFAXINE	Effexor	1-3 days
PAROXETINE	Paxil	1-2 days
FLUOXETINE	Prozac	2-4 days
NORFLUOXETINE		1-3 days
MIRTAZAPINE	Remeron	1-3 days
DESMETHYLMIRTAZAPINE		2-3 days
BUPROPION	Wellbutrin	2-3 days
HYDROXYBUPROPION		2-3 days
SELEGILINE	Emsam, Zelapar, Eldepryl	5-7 days
TRAZODONE	Oleptro, Desyrel	3-5 days
O-DESMETHYLVENLAFAXINE	Pristiq, Khedezla	6-8 days
VORTIOXETINE	Trintellix	5-7 Days
SERTRALINE	Zoloft	2-4 days
ANTICONVULSANTS/ MOOD STABILIZERS		
CARBAMAZEPINE	Tegretol	1-3 days
HYDROXY-CARBAMAZEPINE		2-3 days
CARBAMAZEPINE EPOXIDE		2-3 days
OXCARBAZEPINE	Trileptal	1-3 days
PSYCHOSTIMULANTS		
LISDEXAMFETAMINE	Vyvanse	1-2 days
PHENTERMINE	Adipex	1-3 days
ANTIPSYCHOTICS		
ARIPIPRAZOLE	Abilify	1-2 days
BREXPIPRAZOLE	Rexulti	2-3 days
CLOZAPINE	Clozaril	2-3 days
CARIPRAZINE	Vraylar, Reagila	2-3 days
HALOPERIDOL	Haldol	1-2 days
FLUPHENAZINE	Prolixin	1-2 days
RISPERIDONE	Risperdal, Risperidone	3-4 days
QUETIAPINE	Seroquel	2-3 days
NORQUETIAPINE		3-4 days
7-HYDROXYQUETIAPINE		2-4 days
DESMETHYLOLANZAPINE	Zyprexa	3-4 days
OLANZAPINE		1-3 days
LURASIDONE	Latuda	2-4 days
LAMOTRIGINE	Lamictal	2-3 days
ASENAPINE	Saphris	4-5 days
ILOPERIDONE	Fanapt	3-4 days
9-HYDROXYRISPERIDONE	Risperdal, Risperidone	2-3 days
ZIPRASIDONE	Geodon, Zeldox	2 days
PALIPERIDONE	Invega	2-3 days
ILLICITS		
JWH-018	Synthetic Cannibinoids	3 days
JWH-073	Synthetic Cannibinoids	3 days
LYSERGIC ACID DIETHYLAMIDE	LSD	1-3 days
METHYLENEDIOXYPYROVALERONE	Bath Salts	3 days
MEPHEDRONE	Bath Salts	2-3 days
METHCATHINONE	Catnip	2-3 days
METHYLONE	Ecstasy	2-3 days
TRICYCLICS		
AMITRIPTYLINE	Elavil	1-3 days
CLOMIPRAMINE	Anafranil	4-5 days
DESIPRAMINE	Norpramin	1-2 days
DOXEPIN	Silenor, Zonalon, Prudoxin	7-10 days
IMIPRAMINE	Tofranil	1-2 days
NORTRIPTYLINE	Pamelor	2-3 days
OTHER		
BUSPIRONE	Buspar	1 day
CYCLOBENZAPRINE	Amrix, Fexmid	1 day
DEXTROMETHORPHAN	Robitussin, Zicam	3 days
DIPHENHYDRAMINE	Benadryl	2-4 days
KETAMINE	Special K, Kit-Kat	2 days
METHYLEPHEDRINE	Euphedrine	3-5 days
MITRAGYNINE	Kratom	3 days
7-HYDROXYMITRAGYNINE	Metabolite of Kratom	3 days

REMOVE CHECKBOX NEXT TO ADDITIONAL ANALYTES

NORTH WEST

TOXICOLOGY TEST REQUISITION FORM

29580 Northwestern Hwy Suite 120, Southfield, MI 48034

(248) 301-6917 www.nwlabs.com

PATIENT INFORMATION

Patient Demo Attached ☐

Last Name:_____ First Name:_____

Middle Name:_____ Sex: ☐ Male ☐ Female

Address:_____

City:_____ State:_____ Zip:_____

DOB:_____/_____/_____ Mobile:_____

Email:_____

PRIMARY INSURANCE

☐ Medicare ☐ Medicaid ☐ Commercial ☐ Auto ☐ Workers Comp ☐ Client ☐ Other Insurance

Insurance Name:_____ Subscriber Name:_____

Policy #:_____ DOB:___/___/____

Group #:_____ Relation to Patient: ☐ Self ☐ Spouse ☐ Guardian

Order Screen

☐ 11 Panel Drug Screen With Reflex Confirmation
6-Am, AMP, BZO, BUP, FEN, COC, MET, MTD, OPI, OXY, THC

☐ 10 Panel Drug Screen With Reflex Confirmation
6-Am, AMP, BZO, BUP, FEN, COC, MET, MTD, OPI, OXY

SPECIMEN INFORMATION

___/___/___ DATE COLLECTED | _____ INITIAL | _____:_____ TIME COLLECTED AM PM

URINE ONLY
Temperature read within 4 min. and is in range of 32.2 - 37.3°C (90 - 100°F)
☐ YES ☐ NO If NO: Actual Temp.:_____

Med List Attached ☐ Specimen Source: Urine ☐ Oral Fluid ☐ POC Performed in Office ☐

Reflex Confirmation Definition

1. Confirm all inconsistent results
2. Confirm positive illicit findings
3. Confirm all negative prescribed medications of interest
4. Tests for prescribed medications of interest not available on the presumptive test (example: Gabapentin, Muscle Relaxers, antidepressants, fentanyl etc)
5. Confirm all positive classes of drugs for specific analyte breakdown

OR ORDER CONFIRMATION by drug class or individual analyte

☐ Opiates & Opioids
- M C ☐☐ Buprenorphine (Suboxone) + Metabolite
- M C ☐☐ Carfentanil (Wildnil)
- M C ☐☐ Codeine (Tylenol III) + Metabolites
- M C ☐☐ Fentanyl (Actiq) + Metabolite
- M C ☐☐ Hydrocodone (Norco) + Metabolites
- M C ☐☐ Hydromorphone (Dilaudid)
- M C ☐☐ Meperidine (Demerol) + Metabolite
- M C ☐☐ Methadone (Dolophine) + Metabolite
- M C ☐☐ Mitragynine (Kratom) + Metabolite
- M C ☐☐ Morphine (MS Contin)
- M C ☐☐ Naloxone (Narcan)
- M C ☐☐ Naltrexone (Revia)
- M C ☐☐ Oxycodone (Percocet) +Metabolites
- M C ☐☐ Oxymorphone (Opana)
- M C ☐☐ Sufentanil (Dsuvia)
- M C ☐☐ Tapentadol (Nucynta) +Metabolite
- M C ☐☐ Tramadol (Ultram) +Metabolite

☐ Benzodiazepines
- M C ☐☐ Alprazolam (Xanax) + Metabolite
- M C ☐☐ Clonazepam (Klonopin) + Metabolite
- M C ☐☐ Diazepam (Valium) + Metabolite
- M C ☐☐ Lorazepam (Ativan)
- M C ☐☐ Oxazepam (Serax)
- M C ☐☐ Temazepam (Restoril)
- M C ☐☐ Triazolam (Halcion)

☐ Non-Benzodiazepines Hypnotics
- M C ☐☐ Zolpidem (Ambien)

☐ Neuropathic Analgesics
- M C ☐☐ Gabapentin (Neurontin)
- M C ☐☐ Pregabalin (Lyrica)

☐ Stimulants
- M C ☐☐ Amphetamines (Adderall)
- M C ☐☐ Lisdexamfetamine (Vyvanse)
- M C ☐☐ Methylphenidate (Ritalin/Concerta) + Metabolite
- M C ☐☐ Phentermine (Adipex)

☐ Antidepressants
- M C ☐☐ Bupropion (Wellbutrin) + Metabolite
- M C ☐☐ Buspirone (Buspar)
- M C ☐☐ Citalopram/Escitalopram (Celexa/Lexapro)
- M C ☐☐ Duloxetine (Cymbalta)
- M C ☐☐ Fluoxetine (Prozac) + Metabolite
- M C ☐☐ Ketamine (Special K)
- M C ☐☐ Mirtazapine (Remeron) + Metabolite
- M C ☐☐ Paroxetine (Paxil)
- M C ☐☐ Sertraline (Zoloft)
- M C ☐☐ Trazodone (Oleptro, Desyrel)
- M C ☐☐ Venlafaxine (Effexor) + Metabolite
- M C ☐☐ Vortioxetine (Trintellix)

☐ Tricyclic Antidepressants
- M C ☐☐ Amitriptyline (Elavil) + Metabolite
- M C ☐☐ Doxepin (Aponal)
- M C ☐☐ Imipramine (Tofranil)
- M C ☐☐ Nortriptyline (Pamelor)

☐ Antipsychotics
- M C ☐☐ Aripiprazole (Abilify)
- M C ☐☐ Asenapine (Saphris)
- M C ☐☐ Brexpiprazole (Rexulti)
- M C ☐☐ Cariprazine (Vraylar)
- M C ☐☐ Clozapine (Clozaril)
- M C ☐☐ Fluphenazine (Prolixin/Permitil)
- M C ☐☐ Haloperidol (Haldol)
- M C ☐☐ Lamotrigine (Lamictal)
- M C ☐☐ Lurasidone (Latuda)
- M C ☐☐ Olanzapine (Zyprexa) + Metabolite
- M C ☐☐ Quetiapine (Seroquel) + Metabolite
- M C ☐☐ Risperidone (Risperdal) + Metabolite
- M C ☐☐ Ziprasidone (Geodon, Zeldox)

☐ Anticonvulsants/Mood Stabilizers
- M C ☐☐ Carbamazepine (Tegretol) + Metabolite
- M C ☐☐ Oxcarbazepine (Trileptal)
- M C ☐☐ Paliperidone (Invega)

☐ Barbiturates
- M C ☐☐ Butalbital (Fioricet)
- M C ☐☐ Phenobarbital (Solfoton)

☐ Muscle Relaxants
- M C ☐☐ Carisoprodol (Soma) + Metabolite
- M C ☐☐ Cyclobenzaprine (Flexeril)
- M C ☐☐ Meprobamate (Equanil)
- M C ☐☐ Xylazine (Rompun)

☐ Illicits
- M C ☐☐ 6-MAM (Heroin)
- M C ☐☐ Cocaine + Metabolite
- M C ☐☐ MDMA (Ecstasy)
- M C ☐☐ Methamphetamine (Desoxyn) (Crystal Meth)
- M C ☐☐ THC-COOH (Marijuana Metabolite)

☐ Fentanyl Analogs
- M C ☐☐ Acetyl Fentanyl
- M C ☐☐ Acetyl Norfentanyl
- M C ☐☐ Acrylfentanyl
- M C ☐☐ Alfentanil
- M C ☐☐ Butyryl Fentanyl
- M C ☐☐ Cyclopropyl Fentanyl
- M C ☐☐ Furanyl Fentanyl
- M C ☐☐ Valeryl Fentanyl

☐ Additional Analytes
- M C ☐☐ Acetaminophen (OTC Tylenol)
- M C ☐☐ Butabarbital (Butisol)
- M C ☐☐ Chlordiazepoxide (Librium)
- M C ☐☐ Clomipramine (Anafranil)
- M C ☐☐ Cotinine (Nicotine)
- M C ☐☐ Dextromethorphan (Robitussin)
- M C ☐☐ Diphenhydramine (Benadryl)
- M C ☐☐ JWH-018 (Spice, K2)
- M C ☐☐ JWH-250
- M C ☐☐ Lysergic Acid Diethylamide (LSD)
- M C ☐☐ MDEA (Eve)
- M C ☐☐ MDPV (Bath Salt)
- M C ☐☐ Mephedrone (White Magic)
- M C ☐☐ Methylone (bubbles, explosion)
- M C ☐☐ Midazolam (Versed)
- M C ☐☐ PCP (Phencyclidine) (Angel Dust)
- M C ☐☐ Pentazocine (Talwin)
- M C ☐☐ Propoxyphene (Darvocet)
- M C ☐☐ Secobarbital (Seconal and Tuinal)
- M C ☐☐ Topiramate (Topamax)
- M C ☐☐ Zaleplon (Sonata)

☐ ETG/ETS (Alcohol)

ICD List Disclaimer: It is the sole responsibility of the ordering clinician to diagnose the patient accurately and faithfully. The diagnosis codes provided below are published by the CMS for ease of ordering. Any diagnosis codes on the requisition MUST also be documented in the patients' clinical medical records. Please provide a copy of those records along with the order.

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ICD List Disclaimer: It is the sole responsibility of the ordering clinician to diagnose the patient accurately and faithfully. The diagnosis codes provided below are published by the CMS for ease of ordering. Any diagnosis codes on the requisition MUST also be documented in the patients' clinical medical records. Please provide a copy of those records along with the order.

SUD Substance Use Disorder Patients

Primary ☐ Z03.89

SUD Secondary Codes

- ☐ F10.11 Alcohol abuse, in remission
- ☐ F10.130 Alcohol abuse with withdrawal, uncomplicated
- ☐ F10.131 Alcohol abuse with withdrawal delirium
- ☐ F10.132 Alcohol abuse with withdrawal with perceptual disturbance
- ☐ F10.20 Alcohol dependence, uncomplicated
- ☐ F10.930 Alcohol use, unspecified with withdrawal, uncomplicated
- ☐ F10.931 Alcohol use, unspecified with withdrawal delirium
- ☐ F10.932 Alcohol use, unspecified with withdrawal with perceptual disturbance
- ☐ F11.11 Opioid abuse, in remission
- ☐ F11.13 Opioid abuse with withdrawal
- ☐ F11.20 Opioid dependence, uncomplicated
- ☐ F11.220 Opioid dependence with intoxication, uncomplicated
- ☐ F11.221 Opioid dependence with intoxication delirium
- ☐ F11.222 Opioid dependence with intoxication with perceptual disturbance
- ☐ F11.229 Opioid dependence with intoxication, unspecified
- ☐ F11.23 Opioid dependence with withdrawal
- ☐ F11.24 Opioid dependence with opioid-induced mood disorder
- ☐ F11.250 Opioid dependence with opioid-induced psychotic disorder with delusions
- ☐ F11.251 Opioid dependence with opioid-induced psychotic disorder with hallucinations
- ☐ F11.259 Opioid dependence with opioid-induced psychotic disorder, unspecified
- ☐ F11.281 Opioid dependence with opioid-induced sexual dysfunction
- ☐ F11.282 Opioid dependence with opioid-induced sleep disorder
- ☐ F11.288 Opioid dependence with other opioid-induced disorder
- ☐ F11.29 Opioid dependence with unspecified opioid-induced disorder

SUD Secondary Codes

- ☐ F12.11 Cannabis abuse, in remission
- ☐ F12.13 Cannabis abuse with withdrawal
- ☐ F12.23 Cannabis dependence with withdrawal
- ☐ F12.93 Cannabis use, unspecified with withdrawal
- ☐ F13.11 Sedative, hypnotic or anxiolytic abuse, in remission
- ☐ F13.130 Sedative, hypnotic or anxiolytic abuse with withdrawal, uncomplicated
- ☐ F13.131 Sedative, hypnotic or anxiolytic abuse with withdrawal delirium
- ☐ F13.132 Sedative, hypnotic or anxiolytic abuse with withdrawal with perceptual disturbance
- ☐ F14.11 Cocaine abuse, in remission
- ☐ F14.13 Cocaine abuse, unspecified with withdrawal
- ☐ F14.93 Cocaine use, unspecified with withdrawal
- ☐ F15.11 Other stimulant abuse, in remission
- ☐ F15.13 Other stimulant abuse with withdrawal
- ☐ F16.11 Hallucinogen abuse, in remission
- ☐ F18.10 Inhalant abuse, uncomplicated
- ☐ F18.11 Inhalant abuse, in remission
- ☐ F18.120 Inhalant abuse with intoxication, uncomplicated
- ☐ F18.90 Inhalant use, unspecified, uncomplicated
- ☐ F19.11 Other psychoactive substance abuse, in remission
- ☐ F19.130 Other psychoactive substance abuse with withdrawal, uncomplicated
- ☐ F19.131 Other psychoactive substance abuse with withdrawal delirium
- ☐ F19.132 Other psychoactive substance abuse with withdrawal with perceptual disturbance
- ☐ F19.20 Other psychoactive substance dependence, uncomplicated

Provider Acknowledgement:

I acknowledge that documentation to support medical necessity for all tests ordered is recorded in the patients chart. If not signed, the authorized Healthcare Provider affirms that the test orders are placed in the patient file with Provider Signature and will be available upon request. The office of the inspector general requires documentation in patient medical chart including date of service, tests ordered, and documentation to support medical necessity. I have taken a risk assessment score and will send that along with the first order for the patient when the patient is a COT patient and I will follow the Medicare guidelines for COT or SUD patients frequency of testing.

Patient Consent:

Authorization to Release Information: I hereby authorize my treating provider NORTHWEST LABS to: (1) release any information necessary to insurance carriers and providers regarding my illness, treatments and results; (2) process insurance claims generated in the course of examination or treatment; and (3) allow a photocopy of my signature to be used to process insurance claims for the period of lifetime. This order will remain in effect until revoked by me in writing.

Provider Signature:
Signature Date:

Patient Signature:
Signature Date:

Version Control #	Issue Date:

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COMMON POC DRUG CROSS REACTANTS

SUBSTANCES THAT MAY INTERFERE WITH DRUG TESTING	BRAND NAMES	REPORTED FALSE POSITIVE RESULT
Amantadine	Osmolex ER	Amphetamines
Amitriptyline	Elavil	LSD
Benzphetamine	Regimex	Amphetamines
Brompheniramine	Dimetapp	Amphetamines, Methamphetamines
Bupropion	Aplenzin, Forfivo XL, Wellbutrin XL, Zyban	Amphetamines, Methamphetamines, LSD
Carbamazepine	Carbatrol, Equetro, Tegretol	Tricyclic Antidepressants
Chlorpromazine		Amphetamines, Methamphetamines, Methadone
Clomipramine	Anafranil	Methadone
Coca Leaf Tea		Cocaine
Cocaine Anesthetics, Topical		Cocaine
Cyclobenzaprine	Amrix, Fexmid, Flexeril	Tricyclic Antidepressants
Cyproheptadine		Tricyclic Antidepressants
Dextromethorphan	Robitussin, Delsym, Triaminic	Phencyclidine (PCP), Opiates
Diphenhydramine, Doxylamine	Benadryl, Zzzquil, Unisom, Nytol	Methadone, Opiates, PCP, Tricyclic Antidepressants
Diet Pills		Amphetamines
Desipramine	Norpramin	Amphetamines
Dronabinol, Nabilone	Marinol, Cesamet	Cannabinoids
Efavirenz	Sustiva, also found in many combination HIV meds	Cannabinoids, Benzodiazepines
Ephedrine Nasal		Amphetamines, Methamphetamines
Hemp Oil		Cannabinoids, THC
Hydroxyzine	Vistaril	Tricyclic Antidepressants
Ibuprofen, Naproxen, Tolmetin	NSAIDs	Cannabinoids, Barbiturates, Benzodiazepines, PCP
Imipramine	Tofranil	PCP, LSD
Ketamine, possibly Esketamine	Ketalar, Spravato	PCP
Labetalol	Trandate	Amphetamines
MDMA		Amphetamines
Meperidine	Demerol	PCP
Methylphenidate	Adhansia XR, ApTensio XR, Concerta, Daytrana, Focalin XR, Ritalin	Amphetamines
Oxaprozin	Daypro	Benzodiazepines
Pantoprazole other Proton Pump Inhibitors	Protonix	THC
Phentermine	Adipex-P, Lomaira, Qsymia	Amphetamines
Poppy Seeds		Opiates, Morphine
Promethazine	Phenadoz, Promethegan	Amphetamines, Methamphetamines
Pseudoephedrine	allergy/cold products such as Allegra-D, Clarinex-D, Mucinex-D	Amphetamines
Quetiapine	Seroquel, Seroquel XR	Methadone, Tricyclic Antidepressants
Quinine		Opiates
Quinolone Antibiotic	Ofloxacin, Gatifloxacin	PCP, Opiates
Ranitidine	Zantac 75, Zantac 150	Amphetamines, Methamphetamines
Rifampin	Rifadin, Rifamate, Rimactane	Opiates
Ritodrine		Amphetamines
Selegiline	Emsam, Zelapar	Amphetamines
Sertraline	Zoloft	Benzodiazepines
Thioridazine	Thorazine	Methadone, PCP
Tramadol	Conzip, Ultram	PCP
Trazodone	Desyrel	Amphetamines, Methamphetamines
Trimethobenzamide	Tigan, Ticon	Amphetamines
Trimipramine	Surmontil	Amphetamines
Venlafaxine	Effexor XR	PCP
Verapamil	Calan	Methadone, Opiates

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Clinical Laboratory SERVICES

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Clinical Laboratory Services

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NORTH WEST

BLOOD TEST REQUISITION FORM

29580 Northwestern Hwy Suite 120, Southfield, MI 48034

(248) 301-6917 www.nwlabs.com

PATIENT INFORMATION

Patient Demo Attached ☐

Last Name:_____ First Name:_____

Middle Name:_____ Sex: ☐ Male ☐ Female

Address:_____

City:_____ State:_____ Zip:_____

DOB:____/____/____ Mobile:_____

Email:_____

OTHER INFORMATION

ALLERGIES ☐ Y ☐ N PREGNANT ☐ Y ☐ N PEDIATRIC ☐ Y ☐ N

Provider

Specimen Information

☐ Urine ☐ Blood ☐ Buccal Swab ☐ Other

Date of Collection:___/___/_____ Time:_____ Collector Initials:_____

INSURANCE INFORMATION

☐ Commercial Insurance ☐ Medicare ☐ Medicaid ☐ Self-Pay ☐ Bill to Client

Relationship to Insured: ☐ Self ☐ Spouse ☐ Child ☐ Other:

Insurance Company:_____

Name of Insured:_____ Group Number:_____

Policy Number:_____ DOB of Insured:___/___/_____ *Please attach copy of the insurance card & other demographics*

PLEASE MARK THE DESIRED TEST(S) OR PANELS TO BE TESTED

PANELS

- ☐ Electrolyte Panel [LYTES]
- ☐ Basic Metabolic Panel [BMP]
- ☐ Comprehensive Metabolic Panel [CMP]
- ☐ Hepatic Function Panel [LIVR]
- ☐ Renal Function Panel [RENAL]
- ☐ Lipid Panel [LIPD]
- ☐ Anemia Panel [ANEMIA]
- ☐ Female Health Screen [FHS]
- ☐ Female Weight Loss Panel [FWLP]
- ☐ Female Hormone Panel [FHP]
- ☐ Male Health Screen [WHS]
- ☐ Male Weight Loss Panel [WWLP]
- ☐ Male Hormone Panel [WHP]
- ☐ Obesity Panel [OP]
- ☐ Thyroid Panel [TP]
- ☐ Depression Screen Panel [DSP]
- ☐ Obstetric Panel [OB1]
- ☐ Obstetric + HIV Panel [OB2]

CHEMISTRY

- ☐ High-sensitivity C-reactive protein hsCRP [CCRP]
- ☐ Hemoglobin A1C [A1C]
- ☐ Acetaminophen [ACTM]
- ☐ Salicylate [SAL]
- ☐ Acid Phosphatase [ACP]
- ☐ Alanine Aminotransferase [ALTI]
- ☐ Albumin [ALB]
- ☐ Alkaline Phosphatase [ALPI]
- ☐ Ammonia [AMM]
- ☐ Amylase [AMY]
- ☐ Aspartate Aminotransferase [AST]
- ☐ Direct Bili [DBI]
- ☐ Total Bili [TBI]
- ☐ Calcium [CA]
- ☐ Carbon Dioxide [ECO2]
- ☐ Chloride [CL]
- ☐ Cholesterol [CHOL]
- ☐ Creatine Kinase [CKI]
- ☐ Creatinine [CRE2(S)]
- ☐ Creatinine [CRE2(U)]
- ☐ Gamma Glutamyltransferase [GGT]
- ☐ Glucose [GLUC]
- ☐ HDL Cholesterol [AHDL]
- ☐ Iron [IRON]
- ☐ Lactic Acid [LA]
- ☐ Lactate Dehydrogenase [LDI]
- ☐ LDL Cholesterol [ALDL]
- ☐ Lipase [LIPL]
- ☐ Magnesium [MG]
- ☐ Phosphorus [PHOS]
- ☐ Potassium [K]
- ☐ Sodium [NA]
- ☐ Total Iron Binding Capacity [IBCT]
- ☐ Total Protein [TP]
- ☐ Triglycerides [TGL]
- ☐ Urea Nitrogen [BUN]
- ☐ Uric Acid [URCA]
- ☐ Cyclosporine [CSA]
- ☐ Sirolimus [SIRO]
- ☐ Tacrolimus [TAC]
- ☐ Total Prostate Specific Antigen [TPSA]
- ☐ Free Prostate Specific Antigen [FPSA]
- ☐ Complement C3 [C3]
- ☐ Complement C4 [C4]
- ☐ C-Reactive Protein [CRP]
- ☐ Immunoglobulin A [IGA]
- ☐ Immunoglobulin G [IGG]
- ☐ Immunoglobulin M [IGM]
- ☐ Prealbumin [PALB]
- ☐ Transferrin [TRNF]
- ☐ Carbamazepine [CRBM]
- ☐ Digitoxin [DGTX]
- ☐ Digoxin [DGNA]
- ☐ Gentamicin [GENT]
- ☐ Lidocaine [LIDO]
- ☐ Lithium [LITH]

CHEMISTRY (contd)

- ☐ Phenobarbital [PHNO]
- ☐ Phenytoin [PTN]
- ☐ Procainamide [PROC]
- ☐ Theophylline [THEO]
- ☐ Tobramycin [TOBR]
- ☐ Valproic Acid [VALP]
- ☐ Vancomycin [VANC]
- ☐ Total IgE [tIgE]
- ☐ Erythropoietin [EPO]
- ☐ Ferritin [FER]
- ☐ Folate [FolateBA]
- ☐ Vitamin B12 [VB12]
- ☐ Anti-CCP IgG [aCCP]
- ☐ Intact PTH [iPTH]
- ☐ B-type Natriuretic Peptide [BNP]
- ☐ Creatine Kinase MB [CKMB]
- ☐ Cpeptide [CpS]
- ☐ Insulin [IRI]
- ☐ 25-OH Vitamin D TOTAL [VITD]
- ☐ Cortisol [COR]
- ☐ Homocysteine [HCY]
- ☐ Alpha Fetoprotein [AFP]
- ☐ BR (Assay for CA 27.29) [BR]
- ☐ CA15-3 [CA153]
- ☐ CA19-9 [CA199]
- ☐ CA125 [CA125]
- ☐ Calcitonin [CALCT]
- ☐ Procalcitonin [PCT]
- ☐ Carcinoembryonic antigen [CEA]
- ☐ HER-2/neu [H2n]
- ☐ Androstenedione [AND]
- ☐ Dehydroepiandrosterone [DHEA]
- ☐ Enhanced Estradiol [eE2]
- ☐ Follicle Stimulating Hormone [FSH]
- ☐ Luteinizing Hormone [LH]
- ☐ Progesterone [PRGE]
- ☐ Prolactin [PRL]
- ☐ Sex Hormone Binding Globulin [SHBG]
- ☐ Anti-Tg [aTG]
- ☐ Anti-TPO [aTPO]
- ☐ Free T3 [FT3]
- ☐ Free T4 [FT4]
- ☐ Total T3 [T3]
- ☐ Total T4 [T4]
- ☐ TSH3-Ultra [TSH3UL]
- ☐ Thyroid uptake [Tup]
- ☐ Soluble Transferrin Receptor (sTfR)
- ☐ Intrinsic Factor AB [IFAB]
- ☐ Ostase
- ☐ Anti-Müllerian Hormone [AMH]
- ☐ Total βhCG [HCG]
- ☐ Inhibin A [INHA]
- ☐ Testosterone [TESTO]
- ☐ Thyroglobulin [TG]
- ☐ Thyroglobulin Antibody II [TgAb]
- ☐ Hybritech p2PSA & phi [2PSA]
- ☐ Hepatitis A IgM [aHAVM]

CHEMISTRY (contd)

- ☐ Hepatitis A Total [HAVT]
- ☐ Hepatitis B surface Antibody 2 [aHBs2]
- ☐ Hepatitis B core IgM [aHBcM]
- ☐ Hepatitis B core Total [HBcT]
- ☐ Hepatitis B surface Antigen II [HBsII]
- ☐ HBsAg Confirmatory [Conf]
- ☐ Hepatitis C Antibody [aHCV]

MICROBIOLOGY

- ☐ Throat Culture
- ☐ Sputum Culture
- ☐ Nasal Culture
- ☐ Stool Culture
- ☐ Genital Culture
- ☐ Urine Culture
- ☐ Wound Culture
- ☐ Tissue Cluture
- ☐ Ear Culture
- ☐ Eye Culture
- ☐ Body Fluids Counts & Culture
- ☐ Wet Mounts
- ☐ RSV
- ☐ Flu A/B
- ☐ Sterp. A
- ☐ Rapid Legionella
- ☐ Rapid Fecal Occult Blood Test (FOBT)
- ☐ Rapid Guaiac Fecal Occult Blood Test (gFOBT)
- ☐ Rapid Clostridium Difficile (CDTOX)
- ☐ Adenovirus (ELISA)
- ☐ Rotavirus (ELISA)
- ☐ Cryptosporidium/Giardia Ag (ELISA)
- ☐ Helicobacter pylori [H. pylori]

HEMATOLOGY

- ☐ CBC w/ Diff [CBCD]
- ☐ CBC w/no Diff [CBC]
- ☐ Hemoglobin/Hematocrit [HH]
- ☐ Plateletes [PLT]
- ☐ Retic
- ☐ Sickle Cell Screen [SCS]

ALLERGY

- ☐ Environmental Allergy
- ☐ Food Allergy

COAGULATION

- ☐ PT
- ☐ aPTT
- ☐ Fibrinogen
- ☐ Thrombin Time
- ☐ Batroxobin Time
- ☐ Factor VII
- ☐ Factor VIII
- ☐ Protein C
- ☐ Innovance Antithrombin
- ☐ Innovance D-Dimer

SEROLOGY

- ☐ Zika Test [ZIKA]
- ☐ Syphilis-T.Pallidum [SYPH]
- ☐ Syphilis- Non T.Pallidum [RPR]
- ☐ Cytomegalovirus [CMVIgG]
- ☐ Herpes-1 IgG [HSV1]
- ☐ Herpes-2 IgG [HSV2]
- ☐ Rubella IgG [RUBG]
- ☐ Rubella IgM [RUBM]
- ☐ Toxoplasma G [TOXOG]
- ☐ Toxoplasma M [TOXOM]
- ☐ Measles IgG
- ☐ Mumps IgG
- ☐ Mononucleosis [Mono]
- ☐ Antistreptolysin O (ASO)
- ☐ ANA Screen [ANA]

URINALYSIS

- ☐ Urinalysis Macro Only [URMAC]
- ☐ Urinalysis, Routine with Reflex to Microscopic [URMIC]
- ☐ Rapid Pregnancy Testing [RHCG]

BLOOD BANK

- ☐ ABO Group/Rh Typing & Antibody Screen

TUBERCULOSIS

- ☐ QuantiFERON®-TB Gold Plus

Tube Color Key Code	
SST	GREEN TOP
RED TOP (NO GEL)	URINE
LAVENDER TOP	BLUE TOP
STOOL SPECIMEN	
Sodium Fluoride Potassium	

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DIAGNOSIS (ICD-10) INFORMATION

BASIC METABOLIC PANEL

- ☐ E11.9 - Diabetes Mellitus, Unspecified
- ☐ I50.9 - Heart Failure, Unspecified
- ☐ E78.5 - Hyperlipidemia, Unspecified
- ☐ I10 - Hypertension, Essential Unspecified
- ☐ E87.1 - Hyponatremia
- ☐ E87.6 - Hypokalemia
- ☐ E03.9 - Hypothyroidism, Unspecified
- ☐ E78.2 - Mixed Hyperlipidemia
- ☐ E66.9 - Obesity, Unspecified
- ☐ Z79.899 - Other Long-term Current Drug Therapy
- ☐ E03.8 - Other Specified Hypothyroidism
- ☐ R79.89 - Other Specified Abnormal Findings of Blood Chemistry
- ☐ N28.9 - Renal Insufficiency Acute
- ☐ E11.65 - Type 2 Diabetes Mellitus with Hyperglycemia
- ☐ E11.21 - Type 2 Diabetes Mellitus with Diabetic Nephropathy
- ☐ E11.69 - Type 2 Diabetes Mellitus with Other Specified Complications
- ☐ E11.9 - Type 2 Diabetes Mellitus Without Complications
- ☐ N39.0 - Urinary Tract Infection (UTI)

COMPLETE BLOOD COUNT

- ☐ R78.71 - Abnormal Lead Level in Blood
- ☐ R10.9 - Abdominal Pain, Unspecified
- ☐ R63.4 - Abnormal Weight Loss
- ☐ D50.9 - Anemia, Iron Deficiency, Unspecified
- ☐ D53.9 - Anemia, Nutritional, Unspecified
- ☐ D64.9 - Anemia, Unspecified
- ☐ I25.10 - Atherosclerotic Heart Disease of Native Coronary Artery Without Angina
- ☐ N18.3 - Chronic Kidney Disease Stage 3, Moderate
- ☐ R42 - Dizziness and Giddiness
- ☐ Z51.81 - Encounter for Therapeutic Drug Monitoring
- ☐ K21.9 - Gastro-Esophageal Reflux Disease Without Esophagitis
- ☐ I10 - Hypertension, Essential Unspecified
- ☐ E78.5 - Hyperlipidemia, Unspecified
- ☐ E03.9 - Hypothyroidism, Unspecified
- ☐ R73.01 - Impaired Fasting Glucose
- ☐ Z79.01 - Long-term Use of Anticoagulants
- ☐ Z79.899 - Long-term Use of Other Meds
- ☐ E78.2 - Mixed Hyperlipidemia
- ☐ R73.09 - Other Abnormal Glucose
- ☐ R53.83 - Other Fatigue
- ☐ R79.89 - Other Specified Abnormal Findings of Blood Chemistry
- ☐ E78.00 - Pure Hypercholesterolemia, Unspecified
- ☐ R55.9 - Syncope and Collapse
- ☐ E11.65 - Type 2 Diabetes Mellitus with Hyperglycemia
- ☐ E11.9 - Type 2 Diabetes Mellitus Without Complications
- ☐ N39.0 - Urinary Tract Infection
- ☐ E55.9 - Vitamin D Deficiency, Unspecified

HEPATIC FUNCTION PANEL

- ☐ R74.8 - Abnormal Levels of Other Serum Enzymes
- ☐ R94.5 - Abnormal Results of Liver Function Studies
- ☐ R10.9 - Abdominal Pain, Unspecified
- ☐ R63.4 - Abnormal Weight Loss
- ☐ R63.5 - Abnormal Weight Gain
- ☐ R74.0 - Abnormal Liver Enzymes
- ☐ K75.4 - Autoimmune Hepatitis
- ☐ I50.9 - Congestive Heart Failure, Unspecified
- ☐ R60.9 - Edema
- ☐ Z51.81 - Encounter for Therapeutic Drug Monitoring
- ☐ K76.0 - Fatty Change of Liver NOS
- ☐ R50.9 - Fever, Unspecified
- ☐ B16.9 - Hepatitis B, Acute NOS
- ☐ B17.10 - Hepatitis C, Acute Non
- ☐ Z79.01 - Long-term Use of Anticoagulants
- ☐ Z79.891 - Long-term Use of Opiate Analgesic
- ☐ R53.83 - Other Fatigue
- ☐ Z79.899 - Other Long-term Current Drug Therapy
- ☐ K76.89 - Other Specified Disease of Liver
- ☐ R53.81 - Malaise
- ☐ R53.1 - Weakness

ACUTE HEPATITIS PANEL

- ☐ R10.9 - Abdominal Pain, Unspecified
- ☐ R74.0 - Abnormal Liver Enzymes
- ☐ R63.4 - Abnormal Weight Loss
- ☐ B17.9 - Acute Viral Hepatitis, Unspecified
- ☐ K74.60 - Cirrhosis of Liver, Without Alcohol, NOS
- ☐ B18.2 - Chronic Viral Hepatitis C
- ☐ Z01.89 - Encounter for Other Specified Special Examinations
- ☐ R53.83 - Fatigue
- ☐ R10.84 - Generalized Abdominal Pain
- ☐ K75.9 - Hepatitis, Unspecified
- ☐ K75.9 - Inflammatory Liver Disease, Unspecified
- ☐ R11.0 - Nausea
- ☐ R11.2 - Nausea with Vomiting
- ☐ R53.81 - Other Malaise
- ☐ B19.9 - Viral Hepatitis, NOS

LIPID & CHOLESTEROL

- ☐ R79.9 - Abnormal Finding of Blood Chemistry, Unspecified
- ☐ N18.9 - Chronic Kidney Disease, Unspecified
- ☐ I50.9 - Congestive Heart Failure, Unspecified
- ☐ I25.10 - Coronary Atherosclerosis
- ☐ E11.9 - Diabetes Mellitus, Unspecified
- ☐ Z51.81 - Encounter for Therapeutic Drug Monitoring
- ☐ E78.5 - Hyperlipidemia, Unspecified
- ☐ I10 - Hypertension, Essential Unspecified
- ☐ E03.9 - Hypothyroidism, Unspecified
- ☐ E78.2 - Mixed Hyperlipidemia
- ☐ E66.9 - Obesity, Unspecified
- ☐ Z79.899 - Other Long-term Current Drug Therapy
- ☐ E03.8 - Other Specified Hypothyroidism
- ☐ R79.89 - Other Specified Abnormal Findings of Blood Chemistry
- ☐ E78.1 - Pure Hyperglyceridemia
- ☐ E78.00 - Pure Hypercholesterolemia, Unspecified
- ☐ E11.65 - Type 2 Diabetes Mellitus with Hyperglycemia
- ☐ E11.21 - Type 2 Diabetes Mellitus with Diabetic Nephropathy
- ☐ E11.69 - Type 2 Diabetes Mellitus with Other Specified Complications
- ☐ E11.9 - Type 2 Diabetes Mellitus Without Complications

THYROID PANEL

- ☐ R94.6 - Abnormal Results of Thyroid Function Studies
- ☐ R63.4 - Abnormal Weight Loss
- ☐ R63.5 - Abnormal Weight Gain
- ☐ G30.9 - Alzheimer's Disease, Unspecified
- ☐ D64.9 - Anemia, Unspecified
- ☐ F41.9 - Anxiety, Unspecified
- ☐ I48.91 - Atrial Fibrillation
- ☐ E06.3 - Autoimmune Thyroiditis
- ☐ I50.9 - Congestive Heart Failure, Unspecified
- ☐ K59.00 - Constipation, Unspecified
- ☐ F03.90 - Dementia, Unspecified
- ☐ F32.9 - Depression
- ☐ E11.9 - Diabetes Mellitus, Unspecified
- ☐ E07.9 - Disorder of Thyroid, Unspecified
- ☐ R60.9 - Edema
- ☐ R53.83 - Fatigue
- ☐ R50.9 - Fever, Unspecified
- ☐ E04.9 - Goiter, Unspecified
- ☐ E78.5 - Hyperlipidemia, Unspecified
- ☐ I10 - Hypertension, Essential Unspecified
- ☐ E05.90 - Hyperthyroidism, Unspecified
- ☐ E03.9 - Hypothyroidism, Unspecified
- ☐ R53.81 - Malaise
- ☐ R41.3 - Memory Loss
- ☐ R20.0 - Numbness, Skin
- ☐ R73.03 - Prediabetes
- ☐ Z79.899 - Other Long-term Current Drug Therapy
- ☐ E03.8 - Other Specified Hypothyroidism
- ☐ R00.2 - Palpitations
- ☐ F03.90 - Senile Dementia, Uncomplicated
- ☐ E11.65 - Type 2 Diabetes Mellitus with Hyperglycemia
- ☐ E11.9 - Type 2 Diabetes Mellitus Without Complications

URINALYSIS

- ☐ R10.9 - Abdominal Pain, Unspecified
- ☐ N18.9 - Chronic Kidney Disease, Unspecified
- ☐ I50.9 - Congestive Heart Failure, Unspecified
- ☐ E11.9 - Diabetes Mellitus, Unspecified
- ☐ R30.0 - Dysuria
- ☐ R53.83 - Fatigue
- ☐ R50.9 - Fever, Unspecified
- ☐ R31.9 - Hematuria, Unspecified
- ☐ I10 - Hypertension, Essential Unspecified
- ☐ R53.81 - Malaise
- ☐ C61 - Malignant Neoplasm of Prostate
- ☐ R35.1 - Nocturia
- ☐ R82.99 - Nonspecific Findings on Examination of Urine
- ☐ Z79.899 - Other Long-term Current Drug Therapy
- ☐ R39.9 - Other Symptoms of Urinary System
- ☐ M06.9 - Rheumatoid Arthritis, Unspecified
- ☐ N28.9 - Renal Insufficiency, Acute
- ☐ R33.9 - Retention of Urine, Unspecified
- ☐ R35.0 - Urinary Frequency
- ☐ R32 - Urinary Incontinence, Unspecified
- ☐ N39.0 - Urinary Tract Infection (UTI)

OTHER

PATIENT AUTHORIZATION

I understand that I am responsible for all co-pays and deductibles, and for amounts not covered by insurance, litigation, or third-party liability. By signing this authorization, I am authorizing to submit claims and acknowledging that payment(s) of authorized insurance benefits or attorney settlements, including but not limited to Medicaid, Medicare, other benefits, or payments shall be made on my behalf of [LAB NAME] for the services provided to pursuant to this Laboratory request and that I will pay for any amounts not covered by other sources. I request that payment of authorized benefits be made on my behalf to [LAB NAME] and/or its Affiliates. If my current policy prohibits direct payments to [LAB NAME] I agree to receive the funds and relinquish them to and/or its [LAB NAME] Affiliates. If my current policy prohibits direct payments to as payment towards charges for services rendered. This payment will not exceed my indebtedness to [LAB NAME], and I understand that I am to determine these benefits payable for related services.

Patient Signature: _____ DATE: _____

AUTHORIZED HEALTHCARE PROVIDER ACKNOWLEDGMENT

I acknowledge that documentation to support medical necessity for all tests ordered is recorded in the patient's chart. If not signed, the Authorized Healthcare Provider affirms that test orders are placed in patient file with provider signature and will be available upon request. The Office of the Inspector General requires documentation in patient medical charts including date of service, tests ordered, and documentation to support medical necessity.

Provider Signature: _____ DATE: _____

ENTIRE PAGE TO BE REPLACED B "BLOOD REPORT"

NORTH WEST LABS

29580 Northwestern Hwy
Suite 120, Southfield, MI 48034
(248) 301-6917
nwlabs.com

FINAL

LAB DIRECTOR Eugene Osowka, MD
CLIA ID# 23D2126347

OLSOWKA, EUGENE		**Test, Female**			**Accession:**	1017637	
29580 NORTHWESTERN HWY	**Patient: #:**	576548	**MRN:**		**Collected:**	3/25/2024 5:00 PM	AK
Southfield, MI48034	**DOB:**	1/1/2000	**Sex:**	Male	**Approved:**	3/26/2024 3:54 PM	

Test Name	Result	Units	Flag	Reference Range/Cutoff
Hemaglobin A1C				*Run by JS on 3/20/2024 11:07:50 AM at Location*
Hemoglobin A1C [A1C]	5.3	%		<5.7
Estimated average glucose (eAG)	105	mg/dL		<117

Notes: Elevated levels of HbA1c suggest the need for more aggressive treatment of glycemia. The American Diabetes Association recommends that a primary goal of therapy should be a HbA1c of <7% and that physicians should reevaluate the treatment regimen in patients with HbA1c values consistently >8%.

CBC W/ Diff				*Run by RS on 3/20/2024 8:44:08 AM at Location:*
WBC Count	3.7	10*3 cells/uL	LOW	3.8 - 10.6
***SPECIMEN CHECKED FOR CLOT. VERIFIED BY RERUN ANALYSIS.				
RBC Count	4.97	10*6 cells/uL		4.40 - 6.00
Hemoglobin	11.40	g/dL	LOW	13.50 - 17.00
***SPECIMEN CHECKED FOR CLOT. VERIFIED BY RERUN ANALYSIS.				
Hematocrit	40.2	%	LOW	41.0 - 53.0
MCV	80.9	fL		80.0 - 100.0
MCH	23.0	pg	LOW	26.0 - 34.0
***SPECIMEN CHECKED FOR CLOT. VERIFIED BY RERUN ANALYSIS.				
MCHC	28.4	g/dL	LOW	31.0 - 37.0
***SPECIMEN CHECKED FOR CLOT. VERIFIED BY RERUN ANALYSIS.				
RDW	16.9	%	HIGH	<14.5
Platelet Count	307	10*3 cells/uL		150 - 450
MPV	10.5	fL		7.3 - 11.4
Neutrophil,%	44	%		
Lymphocyte,%	35	%		
Monocyte,%	12	%		
Eosinophil,%	4	%		
Basophil,%	2	%		
Neutrophil,Abs.	1.63	10*3 cells/uL	LOW	1.80 - 7.70
Lymphocyte,Abs.	1.31	10*3 cells/uL		1.10 - 4.00
Monocyte,Abs.	0.46	10*3 cells/uL		0.00 - 0.80
Eosinophil,Abs.	0.16	10*3 cells/uL		0.00 - 0.70
Basophil,Abs.	0.07	10*3 cells/uL		0.00 - 0.20

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THIS WILL BE PAGE 2 OF THE NEW BLOOD REPORT

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The values need to be changed to what is in the Excel file "CRITICAL VALUES"

PHYSICIAN NOTIFICATIONS OF CRITICAL VALUES

The following test results are to result in the immediate notification of the physician:

CHEMISTRY CRITICAL VALUES - SERUM, PLASMA, WHOLE BLOOD	
TEST	RESULT
BNP	>1000
BUN	>100
Ca+	<6.6 OR >13
Creatinine	>5.00
Glucose	>400
K+	<2.9 OR >6.2
MB/CK Index	>2.9
Sodium	<129
Troponin I	>0.4

COAGULATION AND HEMATOLOGY CRITICAL VALUES PLASMA OR WHOLE BLOOD	
TEST	RESULT
PLT COUNT	<40 OR >1000
PT	>54.5
INR	>4.0
PTT	>80.00
HGB	<8.00
WBC	<2.00 OR >40.0
D-Dimer Quant	>499

MICROBIOLOGY CRITICAL VALUES - CULTURE OR MEDIA	
TEST	RESULT
Blood Culture	Positive
Malaria Smear	Positive
Eye Culture	Pseudomonas
Respiratory	Neisseria Meningitides
Synovial Flue	Growth of any kind

TOXIC VALUES - THERAPEUTIC DRUG MONITORING	
TEST	RESULT
Digoxin	>2.0

PROCEDURE: The following items will be recorded on the Notification of Physician of "Critical Values Record: the person placing the call, details of the call and name of the person results were given to and read back, the test result given and the time/date result was given. The record will then be left on top of the requisitions for review by the supervisor and then filed with the appropriate requisition. *Note: If there is no answer, or an answering machine, this is to be noted. An attempt to contact a physician will be repeated at 9:00AM and hourly thereafter until the results have been given.

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NORTH WEST LABS

Blood Collection Reference Guide

Questions? Call 248 301 6917

OR

DON'T SPIN

Light Blue

ALWAYS STAT PICKUP

D-Dimer
Antithrombin AG
Factor VIII
Factor XI
Fibrinogen
Lupus Screen
Protein C
Protein S
Protime/INR
PTT
Thrombine Time

Note: Tube must be filled to the designated line.

****LAB NEEDS TO BE NOTIFIED UPON COLLECTION****

ROYAL / NAVY BLUE

ONLY FOR:
LEAD
HEAVY METALS

SPIN

SST

Alpha1 Antitryp
ANTI - DNA
ANTI - Thyroid Abs
ASO Titer
CA 125
CA 15-3
CA 19-9
CCP, Ab, IgG
CEA
Ceruloplasmin
CMP
C3, C4
CH50 (frozen)
Cortisol
DHEA-S
Digoxin
Dilantin
Electrolytes
Estradiol
Ferritin
Folate
FSH
Hep C
Beta HCG
Haptoglobin
HSV-I IgG
HSV-II IgG
HIV - I/II

Immunofixation
Homocysteine
IgA, IgE, IgG, IgM
AFP (tumor marker)
ANA Multiplex w/ Reflex
Basic Metabolic Panel
CRP (ultrasensitive)
CMV IgG, CMV IgM
EBV IgG, EBV IgM
ENA Abs (SSA, SSB, SM, RNP)
Free Kappa & Lambda
Valproic Acid (depakote)
Vitamin B-12
Vitamin D 25 Hydroxy
Hepatic Function Panel
Hep A IgG, Hep A IgM
Hep B AB Quant
Hep BS Ag
Hep B Core IgG
Hep B Core IgM
Lyme Disease Ab
Testosterone Free
Testosterone Total
Toxo IgG, Toxo IgM

Lipid Panel
LH
* Lithium *
Phenobarbital
Prealbumin
Progesterone
Prolactin
Protein Elect.
PSA
Free PSA
RA
RPR
Syphilis Total AB
Rubella IgG
Sars-Cov 2 IgG
* Tegretol *
Theophylline
TIBC/UIBC
Transferrin
T Uptake
T3, T4 Free
T3, T4 Total
T7
TSH

SPIN

Lavender

ABO Group & RH Type
Antibody Scr. ID if Pos.
BNP
CBC w/ Diff
Hgb A1C
Hgb Electrophoresis
Retic Count
Sed Rate
PTH-Intact

Note: Tube must be full.

-*-AMMONIA -*-
Ammonia must be spun, separated, and frozen

Grey

Blood Alcohol
Glucose
Glucose Challenge - 1 Hr
Glucose Tolerance - 2 Hr
Glucose Tolerance - 3 Hr

Notes:
Tube must be minimum half full.
Tubes must have Time of Collection

STAT PICKUP
****LACTIC ACID****
Spin, Separate & Refrigerate
****LAB NEEDS TO BE NOTIFIED UPON COLLECTION****

SST with *

Therapeutic drugs – Prefer straight Red tube

Quantiferon TB Kit

Order of Draw:
1. Grey
2. Green
3. Yellow
4. Lavender

Do NOT use butterfly due to limited vacuum in tubes.

SPIN

Wait 20 minutes after collection
Centrifuge for 10 minutes at 3500 RPM

URINE CULTURES MUST BE TRANSFERRED INTO A C&S TUBE WITHIN 20 MINUTES OF COLLECTION

To be replaced by "SPECIMEN COLLECTION REFERENCE GUIDE"

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Specimen Collection Reference Guide

Questions? Call 248 301 6917

NORTH WEST LABS

Starswabs II CTS

Ear, Eye, Nasal, Vaginal, Rectal, Skin, Throat, Tongue, Wound, MRSA Culture, and Other Anaerobic Culture
GC Screen
Gram Stain
Rapid Strep A (Throat)
Strep Group B Screen (VAG) (41)

Epredia Biopsy Container

All Sources – Formalin Container

Nasopharyngeal Swab

Bordetella/ Pertussis

Oral Toxicology Swab

Any Confirmation Testing

BD Surepath Swab

Self- Swab HPV

BD (MAX) Molecular Swab

Vaginitis Panel NAA
- BV
- Trich
- Candida sp
- Candida Glabrata

STI Panel
- Chlam/GC
- Trich

Chlam/GC Swab
Trichomonas

Stuart Media Swab

MRSA NAA

Clean Stool Vial

C-Diff
Fecal Fat
H.Pylori Stool
Lactoferrin, Stool

Stool Culture Vial

Stool Culture
GI

O & P Stool Containers

Ova and Parasites

Fecal Occult Blood Test Kit

Fecal Occult Blood Test

Urine Culture Collection Kit

Urine Culture & Sensitivity
UTI PCR & UR Culture PCR

E Swab

Wound PCR
Nail Fungal PCR

24 Hour Urine Jug

- Protein
- Total 24 hour Urine
- Catecholamines
- 24 hour
- Protein Elect & IFE, 24 Hour

Thin Prep

- Pap Smear
- HPV

Breath ID Kit

H. Pylori Breath Test
(Blue & Grey bags only)

Viral Universal Transport Media

Herpes Culture
Viral Culture
Varicella Zoaster PCR
COVID-19 PC
Respiratory Profile PCR
Influenza A & B
RSV

Sterile Collection Container

Urine
- Urinalysis
- Chlam/GC Urine
- Mycoplasma Genitalium
- Trichomonas

All Urine Drug screen and confirmation testing

Other
- Synovial Fluid
- Sputum Culture
- Kidney Stone (4788L)
- GI

TO BE REPLACED BY "SPECIMEN COLLECTION GUIDE"

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PGX Testing

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This page needs a full graphic design with our logo and contact info, "PGX Flyer - Remake"

WISE DIAGNOSTIC SYSTEMS

Tel: 855.WISE.DX.1
Fax: 855.947.3391
www.wisedx.com
info@wisedx.com

What is Drug Response Testing?

Pharmacogenomic (PGX), or drug response testing, is a simple, non-invasive cheek swab that tests to see how you will personally respond to medications based on your genetic makeup/DNA.

Cost Savings

- ☑ The potential savings over time outweigh the cost of Drug Response testing by more than two-fold.
- ☑ On average, residents saved $1,863 after utilizing PGX results to guide treatment.

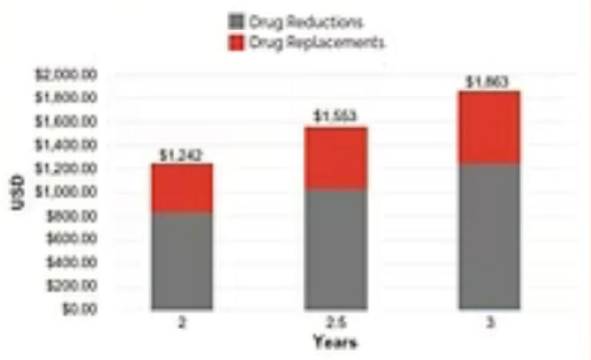


Figure 1: Average savings by category over 2-3 years

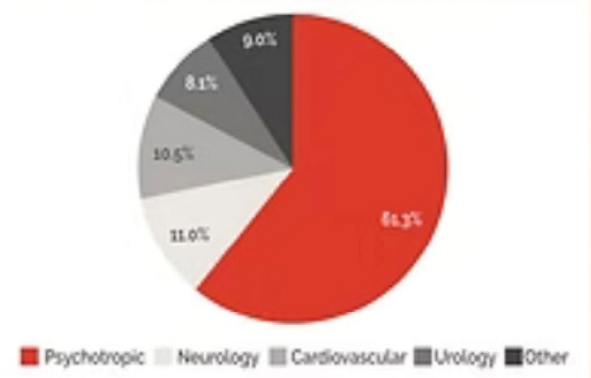


Figure 2: Savings by drug class

Saldivar J, Taylor D, Sugarman E, Cullors A, Garces J, Oades K, Centeno J. Initial assessment of the benefits of implementing pharmacogenetics into the medical management of patients in a long-term care facility. Pharmgenomics Pers Med. 2016;9:1-6 https://doi.org/10.2147/PGPM.S93480

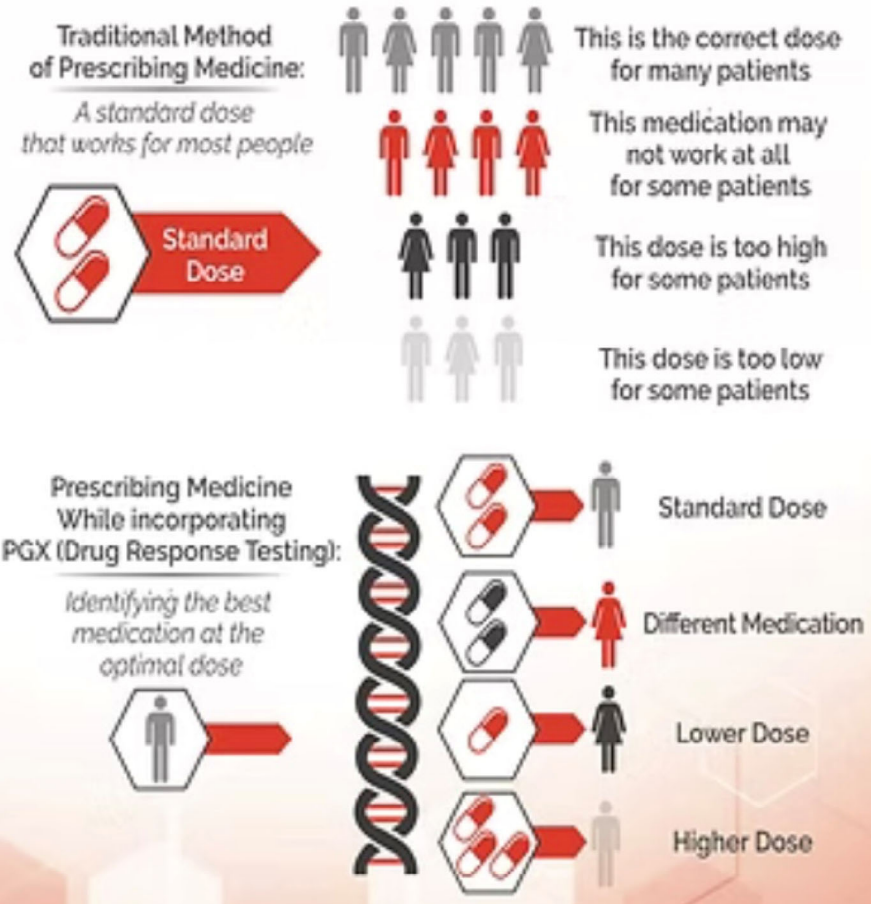
tics Company

Pharmacogenomics (PGX) = Drug Response Testing

What are the Benefits of PGX Drug Response Testing?

- Your DNA doesn't change, so a one-time test is all you'll ever need
- Reduce overall prescriptions
- No more trial-and-error means getting the right medication the first time
- Avoid costly hospitalizations by decreasing patient falls and adverse drug reactions

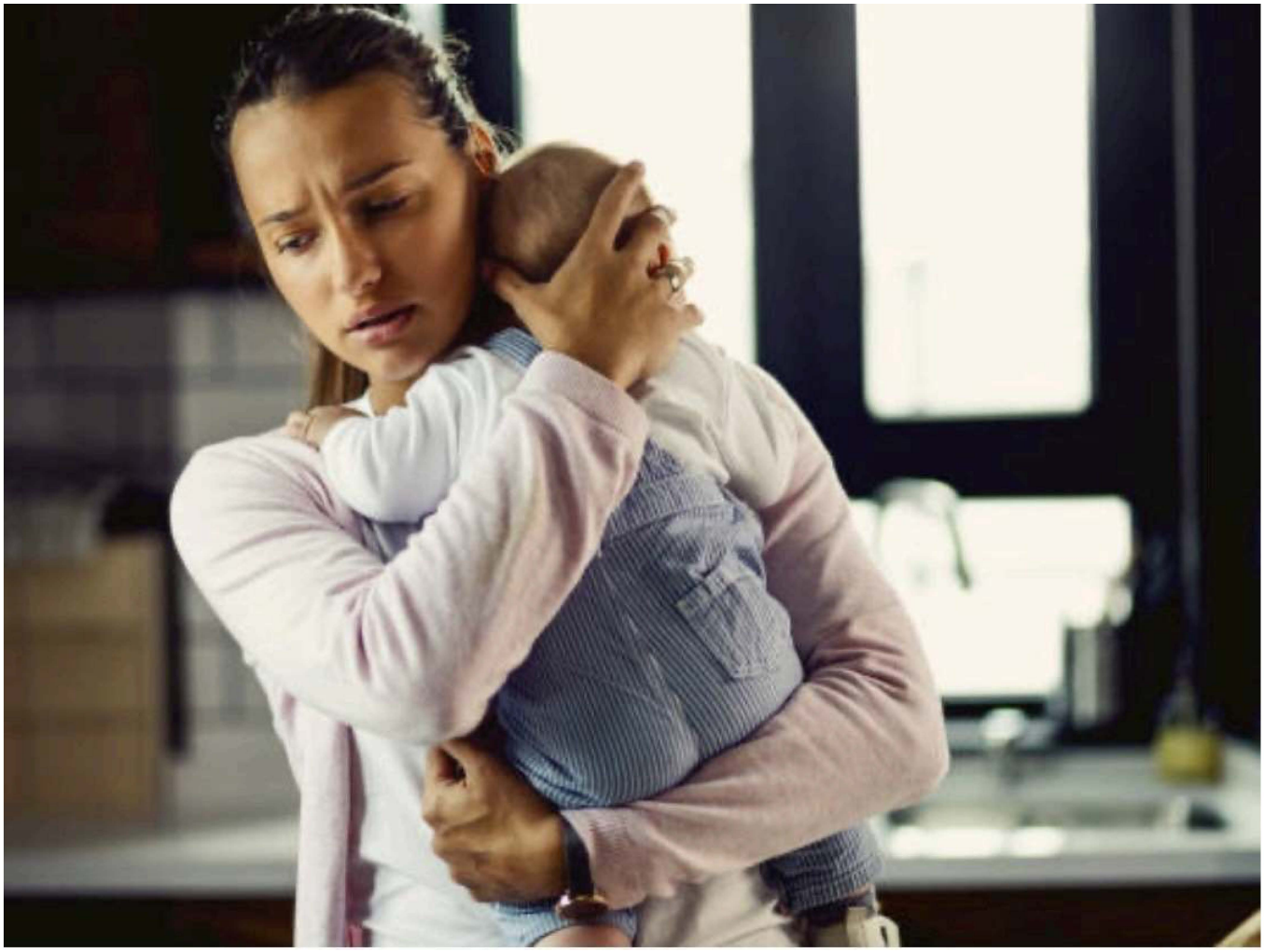
Pharmacogenomics (PGX) = Drug Response Testing



Drug response testing tells your doctor how YOU will respond to a certain medication → Then your doctor can use that information to prescribe the right dose or an alternative medication based on your DNA

This page needs to be completely redesigned to match the rest of the catalog, "PGX Flyer Remake 2"

Postpartum PGx benefits



Pharmacogenomic (PGx) testing for postpartum depression (PPD) can improve treatment outcomes by reducing the trial-and-error approach to medication selection. By analyzing how a person's genes affect their response to medication, PGx tests can help providers choose a more effective medication and dosage with fewer side effects.

How PGx testing helps with postpartum depression

For new mothers, PGx testing can address several key clinical and emotional concerns:

- **Reduced trial-and-error:** Many psychiatric medications, particularly antidepressants, have a low initial success rate. PGx testing can shorten the time it takes to find an effective treatment, which is critical for new mothers experiencing the severe and time-sensitive symptoms of PPD.
- **Reduced adverse effects:** The test can identify gene variants that cause a person to metabolize certain medications too slowly or too quickly, which can lead to adverse drug reactions (ADRs) or ineffective treatment. For a new mother, avoiding these negative side effects can increase compliance and confidence in her treatment plan.
- **Informed decision-making for breastfeeding:**Test results can help alleviate a mother's anxiety about drug metabolites passing into breast milk and potentially harming her infant. With genetic information, a provider can select a medication and dose that is less likely to cause uncommon but severe drug toxicity in the infant, supporting the mother's confidence in breastfeeding.
- **Personalized treatment plan:** PGx testing can inform medication choices for mood disorders like PPD. By revealing how a patient's unique genetic profile affects medication response, it helps to create a more personalized and effective treatment plan.
- **Durable effects:** Studies have suggested that PGx-guided treatment for depression can lead to more lasting symptom improvement and higher remission rates compared to traditional prescribing methods.

Pharmacogenomic (PGx) Testing

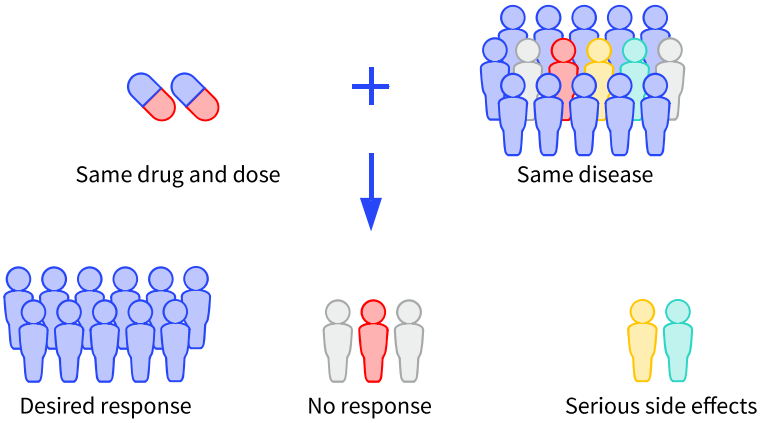
Tests Guide Appropriate Drug Selection and Dosing

American Cancer Society

American Cancer Society Cancer Action Network™

Pharmacogenomic (PGx) testing (also known as pharmacogenomic biomarker testing) is a component of precision medicine that involves examining a patient's inherited genes to detect variations that may impact the way a drug is broken down, absorbed, and used within the body. Sometimes these variations can impact the safety and effectiveness of treatment. The same treatment given to patients with the same disease can produce different responses based on each person's inherited genes.

Prescribing Without Pharmacogenomic Testing



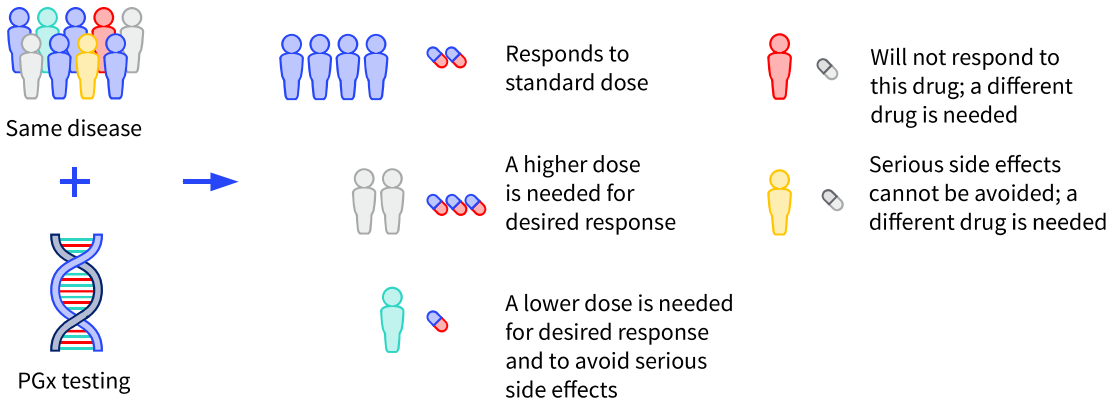
Some gene-cancer drug interactions can have a significant impact on patient outcomes. For example, certain variations in the DPYD gene have been linked to a higher risk of mortality from cancer drugs called fluoropyrimidines.

Toxicity from one of the most commonly used fluoropyrimidines, fluorouracil (5-FU), is estimated to be responsible for more than 1,300 deaths per year.[1] With PGx testing, DPYD gene variations can be identified before a patient is treated with fluoropyrimidines, allowing a provider to adjust dosing (or avoid the drug class entirely) depending on PGx results.

PGx testing can lead to better clinical outcomes for people with cancer by improving the effectiveness of treatment or by reducing the risk of adverse drug reactions that can cause a patient to stop treatment, or in some cases can lead to death.

Prescribing With Pharmacogenomic Testing

By connecting patients to the right treatment and the right dose at the right time, PGx-guided cancer treatment can also be **cost effective or cost-saving.**[2, 3]



1. Hippman C, Nislow C. Pharmacogenomic testing: clinical evidence and implementation challenges. *J Pers Med.* 2019;9(3):40. doi:10.3390/jpm9030040.
2. Rivers Z, Stenehjem DD, Jacobson P, Lou E, Nelson A, Kuntz KM. A cost-effectiveness analysis of pretreatment DPYD and UGT1A1 screening in patients with metastatic colorectal cancer (mCRC) treated with FOLFIRI+bevacizumab (FOLFIRI+Bev). *J Clin Oncol.* 2020;38(4_suppl):168.
3. van der Wouden, CH, Heiralde, M, Guchelaar, HJ, et al. Cost-effectiveness of pharmacogenomics-guided prescribing to prevent gene-drug-related deaths: a decision-analytic model. *Front. Pharmacoll.* 2022 (13): 918493.

To learn more about cancer biomarkers and how they are used, visit **cancer.org/biomarkertests** or call us at **1-800-227-2345**. We're here when you need us.

©2023, American Cancer Society, Inc.

No. 0808.27 Rev. 10/23

This and the next 3 pages are the "PGX Req form" to be added

29580 Northwestern Hwy, STE 120
Southfield, MI 48034
Phone: 248 301 6917
Fax: 248 301 6805
support@nwlabs.com

PATIENT INFORMATION ☐ Demographics Attached			PROVIDER INFORMATION
FIRST NAME:			
LAST NAME:			
DOB:	SEX: ☐ MALE ☐ FEMALE		
ADDRESS:			
CITY:	STATE:	ZIP:	
EMAIL:	PHONE:		

ANCESTRY			SPECIMEN INFORMATION	
☐ African American	☐ Hispanic	☐ East Asian	DATE OF COLLECTION:	TIME: ☐ AM ☐ PM
☐ Caucasian	☐ Pacific Islander	☐ South Asian	SPECIMEN TYPE: ☐ Buccal Swab ☐ Other:	COLLECTOR:
☐ Native American	☐ North African	☐ Other		

INSURANCE INFORMATION		
☐ Insurance	☐ Client Bill	☐ Self-Pay
CARRIER:	GROUP #:	POLICY #:
NAME OF INSURED:	DOB OF INSURED:	RELATIONSHIP:

**Please attach a copy of the insurance card & other demographics*

TEST SELECTION

Current RX or Considering RX: Please put a check mark next to the medications you want to order a test on in either Current RX indicating that you are currently prescribing the medication or Considering RX if you are evaluating the medication for the patient.

ICD10: Please put the diagnosis code that is the reason for the current/considered RX.

Provider Notes: Please describe in as much detail as possible why you are evaluating the medication for Selection, Avoidance or Dosage. e.g. if you are evaluating a current RX for avoidance, please indicate the adverse reaction.

Dosage, Avoidance or Selection: Please select D for Dosage, A for Avoidance or S for selection, you may be evaluating this for all 3 reasons or just one, please indicate which.

PGX INSTRUMENT PANEL:	CYP2C19 APOE	CYP2D6 CYP2C9	COMT CYP3A4	CYP2B6 CYP1A2	CYP3A5 SLCO1B1	F2 F5	MTHFR VKORC1
81418 SUB-PANEL:	CYP2D6	CYP2C19	CYP1A2	APOE	COMT	CYP3A4	

To ensure that **medical necessity** requirements are met, **at least one medication and corresponding diagnosis (ICD-10) code must be selected** from the options below. An additional area is included for any other medications, diagnoses, or notes not listed in the table for comprehensive documentation of the patient's care.

PHYSICIAN AUTHORIZATION

I, the undersigned healthcare provider, acknowledge that when ordering a PGX panel through North West Labs, located at 29580 Northwestern Hwy., Suite 120, Southfield, MI 48034 (NPI: 1568994879, Tax ID: 813538903) I understand and agree to the following terms:

In some or all instances PGX panels and their associated tests will be forwarded to PCR Labs of America (1464 E Whitestone Blvd, Ste 2401, Cedar Park, TX 78613; Phone: (512) 456-0071; Fax: (512) 456-0072) for processing and analysis.

I attest that I am the ordering physician and treating clinician for the patient identified on this requisition.

I confirm that the medical necessity for each test ordered is documented in the patient's record, and I will provide supporting documentation within 72 hours when requested.

I attest that all tests ordered are medically necessary, individualized to the patient's condition, clinically appropriate in frequency, and will guide patient care decisions. I have attached all prescribed medications, over-the-counter drugs, and herbal products that may impact test results. I certify that all information provided, including ICD-10 codes, is accurate and complies with applicable payer medical necessity policies. I confirm that the patient (or their legal guardian) has provided informed consent for this genetic test, and a record of this consent is maintained or attached. I authorize the laboratory to bill the patient and/or their insurance for the ordered tests. I acknowledge that testing will be performed in compliance with all applicable healthcare regulations, including HIPAA and CLIA, as required.

PHYSICIAN SIGNATURE:_____DATE:_____

PATIENT AUTHORIZATION

I voluntarily consent to the collection and testing of my specimen and authorize the laboratory to perform the ordered test and release my test results to the ordering clinician. If I have provided my insurance information, I authorize performing lab to bill my insurance directly, receive payment on my behalf, and act as my designated representative to appeal any denial of health benefits. I understand that I am responsible for any amounts not covered by my insurance, including deductibles, copayments, and coinsurance, and for forwarding any payments I may receive from my insurer to performing lab for services rendered. I confirm that I have an ongoing provider-patient relationship with the ordering provider and that test results will be used in the provision of my healthcare.

You understand that "de-identified" means removal of direct identifiers (e.g., name, medical record number, social security number) so that your identity cannot reasonably be determined. Personal identifiers will be replaced with a unique code. Unless you authorize otherwise, your sample will be destroyed within thirty (30) days of test completion and will not be used for any other purpose. Granting or withholding this authorization is optional and will not affect your testing or results.

Database Participation: You acknowledge that de-identified medical and genetic information may be shared with scientists, health care providers, or databases to advance understanding of human health and disease. No personal identifying information will be shared. While the risk of re-identification is low, it may increase if you have made genetic or medical data publicly available.

Research Participation: If you consent to both database and research participation, NWL may share your de-identified sample and raw data for research purposes, including test development, drug discovery, validation studies, clinical trials, and scientific publications. Your provider, or you directly, if necessary, may be contacted regarding research findings. You acknowledge that any resulting discoveries, tests, or products will be owned by PCHS and its collaborators and may have commercial value. You and your heirs will not receive compensation for such value.

PATIENT SIGNATURE:_____DATE:_____

MEDICATIONS & ICD-10 CODES REQUIRED FOR PHARMACOGENOMIC TESTING (Select all that apply)

Provider Notes: Please describe in as much detail as possible why you are evaluating the medication for Selection, Avoidance or Dosage. e.g. if you are evaluating the current RX for avoidance, please indicate an adverse reaction. ICD List Disclaimer: It is the sole responsibility of the ordering clinician to diagnose the patient accurately and faithfully. The diagnosis codes provided below are published by the CMS for ease of ordering. Any diagnosis codes on the requisition should also be documented in the patients' clinical medical records. Please provide a copy of those records along with the order.

Note - CPT code 81418 will be billed for the following tests: (*CYP2C19, CYP2D6, APOE, COMT, CYP3A4 & CYP1A2*). All other CPT codes associated with additional tests will be billed separately.

CYP2D6

TRICYCLIC ANTIDEPRESSANTS

☐ Amitriptyline (Elavil)
☐ Current ☐ Considering ☐ D ☐ A ☐ S
☐ F32.1 ☐ F32.9 ☐ F33.41
☐ F32.2 ☐ F33.1 ☐ F33.9
☐ F32.3 ☐ F33.2
☐ F32.4 ☐ F33.3
☐ Other: _____

☐ Clomipramine (Anafranil)
☐ Current ☐ Considering ☐ D ☐ A ☐ S
☐ F60.5
☐ Other: _____

☐ Desipramine (Norpramin)
☐ Current ☐ Considering ☐ D ☐ A ☐ S
☐ F32.1 ☐ F32.9 ☐ F33.41
☐ F32.2 ☐ F33.1 ☐ F33.9
☐ F32.3 ☐ F33.2
☐ F32.4 ☐ F33.3
☐ Other: _____

☐ Doxepin (Silenor)
☐ Current ☐ Considering ☐ D ☐ A ☐ S
☐ F32.1 ☐ F32.9 ☐ F33.41
☐ F32.2 ☐ F33.1 ☐ F33.9
☐ F32.3 ☐ F33.2 ☐ G47.09
☐ F32.4 ☐ F33.3
☐ Other: _____

☐ Imipramine (Tofranil)
☐ Current ☐ Considering ☐ D ☐ A ☐ S
☐ F32.1 ☐ F32.9 ☐ F33.41
☐ F32.2 ☐ F33.1 ☐ F33.9
☐ F32.3 ☐ F33.2
☐ F32.4 ☐ F33.3
☐ Other: _____

☐ Nortriptyline (Pamelor, Aventyl)
☐ Current ☐ Considering ☐ D ☐ A ☐ S
☐ F32.1 ☐ F32.9 ☐ F33.41
☐ F32.2 ☐ F33.1 ☐ F33.9
☐ F32.3 ☐ F33.2
☐ F32.4 ☐ F33.3
☐ Other: _____

☐ Trimipramine (Surmontil)
☐ Current ☐ Considering ☐ D ☐ A ☐ S
☐ F32.1 ☐ F32.9 ☐ F33.41
☐ F32.2 ☐ F33.1 ☐ F33.9
☐ F32.3 ☐ F33.2
☐ F32.4 ☐ F33.3
☐ Other: _____

CNS STIMULANTS

☐ Amphetamine (Eveko, Dyanavel XR, Adzenys XR-ODT)
☐ Current ☐ Considering ☐ D ☐ A ☐ S
☐ F90.1 ☐ F90.2 ☐ F90.8
☐ Other: _____

☐ Atomoxetine (Strattera)
☐ Current ☐ Considering ☐ D ☐ A ☐ S
☐ F90.1 ☐ F90.2 ☐ F90.8
☐ Other: _____

☐ Pitolisant (Wakix)
☐ Current ☐ Considering ☐ D ☐ A ☐ S
☐ G47.411 ☐ G47.419
☐ Other: _____

ADRENERGIC AGENTS

☐ Carvedilol (Coreg)
☐ Current ☐ Considering ☐ D ☐ A ☐ S
☐ I50.1 ☐ I50.40 ☐ I50.9
☐ I50.20 ☐ I50.89 ☐ I10
☐ I50.30 ☐ Other: _____

☐ Lofexidine (Lucemyra)
☐ Current ☐ Considering ☐ D ☐ A ☐ S
☐ F11.23 ☐ Other:_____

SSRI's

☐ Citalopram (Celexa)
☐ Current ☐ Considering ☐ D ☐ A ☐ S
☐ F32.1 ☐ F32.9 ☐ F33.41
☐ F32.2 ☐ F33.1 ☐ F33.9
☐ F32.3 ☐ F33.2 ☐ F33.3
☐ F32.4 ☐ Other: _____

☐ Escitalopram (Lexapro)
☐ Current ☐ Considering ☐ D ☐ A ☐ S
☐ F32.1 ☐ F32.9 ☐ F33.41
☐ F32.2 ☐ F33.1 ☐ F33.9
☐ F32.3 ☐ F33.2 ☐ F41.1
☐ F32.4 ☐ F33.3
☐ Other: _____

☐ Fluvoxamine (Luvox)
☐ Current ☐ Considering ☐ D ☐ A ☐ S
☐ F60.5 ☐ Other_____

☐ Paroxetine (Paxil)
☐ Current ☐ Considering ☐ D ☐ A ☐ S
☐ F32.1 ☐ F33.2 ☐ F41.0
☐ F32.2 ☐ F33.3 ☐ F41.1
☐ F32.3 ☐ F33.41 ☐ F43.11
☐ F32.4 ☐ F33.9 ☐ F43.12
☐ F32.9 ☐ F40.01 ☐ F32.81
☐ F33.1 ☐ F40.11
☐ Other: _____

☐ Sertraline (Zoloft)
☐ Current ☐ Considering ☐ D ☐ A ☐ S
☐ F32.1 ☐ F33.1 ☐ F40.11
☐ F32.2 ☐ F33.2 ☐ F41.0
☐ F32.3 ☐ F33.3 ☐ F43.11
☐ F32.4 ☐ F33.41 ☐ F43.12
☐ F32.81 ☐ F33.9 ☐ F60.5
☐ F32.9 ☐ F40.01
☐ Other: _____

☐ Venlafaxine (Effexor)
☐ Current ☐ Considering ☐ D ☐ A ☐ S
☐ F32.1 ☐ F32.9 ☐ F33.41
☐ F32.2 ☐ F33.1 ☐ F33.9
☐ F32.3 ☐ F33.2 ☐ F33.3
☐ F32.4 ☐ Other: _____

VMAT2 INHIBITORS

☐ Deutetrabenazine (Austedo)
☐ Current ☐ Considering ☐ D ☐ A ☐ S
☐ G10 ☐ G24.01
☐ Other: _____

☐ Tetrabenazine (Nitoman, Xenazine)
☐ Current ☐ Considering ☐ D ☐ A ☐ S
☐ G10 ☐ Other: _____

☐ Valbenazine (Ingrezza)
☐ Current ☐ Considering ☐ D ☐ A ☐ S
☐ G24.01 ☐ Other: _____

ANTICHOLINERGICS

☐ Tolterodine (Detrol)
☐ Current ☐ Considering ☐ D ☐ A ☐ S
☐ N32.81 ☐ N39.41 ☐ N39.46
☐ Other: _____

CHOLINERIC AGENTS

☐ Cevimeline (Evoxac)
☐ Current ☐ Considering ☐ D ☐ A ☐ S
☐ M35.00 ☐ Other: _____

ANTINEOPLASTICS/ONCOLOGY

☐ Gefitinib (Iressa)
☐ Current ☐ Considering ☐ D ☐ A ☐ S
☐ C34.90 ☐ Other: _____

☐ Tamoxifen (Soltamox, Nolvadex)
☐ Current ☐ Considering ☐ D ☐ A ☐ S
☐ C50.919 ☐ C50.929
☐ Other: _____

ANTIARRHYTHMICS

☐ Propafenone (Rythmol)
☐ Current ☐ Considering ☐ D ☐ A ☐ S
☐ I48.0 ☐ I48.11 ☐ I48.19
☐ Other: _____

ANTIEMETICS/PROKINETICS

☐ Meclizine (Antivert)
☐ Current ☐ Considering ☐ D ☐ A ☐ S
☐ T75.3XXA ☐ T75.3XXS ☐ T75.3XXD
☐ R11.2 ☐ Other: _____

☐ Metoclopramide (Reglan, Metozolv)
☐ Current ☐ Considering ☐ D ☐ A ☐ S
☐ R11.2 ☐ K21.00 ☐ K21.9
☐ K31.84 ☐ K21.01
☐ Other: _____

☐ Ondansetron (Zofran)
☐ Current ☐ Considering ☐ D ☐ A ☐ S
☐ R11.2 ☐ Other_____

☐ Tropisetron (Navoban)
☐ Current ☐ Considering ☐ D ☐ A ☐ S
☐ R11.2 ☐ Other_____

ENZYME INHIBITORS

☐ Eliglustat (Cerdelga)
☐ Current ☐ Considering ☐ D ☐ A ☐ S
☐ E75.22 ☐ Other: _____

ANTIPSYCHOTICS

☐ Aripiprazole (Abilify)
☐ Current ☐ Considering ☐ D ☐ A ☐ S
☐ F20.0 ☐ F33.1 ☐ F31.4
☐ F20.1 ☐ F33.2 ☐ F31.5
☐ F20.2 ☐ F33.3 ☐ F31.61
☐ F20.3 ☐ F33.41 ☐ F31.62
☐ F20.5 ☐ F33.9 ☐ F31.63
☐ F20.81 ☐ F31.0 ☐ F31.64
☐ F20.89 ☐ F31.11 ☐ F31.71
☐ F32.1 ☐ F31.12 ☐ F31.73
☐ F32.2 ☐ F31.13 ☐ F31.75
☐ F32.3 ☐ F31.2 ☐ F31.77
☐ F32.4 ☐ F31.31 ☐ F84.0
☐ F32.9 ☐ F31.32 ☐ F95.2
☐ Other: _____

☐ Pimozide (Orap)
☐ Current ☐ Considering ☐ D ☐ A ☐ S
☐ F95.2 ☐ Other_____

ANTIPSYCHOTICS (CONT)

☐ Aripiprazole Lauroxil (Aristrada)
☐ Current ☐ Considering ☐ D ☐ A ☐ S
☐ F20.0 ☐ F20.3 ☐ F20.89
☐ F20.1 ☐ F20.5 ☐ F20.81
☐ F20.2 ☐ Other: _____

☐ Brexpiprazole (Rexulti)
☐ Current ☐ Considering ☐ D ☐ A ☐ S
☐ F20.0 ☐ F20.89 ☐ F33.1
☐ F20.1 ☐ F32.1 ☐ F33.2
☐ F20.2 ☐ F32.2 ☐ F33.3
☐ F20.3 ☐ F32.3 ☐ F33.41
☐ F20.5 ☐ F32.4 ☐ F33.9
☐ F20.81 ☐ F32.9
☐ Other: _____

☐ Clozapine (Clozaril, Versacloz, FazaClo ODT)
☐ Current ☐ Considering ☐ D ☐ A ☐ S
☐ F20.0 ☐ F20.3 ☐ F20.89
☐ F20.1 ☐ F20.5 ☐ R45.851
☐ F20.2 ☐ F20.81
☐ Other: _____

☐ Iloperidone (Fanapt)
☐ Current ☐ Considering ☐ D ☐ A ☐ S
☐ F20.0 ☐ F20.3 ☐ F20.89
☐ F20.1 ☐ F20.5 ☐ F20.81
☐ F20.2 ☐ Other: _____

☐ Perphenazine (Trilafon, Etrafon, Triavil, Triptafen)
☐ Current ☐ Considering ☐ D ☐ A ☐ S
☐ F20.0 ☐ F20.3 ☐ F20.89
☐ F20.1 ☐ F20.5 ☐ R11.2
☐ F20.2 ☐ F20.81
☐ Other: _____

☐ Thioridazine (Mellaril)
☐ Current ☐ Considering ☐ D ☐ A ☐ S
☐ F20.0 ☐ F20.2 ☐ F20.5
☐ F20.1 ☐ F20.3 ☐ F20.81
☐ Other: _____

☐ Codeine (Nelx AC, VroveX CB, BroveX CBX, EndaCof-AC)
☐ Current ☐ Considering ☐ D ☐ A ☐ S
☐ G89.11 ☐ G89.29 ☐ G89.18
☐ R52 ☐ Other: _____

☐ Hydrocodone (Vicodin, Loratab, Lorcet-HD, Hycodan, Vicoprofen)
☐ Current ☐ Considering ☐ D ☐ A ☐ S
☐ G89.11 ☐ G89.29 ☐ G89.18
☐ R52 ☐ Other: _____

☐ Oliceridine (Olinvyk)
☐ Current ☐ Considering ☐ D ☐ A ☐ S
☐ G89.11 ☐ G89.18 ☐ R52
☐ Other: _____

☐ Tramadol (Ultram)
☐ Current ☐ Considering ☐ D ☐ A ☐ S
☐ G89.11 ☐ G89.29 ☐ G89.18
☐ R52 ☐ Other: _____

Note- CPT code 81418 will be billed for the following tests: (*CYP2C19, CYP2D6, APOE, COMT, CYP3A4 & CYP1A2*). All other CPT codes associated with additional tests will be billed separately.

CYP2C19

ANTICONVULSANTS

☐ Brivaracetam (Briviact)
☐ Current ☐ Considering ☐ D ☐ A ☐ S
☐ G40.101 ☐ G40.119 ☐ G40.211
☐ G40.109 ☐ G40.201 ☐ G40.219
☐ G40.111 ☐ G40.209
☐ Other: _____

☐ Clobazam (Onfi)
☐ Current ☐ Considering ☐ D ☐ A ☐ S
☐ G40.811 ☐ G40.813
☐ G40.812 ☐ G40.814
☐ Other: _____

SNRIS & OTHER SEROTONERGIC AGENTS

☐ Flibanserin (Addyl)
☐ Current ☐ Considering ☐ D ☐ A ☐ S
☐ F52.0 ☐ Other: _____

ANTIPLATELETS

☐ Clopidogrel (Plavix)
☐ Current ☐ Considering ☐ D ☐ A ☐ S
☐ I20.0 ☐ I21.4 ☐ I69.30
☐ I21.01 ☐ I21.A1 ☐ Z86.73
☐ I21.02 ☐ I21.A9 ☐ Z98.61
☐ I21.09 ☐ I22.0 ☐ Z98.62
☐ I21.11 ☐ I22.1 ☐ I21.B
☐ I21.19 ☐ I22.2 ☐ I25.2
☐ I21.29 ☐ I22.8
☐ Other: _____

ANTINEOPLASTICS/ONCOLOGY

☐ Belzutifan (Welireg)
☐ Current ☐ Considering ☐ D ☐ A ☐ S
☐ C25.4 ☐ C67.3 ☐ D13.7
☐ C64.1 ☐ C67.4 ☐ D18.02
☐ C64.2 ☐ C67.5 ☐ D32.0
☐ C65.1 ☐ C67.6 ☐ D32.1
☐ C65.2 ☐ C67.7 ☐ D33.0
☐ C66.1 ☐ C67.8 ☐ D33.1
☐ C66.2 ☐ C68.0 ☐ D33.3
☐ C67.0 ☐ C68.1 ☐ D33.4
☐ C67.1 ☐ C68.8 ☐ D33.7
☐ C67.2 ☐ C7A.093
☐ Other: _____

TRICYCLIC ANTIDEPRESSANTS

☐ Amitriptyline (Elavil)
☐ Current ☐ Considering ☐ D ☐ A ☐ S
☐ F32.1 ☐ F32.9 ☐ F33.41
☐ F32.2 ☐ F33.1 ☐ F33.9
☐ F32.3 ☐ F33.2 ☐ F33.3
☐ F32.4 ☐ Other: _____

☐ Clomipramine (Anafranil)
☐ Current ☐ Considering ☐ D ☐ A ☐ S
☐ F60.5 ☐ Other: _____

☐ Desipramine (Norpramin)
☐ Current ☐ Considering ☐ D ☐ A ☐ S
☐ F32.1 ☐ F32.9 ☐ F33.41
☐ F32.2 ☐ F33.1 ☐ F33.9
☐ F32.3 ☐ F33.2 ☐ F33.3
☐ F32.4 ☐ Other: _____

☐ Doxepin (Silenor)
☐ Current ☐ Considering ☐ D ☐ A ☐ S
☐ F32.1 ☐ F32.9 ☐ F33.41
☐ F32.2 ☐ F33.1 ☐ F33.9
☐ F32.3 ☐ F33.2 ☐ G47.09
☐ F32.4 ☐ F33.3
☐ Other: _____

☐ Imipramine (Tofranil)
☐ Current ☐ Considering ☐ D ☐ A ☐ S
☐ F32.1 ☐ F32.9 ☐ F33.41
☐ F32.2 ☐ F33.1 ☐ F33.9
☐ F32.3 ☐ F33.2 ☐ F33.3
☐ F32.4 ☐ Other: _____

☐ Nortriptyline (Pamelor, Aventyl)
☐ Current ☐ Considering ☐ D ☐ A ☐ S
☐ F32.1 ☐ F32.9 ☐ F33.41
☐ F32.2 ☐ F33.1 ☐ F33.9
☐ F32.3 ☐ F33.2 ☐ F33.3
☐ F32.4 ☐ Other: _____

☐ Trimipramine (Surmontil)
☐ Current ☐ Considering ☐ D ☐ A ☐ S
☐ F32.1 ☐ F32.9 ☐ F33.41
☐ F32.2 ☐ F33.1 ☐ F33.9
☐ F32.3 ☐ F33.2 ☐ F33.3
☐ F32.4 ☐ Other: _____

SSRI's

☐ Citalopram (Celexa)
☐ Current ☐ Considering ☐ D ☐ A ☐ S
☐ F32.1 ☐ F32.9 ☐ F33.41
☐ F32.2 ☐ F33.1 ☐ F33.9
☐ F32.3 ☐ F33.2 ☐ F33.3
☐ F32.4 ☐ Other: _____

☐ Escitalopram (Lexapro)
☐ Current ☐ Considering ☐ D ☐ A ☐ S
☐ F32.1 ☐ F32.9 ☐ F33.41
☐ F32.2 ☐ F33.1 ☐ F33.9
☐ F32.3 ☐ F33.2 ☐ F41.1
☐ F32.4 ☐ F33.3
☐ Other: _____

☐ Fluvoxamine (Luvox)
☐ Current ☐ Considering ☐ D ☐ A ☐ S
☐ F60.5 ☐ Other: _____

☐ Paroxetine (Paxil)
☐ Current ☐ Considering ☐ D ☐ A ☐ S
☐ F32.1 ☐ F33.2 ☐ F41.0
☐ F32.2 ☐ F33.3 ☐ F41.1
☐ F32.3 ☐ F33.41 ☐ F43.11
☐ F32.4 ☐ F33.9 ☐ F43.12
☐ F32.9 ☐ F40.01 ☐ F32.81
☐ F33.1 ☐ F40.11
☐ Other: _____

☐ Sertraline (Zoloft)
☐ Current ☐ Considering ☐ D ☐ A ☐ S
☐ F32.1 ☐ F33.1 ☐ F40.11
☐ F32.2 ☐ F33.2 ☐ F41.0
☐ F32.3 ☐ F33.3 ☐ F43.11
☐ F32.4 ☐ F33.41 ☐ F43.12
☐ F32.81 ☐ F33.9 ☐ F60.5
☐ F32.9 ☐ F40.01
☐ Other: _____

ANTIFUNGALS

☐ Voriconazole (Vfend)
☐ Current ☐ Considering ☐ D ☐ A ☐ S
☐ B37.81 ☐ B44.0 ☐ B37.81
☐ B37.89 ☐ B48.8
☐ Other: _____

PROTON PUMP INHIBITORS (PPIS)

☐ Dexlansoprazole (Dexilant)
☐ Current ☐ Considering ☐ D ☐ A ☐ S
☐ E16.4 ☐ K21.9 ☐ K26.6
☐ E31.20 ☐ K22.10 ☐ K26.7
☐ K21.00 ☐ K22.11 ☐ K26.9
☐ K21.01 ☐ K25.9
☐ Other: _____

☐ Lansoprazole (Prevacid)
☐ Current ☐ Considering ☐ D ☐ A ☐ S
☐ E16.4 ☐ K21.9 ☐ K26.6
☐ E31.20 ☐ K22.10 ☐ K26.7
☐ K21.00 ☐ K22.11 ☐ K26.9
☐ K21.01 ☐ K25.9
☐ Other: _____

☐ Omeprazole (Prilosec)
☐ Current ☐ Considering ☐ D ☐ A ☐ S
☐ E16.4 ☐ K21.9 ☐ K26.6
☐ E31.20 ☐ K22.10 ☐ K26.7
☐ K21.00 ☐ K22.11 ☐ K26.9
☐ K21.01 ☐ K25.9
☐ Other: _____

☐ Pantoprazole (Protonix)
☐ Current ☐ Considering ☐ D ☐ A ☐ S
☐ E16.4 ☐ K21.9 ☐ K26.6
☐ E31.20 ☐ K22.10 ☐ K26.7
☐ K21.00 ☐ K22.11 ☐ K26.9
☐ K21.01 ☐ K25.9
☐ Other: _____

IMMUNOSUPPORESSANTS

☐ Abrocitinib (Cibinqo)
☐ Current ☐ Considering ☐ D ☐ A ☐ S
☐ L20.89 ☐ Other: _____

CARDIOVASCULAR AGENTS

☐ Mavacamten (Camzyos)
☐ Current ☐ Considering ☐ D ☐ A ☐ S
☐ I42.1 ☐ Other:

CYP2C9

ANTICONVULSANTS

☐ Fosphenytoin (Cerebyx)
☐ Current ☐ Considering ☐ D ☐ A ☐ S
☐ G40.201 ☐ G40.309 ☐ G40.411
☐ G40.209 ☐ G40.311 ☐ G40.419
☐ G40.211 ☐ G40.319 ☐ Z48.811
☐ G40.219 ☐ G40.401 ☐ G40.409
☐ G40.301 ☐ Other: _____

☐ Phenytoin (Dilantin, Phenytek)
☐ Current ☐ Considering ☐ D ☐ A ☐ S
☐ G40.201 ☐ G40.309 ☐ G40.411
☐ G40.209 ☐ G40.311 ☐ G40.419
☐ G40.211 ☐ G40.319 ☐ Z48.811
☐ G40.219 ☐ G40.401 ☐ G40.409
☐ G40.301 ☐ Other: _____

NSAIDs

☐ Celecoxib (Celebrex)
☐ Current ☐ Considering ☐ D ☐ A ☐ S
☐ M06.8A ☐ M19.09 ☐ M19.29
☐ Other: _____

☐ Flurbiprofen (Ansaid)
☐ Current ☐ Considering ☐ D ☐ A ☐ S
☐ M06.8A ☐ M19.09 ☐ M19.29
☐ Other: _____

☐ Ibuprofen (Advil, Motrin, Nurofen)
☐ Current ☐ Considering ☐ D ☐ A ☐ S
☐ M06.8A ☐ M19.09 ☐ M19.29
☐ Other: _____

☐ Lornoxicam (Xefo)
☐ Current ☐ Considering ☐ D ☐ A ☐ S
☐ M06.8A ☐ M19.09 ☐ M19.29
☐ Other: _____

NSAIDs (CONT)

☐ Meloxicam (Mobic, Vivlodex)
☐ Current ☐ Considering ☐ D ☐ A ☐ S
☐ M06.8A ☐ M19.09 ☐ M19.29
☐ Other: _____

☐ Piroxicam (Feldene)
☐ Current ☐ Considering ☐ D ☐ A ☐ S
☐ M06.8A ☐ M19.09 ☐ M19.29
☐ Other: _____

☐ Tenoxicam (Tilcotil)
☐ Current ☐ Considering ☐ D ☐ A ☐ S
☐ M06.8A ☐ M19.09 ☐ M19.29
☐ Other: _____

ANTIEMETICS/PROKINETICS

☐ Dronabinol (Marinol, Syndros)
☐ Current ☐ Considering ☐ D ☐ A ☐ S
☐ Other: _____

ANTINEOPLASTICS/ONCOLOGY

☐ Erdafitinib (Balversa)
☐ Current ☐ Considering ☐ D ☐ A ☐ S
☐ Other: _____

ANTIDIABETIC AGENTS

☐ Nateglinide (Starlix)
☐ Current ☐ Considering ☐ D ☐ A ☐ S
☐ T38.3X5A ☐ Other: _____

IMMUNOSUPPORESSANTS

☐ Siponimod (Mayzent)
☐ Current ☐ Considering ☐ D ☐ A ☐ S
☐ Other: _____

STATINS

☐ Fluvastatin (Lescol)
☐ Current ☐ Considering ☐ D ☐ A ☐ S
☐ E11.8 ☐ E78.1 ☐ Z86.73
☐ E11.9 ☐ E78.2 ☐ Z86.79
☐ E78.00 ☐ E78.49 ☐ I25.10
☐ E78.01 ☐ Z86.39
☐ Other: _____

CYP2B6

SSRI's

☐ Sertraline (Zoloft)
☐ Current ☐ Considering ☐ D ☐ A ☐ S
☐ F32.1 ☐ F33.1 ☐ F40.11 ☐ F32.4 ☐ F33.41 ☐ F43.12
☐ F32.2 ☐ F33.2 ☐ F41.0 ☐ F32.81 ☐ F33.9 ☐ F60.5
☐ F32.3 ☐ F33.3 ☐ F43.11 ☐ F32.9 ☐ F40.01
☐ Other: _____

ANTIRETROVIRAL

☐ Efavirenz (Sustiva)
☐ Current ☐ Considering ☐ D ☐ A ☐ S
☐ B20
☐ Other: _____

CYP3A5

IMMUNOSUPPORESSANTS

☐ Tacrolimus (Prograf, Envarsus XR, Astagraf XL)
☐ Current ☐ Considering ☐ D ☐ A ☐ S
☐ Z94.0 ☐ Z94.1 ☐ Z94.4
☐ Other: _____

SLCO1B1

STATINS

☐ Atorvastatin (Lipitor)

☐ Current ☐ Considering ☐ D ☐ A ☐ S

☐ E11.8	☐ E78.1	☐ Z86.73
☐ E11.9	☐ E78.2	☐ Z86.79
☐ E78.00	☐ E78.49	☐ I25.10
☐ E78.01	☐ Z86.39	

☐ Other: _____

☐ Pravastatin (Pravachol)

☐ Current ☐ Considering ☐ D ☐ A ☐ S

☐ E11.8	☐ E78.1	☐ Z86.73
☐ E11.9	☐ E78.2	☐ Z86.79
☐ E78.00	☐ E78.49	☐ I25.10
☐ E78.01	☐ Z86.39	

☐ Other: _____

☐ Lovastatin (Mevacor, Altoprev)

☐ Current ☐ Considering ☐ D ☐ A ☐ S

☐ E11.8	☐ E78.1	☐ Z86.73
☐ E11.9	☐ E78.2	☐ Z86.79
☐ E78.00	☐ E78.49	☐ I25.10
☐ E78.01	☐ Z86.39	

☐ Other: _____

☐ Fluvastatin (Lescol)

☐ Current ☐ Considering ☐ D ☐ A ☐ S

☐ E11.8	☐ E78.1	☐ Z86.73
☐ E11.9	☐ E78.2	☐ Z86.79
☐ E78.00	☐ E78.49	☐ I25.10
☐ E78.01	☐ Z86.39	

☐ Other: _____

☐ Pitavastatin (Livalo, Zypitamag)

☐ Current ☐ Considering ☐ D ☐ A ☐ S

☐ E11.8	☐ E78.1	☐ Z86.73
☐ E11.9	☐ E78.2	☐ Z86.79
☐ E78.00	☐ E78.49	☐ I25.10
☐ E78.01	☐ Z86.39	

☐ Other: _____

☐ Simvastatin (Zocor)

☐ Current ☐ Considering ☐ D ☐ A ☐ S

☐ E11.8	☐ E78.1	☐ Z86.73
☐ E11.9	☐ E78.2	☐ Z86.79
☐ E78.00	☐ E78.49	☐ I25.10
☐ E78.01	☐ Z86.39	

☐ Other: _____

☐ Rosuvastatin (Crestor)

☐ Current ☐ Considering ☐ D ☐ A ☐ S

☐ E11.8	☐ E78.1	☐ Z86.73
☐ E11.9	☐ E78.2	☐ Z86.79
☐ E78.00	☐ E78.49	☐ I25.10
☐ E78.01	☐ Z86.39	

☐ Other: _____

OTHER MEDICATIONS, NOTES, AND DIAGNOSTIC CODES (ICD-10)

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

☐ Medications Attached

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

☐ ICD-10 Codes & Notes Attached

FACTOR II & FACTOR V (DIAGNOSTIC GENES INDEPENDENT OF MEDICATION)

ICD List Disclaimer: It is the sole responsibility of the ordering clinician to diagnose the patient accurately and faithfully. The diagnosis codes provided below are published by the CMS for ease of ordering. Any diagnosis codes on the requisition MUST also be documented in the patients' clinical medical records. Please provide a copy of those records along with the order.

☐ I81.0	☐ I82.4Z1	☐ I82.612	☐ I82.0	☐ I82.4Z2	☐ I82.613	☐ I82.1	☐ I82.4Z3	☐ I82.621	☐ I82.210	☐ I82.501	☐ I82.622
☐ I82.211	☐ I82.502	☐ I82.623	☐ I82.220	☐ I82.503	☐ I82.701	☐ I82.221	☐ I82.511	☐ I82.702	☐ I82.290	☐ I82.512	☐ I82.703
☐ I82.291	☐ I82.513	☐ I82.711	☐ I82.3	☐ I82.521	☐ I82.712	☐ I82.401	☐ I82.522	☐ I82.713	☐ I82.402	☐ I82.523	☐ I82.721
☐ I82.403	☐ I82.531	☐ I82.722	☐ I82.411	☐ I82.532	☐ I82.723	☐ I82.412	☐ I82.533	☐ I82.A11	☐ I82.413	☐ I82.541	☐ I82.A12
☐ I82.421	☐ I82.542	☐ I82.A13	☐ I82.422	☐ I82.543	☐ I82.A21	☐ I82.423	☐ I82.551	☐ I82.A22	☐ I82.431	☐ I82.552	☐ I82.A23
☐ I82.432	☐ I82.553	☐ I82.B11	☐ I82.433	☐ I82.561	☐ I82.B12	☐ I82.441	☐ I82.562	☐ I82.B13	☐ I82.442	☐ I82.563	☐ I82.B21
☐ I82.443	☐ I82.591	☐ I82.B22	☐ I82.451	☐ I82.592	☐ I82.B23	☐ I82.452	☐ I82.593	☐ I82.C11	☐ I82.453	☐ I82.5Y1	☐ I82.C12
☐ I82.461	☐ I82.5Y2	☐ I82.C13	☐ I82.462	☐ I82.5Y3	☐ I82.C21	☐ I82.463	☐ I82.5Z1	☐ I82.C22	☐ I82.491	☐ I82.5Z2	☐ I82.C23
☐ I82.492	☐ I82.5Z3	☐ I82.811	☐ I82.493	☐ I82.601	☐ I82.812	☐ I82.4Y1	☐ I82.602	☐ I82.813	☐ I82.4Y2	☐ I82.603	☐ I82.890
☐ I82.4Y3	☐ I82.611	☐ I82.91									

Delete all of the triangles and numbers

NORTH WEST LABS

PGX TEST MENU

Analgesia

3
Amitriptyline

1
Carisoprodol
Celecoxib

3
Codeine
Desipramine

1
Flurbiprofen

1
Hydrocodone
Ibuprofen

3
Imipramine

1
Meloxicam
Methadone

3
Nortriptyline

1
Oliceridine

1
Oxycodone
Piroxicam
Tenoxicam

3
Tramadol

1
Venlafaxine

Autoimmune

1
Siponimod

2
Tacrolimus

2
Cyclosporine

1
Methotrexate

Cancer

1
Erdafitinib
Gefitinib
Methotrexate
Tamoxifen

Cardiovascular

1
Lovastatin

2
Mavacamten

1
Metoprolol
Nebivolol
Pitavastatin
Pravastatin

2
Propafenone

1
Propranolol

1
Rosuvastatin
Simvastatin

2
Warfarin

2
Atorvastatin

1
Carvedilol

3
Clopidogrel

2
Flecainide

1
Fluvastatin

Endocrinology

1
Nateglinide

Gastroenterology

2
Dexlansoprazole

1
Dronabinol
Esomeprazole

2
Lansoprazole
Meclizine

1
Methotrexate
Metoclopramide

2
Omeprazole

3
Ondansetron

2
Pantoprazole

1
Rabeprazole

Infection

2
Efavirenz
Nevirapine

1
Voriconazole

Mental Health

3
Amitriptyline

1
Amoxapine
Amphetamine
Aripiprazole
Aripiprazole lauroxil

2
Atomoxetine

1
Iloperidone

3
Imipramine

1
Lofexidine
Methadone
Methylphenidate
Mirtazapine

3
Nortriptyline
Paroxetine

1
Perphenazine
Pimozide
Protriptyline
Quetiapine

2
Risperidone
Sertraline

1
Thioridazine

1
Iloperidone

3
Imipramine

1
Lofexidine
Methadone
Methylphenidate
Mirtazapine

3
Nortriptyline
Paroxetine

1
Perphenazine
Pimozide
Protriptyline
Quetiapine

2
Risperidone
Sertraline

3
Trimipramine

1
Venlafaxine
Viloxazine

3
Vortioxetine

2
zuclopenthixol

Neurology

1
Aducanumab

3
Amitriptyline

1
Brivaracetam

2
clobazam

1
Deutetrabenazine
Dextromethorphan/
Quinidine
Diazepam

1
Donepezil
Fosphenytoin
Galantamine
Lecanemab
Metoprolol
Phenytoin
Pitolisant
Propranolol
Tetrabenazine
Valbenazine
Venlafaxine

Other

1
Abrocitinib
Avatrombopag
Cevimeline
Elagolix

3
Eliglustat

1
Eltrombopag
Flibanserin

1
Lusutrombopag
Oral contraceptives

Rheumatology

1
Celecoxib
Flurbiprofen
Ibuprofen
Meloxicam
Methotrexate
Piroxicam
Tenoxicam

Urology

1
Daritenacin
Fesoterodine
Mirabegron
Tamsulosin
Tolterodine

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NORTH WEST LABS

PATIENT INFORMATION
NAME: xxxxxxx
DOB: xx/xx/xxxx
SEX AT BIRTH: Male

SPECIMEN DETAILS
BARCODE: 4688987
SAMPLE ID: 4688987
TYPE: Swab
COLLECTED: 11/May/2023

ORDERED BY
Test Provider
GENERATED: 09/Jul/2025

Medication Summary Table

The medication. The Medication Summary Table lists medications with pharmacogenetic associations, organized by therapeutic area and drug-gene interaction severity. Some medications appear in multiple columns within moderate drug-gene interactions due to various possible effects or associations with multiple genes. The highest severity is prioritized (moderate/severe) from all relevant sources and genes for Warfarin appears in multiple columns because its dosing cannot be predicted based on PGx alone and other factors may increase or reduce dose requirement. See Medication Report *for full details.*Indicates current medications

	1 Mild or no drug-gene interaction: no PGx-based action; standard precautions apply	2 Moderate drug-gene interaction: Consider alternative medications	May require an increased dose	May require a reduced dose	May reduce efficacy	May increase adverse events	3 Serious drug-gene interaction: avoid/select alternative
Analgesia	Carisoprodol Celecoxib Flurbiprofen Hydrocodone Ibuprofen Meloxicam Methadone Oliceridine Oxycodone Piroxicam Tenoxicam Venlafaxine						Amitriptyline Codeine Desipramine Imipramine Nortriptyline Tramadol
Autoimmune	Methotrexate Siponimod		Cyclosporine Tacrolimus		Tacrolimus		
Cancer	Erdafitinib Gefitinib Methotrexate Tamoxifen						
Cardiovascular	Carvediloi Fluvastatin Lovastatin Metoprolol Nebivolol Pitavastatin Pravastatin Propranolol Rosuvastatin Simvastatin	Flecainide Propafenone	Propafenone Warfarin	Warfarin	Atorvastatin Flecainide Propafenone Warfarin	Mavacamten Warfarin	Clopidogrel
Endocrinology	Nateglinide						
Gastroenterology	Dronabinol Esomeprazole Methotrexate Metoclopramide Rabeprazole			Dexlansoprazole Lansoprazole Meclizine Omeprazole	Meclizine	Dexlansoprazole Lansoprazole Omeprazole Pantoprazole	Ondansetron
Infection	Voriconazole			Efavirenz		Efavirenz Nevirapine	
Mental Health	Amoxapine Amphetamine Aripiprazole Aripiprazole lauroxil Brexpiprazole Clozapine Dextromethorphan/ Bupropion Diazepam Fluoxetine Fluvoxamine Iloperidone Lofexidine Methadone Methylphenidate Mirtazapine Perphenazine Pimozide Protriptyline Quetiapine Thioridazine	Haloperidol Risperidone	Atomoxetine Haloperidol Risperidone Zuclopenthixol	Citalopram Escitalopram Sertraline	Atomoxetine Haloperidol Risperidone Zuclopenthixol	Citalopram Escitalopram	Amitriptyline Clomipramine Desipramine Doxepin Imipramine Nortriptyline Paroxetine Trimipramine Vortioxetine
	Venlafaxine Viloxazine						
Neurology	Aducanumab Brivaracetam Deutetrabenazine Dextromethorphan/ Quinidine Diazepam Donepezil Fosphenytoin Galantamine Lecanemab Metoprolol Phenytoin Pitolisant Propranolol Tetrabenazine Valbenazine Venlafaxine					Clobazam	Amitriptyline
Other	Abrocitinib Avatrombopag Cevimeline Elagolix						Eliglustat
	Eltrombopag Filbanserin Lusutrombopag Oral contraceptives						
Rheumatology	Celecoxib Flurbiprofen Ibuprofen Meloxicam Methotrexate Piroxicam Tenoxicam						
Urology	Darifenacin Fesoterodine Mirabegron Tamsulosin Tolterodine						

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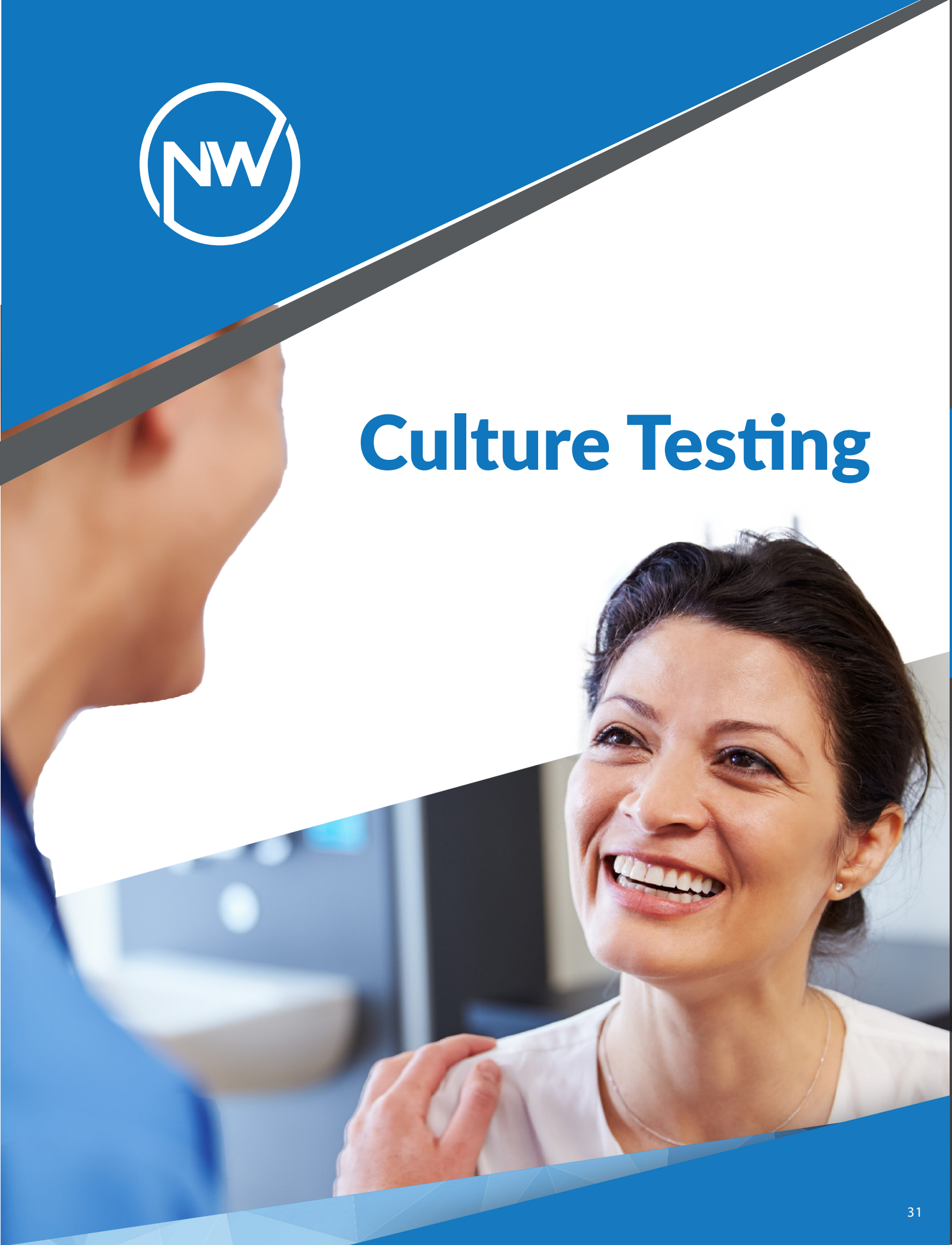
Culture Testing



Trim Area

Culture Testing

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Replace with "Urine Culture Report"

NORTH WEST LABS

29580 Northwestern Hwy
Suite 120, Southfield, MI 48034
(248) 301-6917
nwlabs.com

FINAL

LAB DIRECTOR Fayez Daaboul, M.D.
CLIA ID# 23D2126347

Test, Test MD		**TEST, TEST**		**Accession:**	**XXXXXX**	
123 Main St.	**Patient: #:**	XXXXX	**MRN:**	**Collected Date:**	7/8/2025 10:20 AM	OFC
Southfield, MI 48034	**DOB:**	10/6/1958	**Sex:** Female	**Received Date:**	7/8/2025 9:50 PM	

Urine Culture *Run by XX on 7/14/2025 11:53:57 AM at Locatio*

Specimen Description: Urine (Clean Catch).

Site: URINE

Result 1: Escherichia coli. Culture shows 10,000-100,000 CFU/ml of bacteria.

Result 2: Culture shows <10,000 CFU/ml of Catalase-negative Gram-positive cocci, indicating the presence of streptococcal species with Beta-hemolysis negative (Not Strep group B). This colony count is not generally considered to be clinically significant.

ORGANISM 1: **Escherichia coli**

Sensitivity	Escherichia coli
Amp/Sulbactam	S, <=8/4
Ampicillin	S, <=8
Amox/K Clav	S, <=8/4
Ceftriaxone	S, <=1
Ceftazidime	S, <=1
Ceftazidime/Avibactam	S, <=4
Cefazolin	S, <=2
Ciprofloxacin	S, <=0.25
Cefepime	S, <=2
Ertapenem	S, <=0.5
Nitrofurantoin	S, <=32
Gentamicin	S, <=4
Imipenem	S, <=1
Levofloxacin	S, <=0.5
Meropenem	S, <=1
Meropenem/Vaborbactam	S, <=2
Piperacillin/Tazobactam	S, <=16
Trimethoprim/Sulfa	S, <=2/38
Tobramycin	S, <=4

Notes:
S = Susceptible
I = Intermediate
R = Resistant
MIC = mcg/ml (mg/L)
N/R = Not Reported
--- = Not Tested
POS = Positive
NEG = Negative
Blank = Data not available, or drug not advisable or tested
ESBL = Extended spectrum beta•lactamase
Blac = Beta-lactamase positive
TFG = Thymidine-dependent strain
S* = Predicted susceptible interpretation
R* = Predicted resistant interpretation
EBL? = Suspected ESBL Confirmatory tests needed to differentiate ESBL from other bela-.!actamases.
IB = Inducible Beta.Jacta!119se, Appears In place of MSusceptlble" with species known to possess Inducible bela-lactamases; potentially they may become resistant to all beta-lactam drugs. Monitoring of patients duringfafter therapy Is recommended. Avoid other/combined beta-lactam drugs. ^ = Reported interpretation changed

For blood and CSF Isolates, a bela-1actamase test Is recommended for Enterococcus species.

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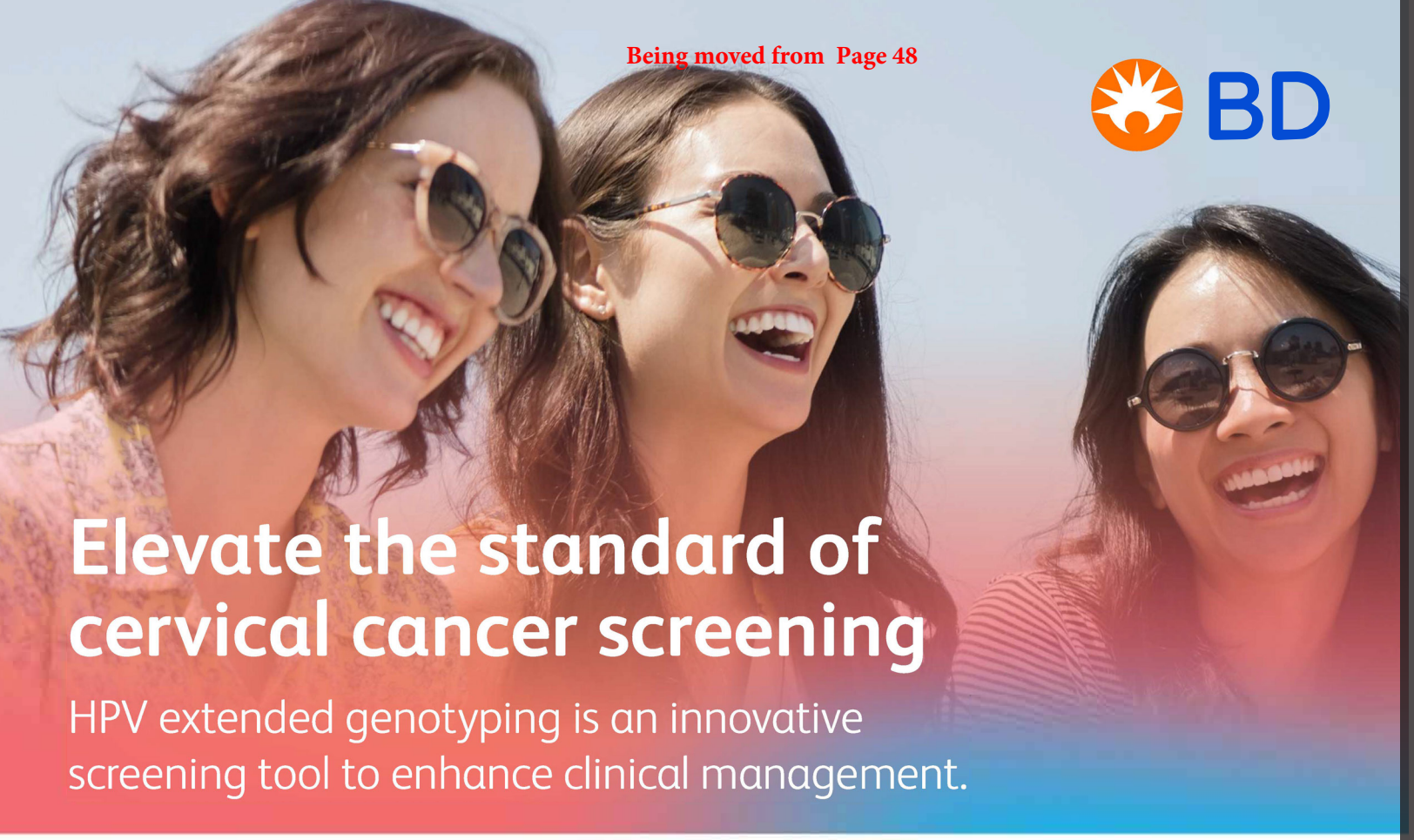
create a new cover page for Infectious Diseases, similar format to the other Cover pages

Being moved from Page 48



Elevate the standard of cervical cancer screening

HPV extended genotyping is an innovative screening tool to enhance clinical management.

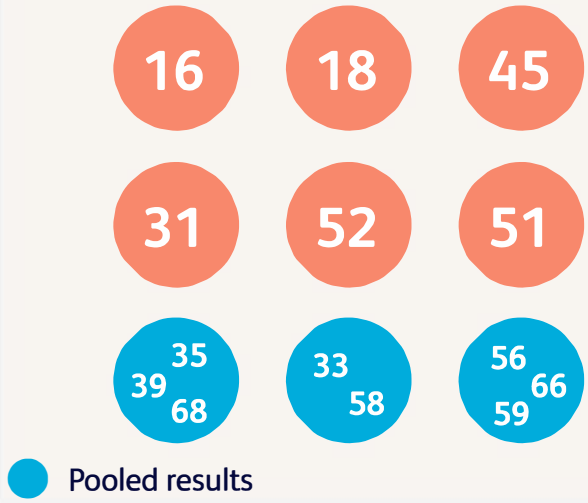
Individual identification of high-risk genotypes is essential to reveal the true risk of CIN3+ disease[+,1]

Partial genotyping:

Only 2 high-risk HPV types individually identified

Extended genotyping with BD Onclarity™ HPV Assay:

6 high-risk HPV types individually identified



✓ FDA Approved for Primary Screening, Co-Testing, Patient Self Collection and ASCUS Reflux Plus Testing

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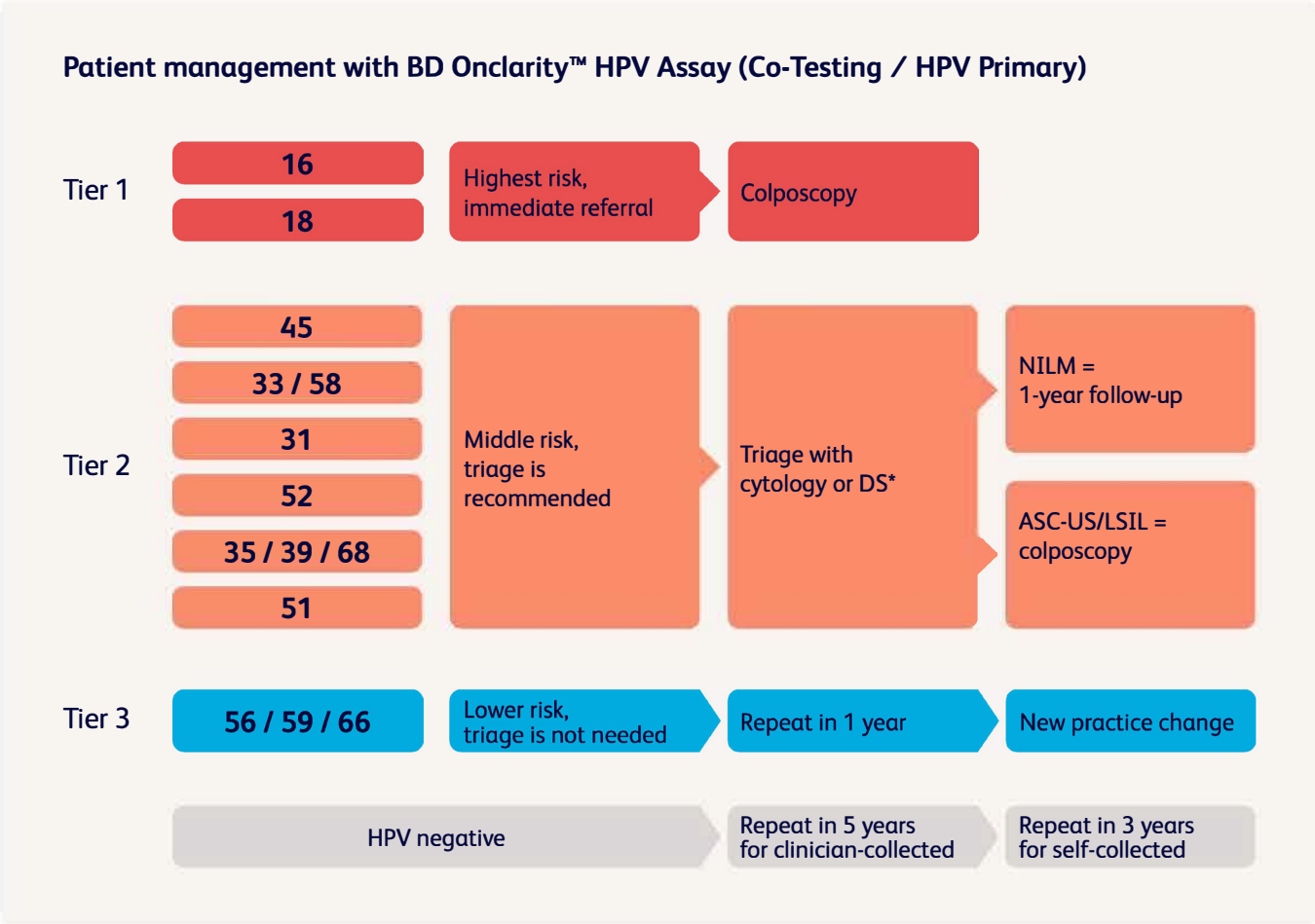
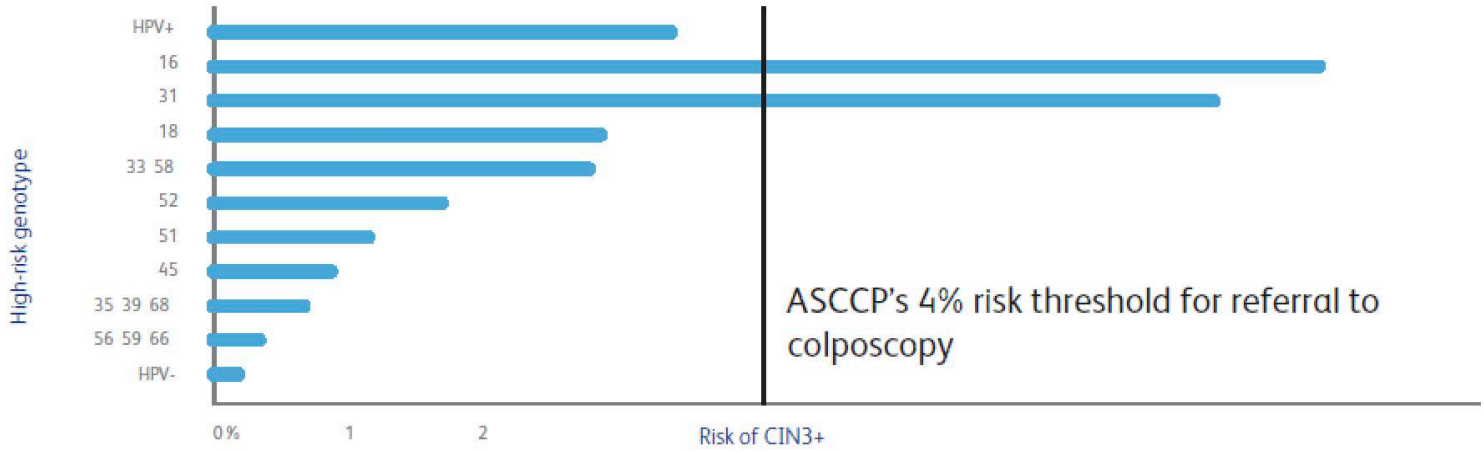
BD Onclarity™ HPV Assay has officially been added to the ASCCP guidelines

The American Society for Colposcopy and Cervical Pathology (ASCCP) has separated the BD Onclarity™ HPV Assay channels into three different risk-based tiers, which inform new clinical recommendations.[2]





Created from information provided in *Stoler MH et al. Gynecol Oncol.* 2019,153(1):26-33.

NORTH WEST LABS

NWLabs.com

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Will send a 12 page document that will be included here "BD Marketing 2" It is still being designed

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Insert "INFECTIOUS DISEASES REQUISITION"

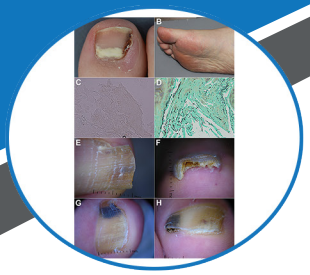
PAGE 2 OF INFECTIOUS DISEASE REQUISITION

WILL SEND NEW REPORTS TO BE INSERTED HERE

They will be "Infectious Disease Reports 1 - 3"

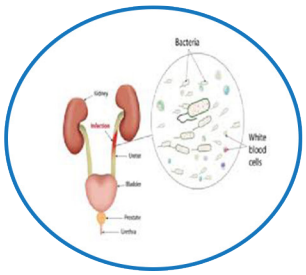
DELETE "SEXUAL HEALTH"

PCR PANELS

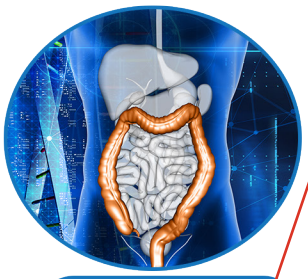


Nail

Wound



UTI



GI

Respiratory

Sexual Health

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Pcr Panels

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NORTH WEST LABS

SEXUAL HEALTH REQUISITION

29580 Northwestern Hwy Suite 120, Southfield, MI 48034

(248) 301-6917 www.nwlabs.com

PATIENT INFORMATION Patient Demo Attached ☐

Last Name: _____ First Name: _____

Middle Name: _____ Sex: ☐ Male ☐ Female

Address: _____

City: _____ State: _____ Zip: _____

DOB: _____ Mobile: _____

Email: _____

Provider Information:

PRIMARY INSURANCE ☐ Medicare ☐ Medicaid ☐ Commercial ☐ Auto ☐ Workers Comp ☐ Client ☐ Other Insurance

Insurance Name: _____ Subscriber Name: _____

Policy #: _____ DOB: _____

Group #: _____ Relation to Patient: ☐ Self ☐ Spouse ☐ Guradian

SPECIMEN INFORMATION

___/___/___ DATE COLLECTED ____ INITIAL ____:____ TIME COLLECTED

ICD 10 CODES: (ENTER ALL THAT APPLY)

TESTING ORDERS:
PAP SMEAR (CERVICAL CYTOLOGY)

Collection Type: Clinician-collected cervical sample

Select Collection Device: ☐ Hologic ThinPrep

Screening Purpose: ☐ Routine screening ☐ Follow-up to abnormal results ☐ High-risk surveillance

HPV – BD ONCLARITY
(EXTENDED GENOTYPING)

Collection Type (must select one): ☐ ThinPrep ☐ Clinician/Patient collected vaginal swab (FLOQSwab)

Ordering Type (select one):
☐ Primary HPV screening (age ~25)
☐ Co-testing (cytology + HPV, age ~30 or elevated risk)
☐ Reflex HPV testing (if ASC-US cytology)

Genotype Reporting: Individually Reported: HPV 16, 18, 31, 45, 51, 52 Grouped Genotypes: HPV 33/58, HPV 56/59/66, HPV 35/39/68

BD MAX VAGINAL PANEL/ STI PANEL

Collection Type: ☐ Clinician/Patient collected vaginal swab (BD Molecular Swab)

Ordering Options (select one or more):
☐ Vaginal Panel
☐ STI Panel (BD Molecular Swab)
☐ STI Panel (Urine) ☐ Comprehensive Vaginal Panel

MYCOPLASMA / UREAPLASMA

Collection Type: Patient-collected first-catch urine sample

Ordering Options (select one or more): ☐ Mycoplasma ☐ Ureaplasma.

Purpose: ☐ Urogenital pathogen evaluation

PATHOLOGY - BIOPSY

	Type of Procedure	Site of Specimen	Time of Collection
1			
2			
3			
4			

BLOOD

☐ BLD-aHAVM = Hepatitis A IgM
☐ BLD-HAVT = Hepatitis A Total
☐ BLD-aHBcM = Hepatitis B core Antigen
☐ BLD-HBcT2 = HBc Total 2
☐ BLD-HBsII = Hepatitis B surface Antigen II
☐ BLD-aHBs2 =Anti-Hepatits B surface Antigen 2
☐ BLD-aHCV = Hepatitis C
☐ BLD-HSV1 = Herpes - 1 IgG
☐ BLD-HSV2 = Herpes - 2 IgG
☐ BLD-Rub G = Rubella IgG
☐ BLD-Syph = Syphilis
☐ BLD-Toxo G = Toxoplasma IgG
☐ BLD-Toxo M = Toxoplasma IgM
☐ BLD-CHIV = HIV Ag/Ab Combo (US)

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SEXUAL HEALTH REQUISITION

29580 Northwestern Hwy Suite 120, Southfield, MI 48034

(248) 301-6917 www.nwlabs.com

PATIENT HISTORY

Last Pap Date:	Last HPV Test Date:	Prior abnormal Pap or HPV? ☐ Yes ☐ No ☐ Unknown
History of CIN2+ or HSIL? ☐ Yes ☐ No		Hysterectomy: ☐ None ☐ Partial ☐ Total ☐ Cervix Removed
Currently Pregnant: ☐ Yes ☐ No	Immunocompromised (e.g., HIV): ☐ Yes ☐ No	DES Exposure in Utero: ☐ Yes ☐ No

TEST REFERENCE GUIDE

Test	Sample Type	Collection Method	Approved Collection Device	Notes
Pap Smear (Cytology)	Cervical, Endocervical, Vaginal	Clinician collected	Hologic ThinPrep	Liquid-based cytology
BD Onclarity HPV – Clinician	Cervical, Endocervical, Vaginal	Clinician collected	Hologic ThinPrep	Primary screening, co-testing, or ASC-US reflex
BD Onclarity HPV – Self	Vaginal	Patient self-collected	FLOQSwab in transport tube	FDA-cleared for self-collection
BD MAX Vaginal Panel	Vaginal	Clinician- or self-collected	BD Molecular Swab	Single swab for BV, yeast, trichomonas, CT/GC/TV
Mycoplasma / Ureaplasma	Urine (first-catch)	Patient-collected	Sterile urine cup	Urogenital pathogen detection

SCREENING GUIDELINES SUMMARY: CERVICAL CANCER SCREENING (ACOG, USPSTF, ASCCP)

- Age <21: No screening
- Age 21–29: Cytology every 3 years
- Age 30–65: HPV primary q5 yrs, Co-testing q5 yrs, or Cytology q3 yrs
- Age >65: Stop if adequate negative history and no high-risk history
- Post-Hysterectomy (cervix removed): Stop unless history of CIN2+ or cancer

RISK-BASED EXCEPTIONS

Continue or intensify screening if:

- Immunocompromised (e.g., HIV)
- History of CIN2+ or cervical cancer
- In utero DES exposure
- Inadequate prior screening

STI & VAGINAL INFECTION SCREENING

Group	Recommendation	Suggested Test
Women <25, sexually active	Annual screening	BD MAX Vaginal Panel (STI)
Women ~25, at risk	Same as above	BD MAX Vaginal Panel
Vaginal complaints	Discharge, odor, irritation	BD MAX BV and/or STI Panel
Suspected recurrent BV	Confirm with molecular testing	BD MAX Vaginal Panel
Non-vaginal urogenital symptoms	Consider urine-based testing	Mycoplasma / Ureaplasma

Physician Authorization:

1. Any pathology, cytology, and thin prep specimens will be forwarded to KC Pathology Laboratory (44400 Van Dyke Ave, Ste 102, Sterling Heights, MI 48314; Phone: (586) 262-4243.
2. I understand that while the initial order is placed with North West Labs, the actual testing may be performed by their partner laboratories as specified above.
3. I acknowledge that this referral process may affect billing procedures and timeline for results, and I accept this as part of the standard operating procedure for these specific test types. 4. I confirm that I have informed my patients about this testing arrangement as appropriate and in accordance with applicable regulations.

Physician Signature:_____ **Date:**_____

Patient Consent and Authorization:

I authorize North West Labs and KC Pathology Laboratory to perform the tests ordered and release results to my provider. I understand my sample will be tested only as authorized and I may withdraw consent prior to processing. I authorize the release of my medical information including test results for submission of personalized reports to my healthcare providers and insurance carrier(s). I request that payment of benefits be made to North West Labs, Inc. on my behalf. If my policy does not allow for direct payment, I agree to relinquish allocated funds to North West Labs, Inc as compensation for services rendered. I also acknowledge that I will be liable for payments of deductibles, co payments and/or co insurance as detailed by my healthcare insurer. I understand that I am liable for charges not covered by my healthcare insurer. I also authorize North West Labs, Inc to appeal insurance claims on my behalf. I acknowledge the benefits, risk and limitations of this testing as described to me by a qualified healthcare provider. My insurance may not cover or pay full amount for testing; I may be responsible for full or part of amount charged due to out of network benefits, deductible and co pays. North West Labs, Inc has my permission to bill my insurance carrier(s), this notice gives me the option to proceed with the procedure or decline. By signing this I have read all of the above and understand it. Medicare Advance Beneficiary Notice: Medicare will only pay for services that it determines to be reasonably and necessary under section 1882 (a) (1) of the Medicare Law. If Medicare determines that a particular service, although it would otherwise be covered, is not reasonable and necessary under the Medicare Program standards, Medicare will deny payment for that service. Medicare usually does not pay for these tests for the reported diagnosis. By signing the Patient/Responsible Party Signature on this requisition, you are confirming your agreement to assume financial responsibility for the payment of these tests.

Patient Signature:_____ **Date:**_____

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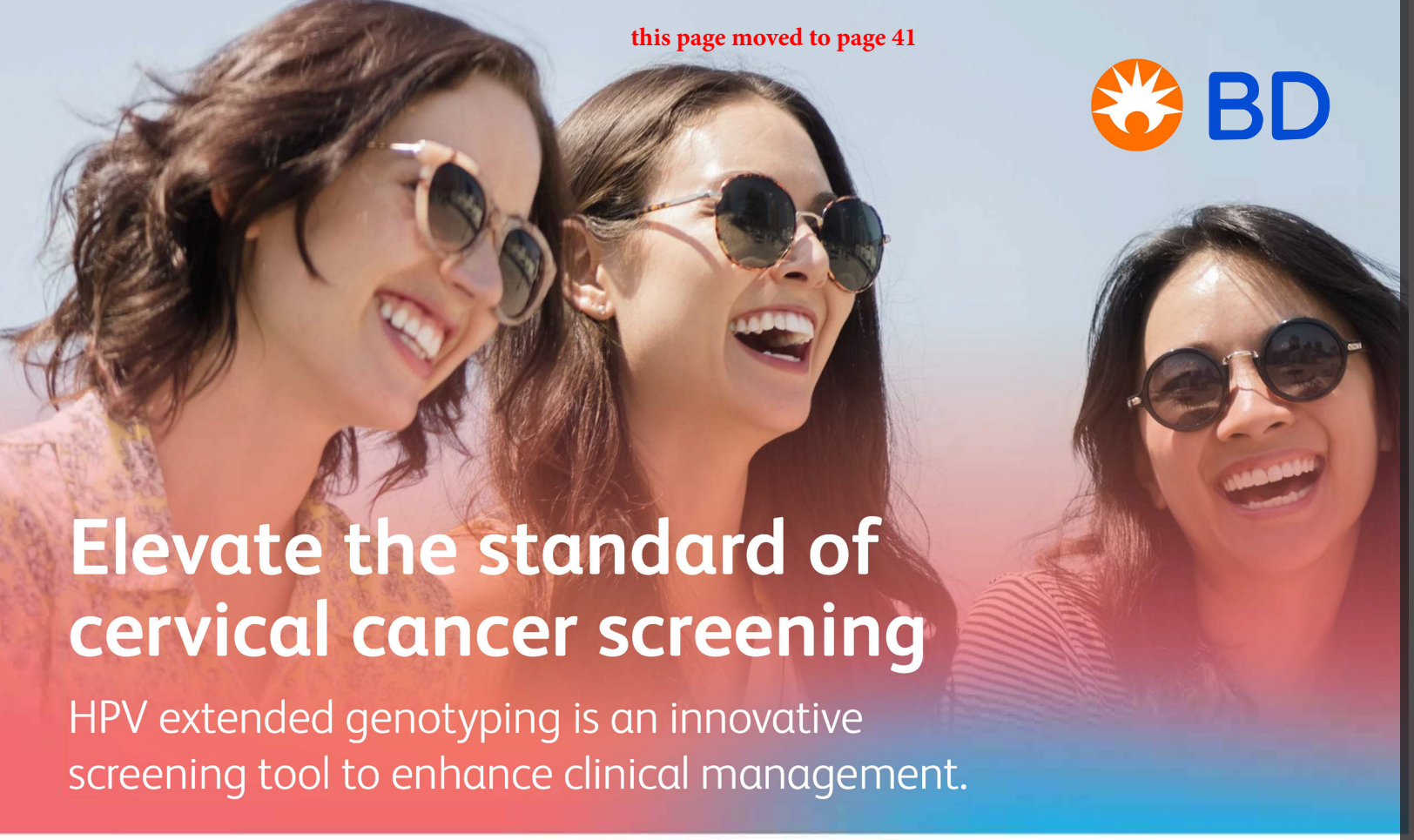


Elevate the standard of cervical cancer screening

HPV extended genotyping is an innovative screening tool to enhance clinical management.

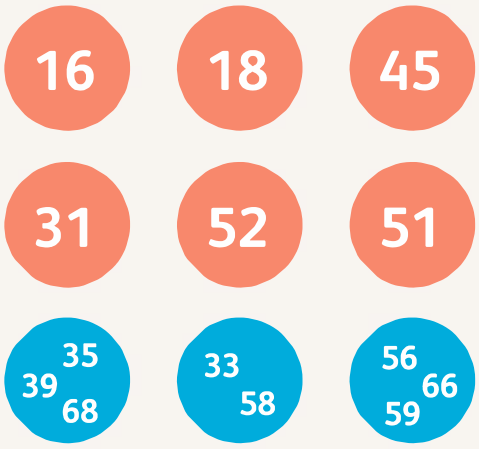
Individual identification of high-risk genotypes is essential to reveal the true risk of CIN3+ disease[+,1]

Partial genotyping:

Only 2 high-risk HPV types individually identified

Extended genotyping with BD Onclarity™ HPV Assay:

6 high-risk HPV types individually identified



Individual results

Pooled results

✓ FDA Approved for Primary Screening, Co-Testing, Patient Self Collection and ASCUS Reflux Plus Testing

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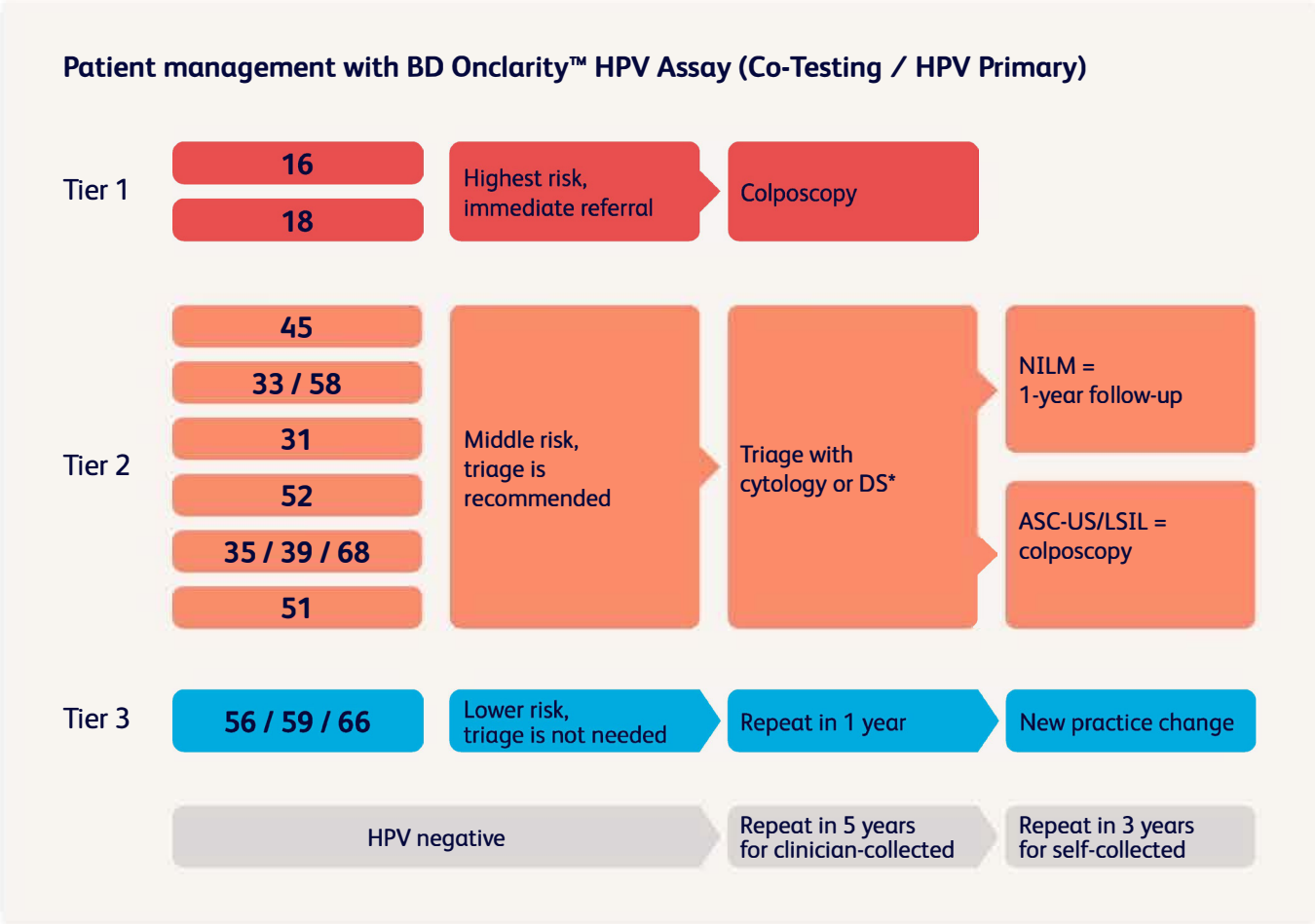
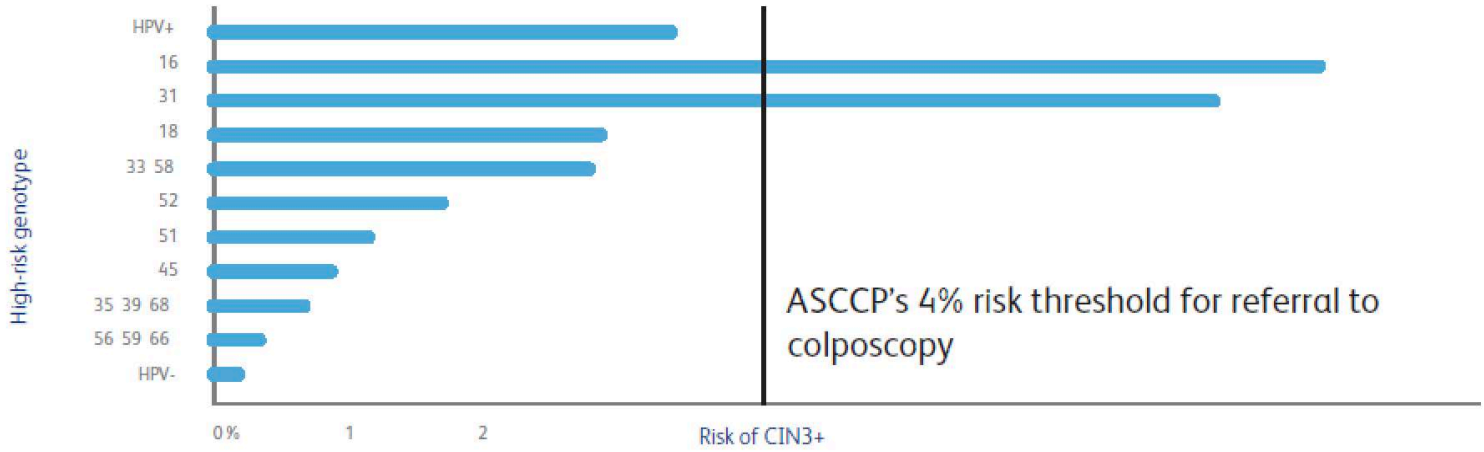
BD Onclarity™ HPV Assay has officially been added to the ASCCP guidelines

The American Society for Colposcopy and Cervical Pathology (ASCCP) has separated the BD Onclarity™ HPV Assay channels into three different risk-based tiers, which inform new clinical recommendations.[2]





Created from information provided in *Stoler MH et al. Gynecol Oncol.* 2019,153(1):26-33.

NORTH WEST LABS

NWLabs.com

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NORTH WEST LABS

29580 Northwestern Hwy
Suite 120, Southfield, MI 48034
(248) 301-6917
nwlabs.com

LAB DIRECTOR Fayez Daaboul, M.D.
CLIA ID# 23D2126347

FINAL

Patient: #:	xxxxxxxx	**MRN:**		**Collected Date:**	7/18/2025 10:45 AM MA
DOB:	xx/xx/xxxx	**Sex:**	xxx	**Received Date:**	7/18/2025 3:00 PM

Organization: Eastside Gynecology & Obstetrics - Roseville

Test Name	Result	Units	Flag	Reference Range/Cutoff
Molecular				
BD HPV PANEL				*Run by ME on 7/21/2025 9:23:42 PM at Location*
HPV Genotype 16	NEGATIVE			
HPV Genotype 18	NEGATIVE			
HPV Genotype 31	NEGATIVE			
HPV Genotype 45	NEGATIVE			
HPV Genotype 51	NEGATIVE			
HPV Genotype 52	NEGATIVE			
HPV Genotype P1 (33/58)	POSITIVE		ABNORMAL	
HPV Genotype P2 (56/59/66)	NEGATIVE			
HPV Genotype P3 (35/39/68)	NEGATIVE			

KC Pathology

GYNECOLOGIC PAP TEST, LIQUID BASED (IMAGE-GUIDED) *Run on 7/21/2025 3:11:00 PM at StratusDX perf*

****Performing site: KC*

Specimen Received: ThinPrep Vial
Specimen Source: CERVIX.

Report Status	NORMAL	F
INTERPRETATION:		F
NEGATIVE FOR INTRAEPITHELIAL LESION OR MALIGNANCY.		
Additional Comments:	INFLAMMATION PRESENT.	F
Specimen Adequacy		F
Satisfactory for evaluation. An endocervical component is identified.		
COMMENTS:		F
(a) The Pap smear is a screening test designed to aid in the detection of premalignant and malignant conditions of the uterine cervix. It is not a diagnostic procedure and should not be used as the sole means of detecting cervical cancer. Both false-positive and false-negative reports do occur. (b) This liquid based Thin Prep (R) pap test was screened with the use of an image guided system.		
Performed by:	Heather Harris, CT (ASCP).	F
Electronically signed by:	Heather Harris, CT (ASCP).	F
Performing Site:		F

Technical and professional Components Performed at: KC Pathology Laboratory, LLC,: 44400 Van Dyke Ave, Suite 102, Sterling Heights MI 48314-2370. CLIA# 23D2276072.Medical Director: Fayez Daaboul, MD This test was developed and its performance and characteristics determined by the KC Pathology Laboratory LLC. It has not been cleared or approved by the U.S. Food and Drug Administration (FDA). The FDA has determined that such clearance or approval is not necessary. This test is used for clinical purposes. It should not be regarded as investigational or for research. This laboratory is certified under the Clinical Laboratory Improvement Amendments of 1988 (CLIA-88) as qualified to perform high complexity clinical laboratory testing.

Location 1000B: NORTH WEST LABS 29580 Northwestern HWY Suite 120, Southfield, MI 48034 T: (248) 301-6917 www.nwlabs.com
CLIA ID# 23D2126347

All tests are performed at Northwest Labs, 29580 Northwestern Hwy suite 120, Southfield, MI 48034 except some are preformed at LabCorp

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Insert File named "Panel for PCRS"

File needs to be graphically designed to match style of catalog and the 4 categories need to be moved to match placement below

Wound Sepsis PCR

Urinary Tract Infection

Nail Fungal PCR

Antibiotic Resistance PCR

Final Report

North West Labs
29580 Northwestern Hwy
Southfield, MI 48034
CLIA# 23D2126347

PATIENT		SPECIMEN		SITE INFO	
Name:	test3 patient	**Sample ID:**	P000000331	**Facility:**	North West Labs
DOB:	01-01-2002 (22y)	**Collected:**	12-29-2024 13:21:00	**Phone:**	1111111111
Gender:	Female	**Received:**	12-30-2024 13:23:33	**Address:**	29580 Northwestern Hwy, Southfield, MI 48034
Race:	Unknown	**Resulted:**	12-30-2024 13:27:28	**Provider:**	NORTH LABS, INC.
Ethnicity:	Unknown	**Sample Type:**	Urine		
Address:	123 place Cedar Park, Texas, 78613	**Sample Location:**	N/A		

Prescribed Meds	None Provided	Allergies	None Provided

PCR SAMPLE REPORT

Detected Organism(s)

Organisms	Result	Estimated Load
Ureaplasma	High	(1.72x10^8 - 1.72x10^9)
Citrobacter freundii	High	(> 10^6)

Detected Resistance Gene Marker(s)

Resistance Gene Marker
vanA - Vancomycin resistance
NDM - Carbapenem resistance

- QUANTITATIVE Assay demonstrates microbes found. Quantitative test (CT values) are not designed to provide indication of infection. Provider must use theclinical assessment of patient's symptoms and signs to make nal judgement of infection present and antibiotic intervention needed.

Medication Recommendations

Drug Of Choice

Medication Name	Route	Dosage
Levofloxacin	PO	Acute simple cystitis: 250mg po daily x 3 days (female) x 5 days (male). Complicated infection: 750 mg po daily x 5-7 days. Enterobacter infection: 750mg IV once daily. Stenotrophomonas infection: 750mg PO once daily.
Recommended for Target: C freundii, Ureaplasma		
Consideration: N/A		

Alternative Drugs/Combination

Medication Name	Route	Dosage
Ciprofloxacin	PO	Acute simple cystitis: 250 mg PO BID x 3 days (female); 500 mg PO BID x 5-7 days (male). Empiric complicated cystitis, catheter-related: 500 mg po BID q12h x 7-14 days. Empiric low-risk bacteria pyelonephritis: 500 mg PO BID q12h x 5-7 days if uncomplicated. Enterobacter sp: 400mg IV Q12hr. Aerococcus urinae: 500 mg PO BID
Recommended for Target: C freundii		
Consideration: No hepatic adjustment necessary but consider d/c cipro if suspected cipro-induced liver injury (that requires hospitalization)		
Moxifloxacin	PO	400 mg PO daily
Recommended for Target: C freundii		
Consideration: B Frag: Resistance to Moxifloxacin is increasing.		
Trimethoprim/Sulfamethoxazole	PO	Acute simple cystitis: 1 double strength tab (160/800mg) PO BID x 3 days (female) x 7 days (male). Complicated infection: 1 DS tab PO BID x 14 days. Stenotrophomonas infection: 8-12mg/kg/day PO divided q8-12hr
Recommended for Target: C freundii		
Consideration: No hepatic adjustment necessary but if drug induced liver injury is suspected then consider d/c		

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Delete The pharmacist consultation

North West Labs
29580 Northwestern Hwy
Southfield, MI 48034
CLIA# 23D2126347

Final Report

Drugs Not Tested For ABR But Commonly Used

Medication Name	Route	Dosage
Cefepime	IV	2g IV q12hr x 5-14 days dependent on clinical response. Switch to appropriate oral regimen once symptoms improve if cultures and sensitivities allows
Recommended for Target: C freundii		
Consideration: High risk-MDR pyelonephritis only		
Doxycycline	PO	100-200 mg/day PO in 1-2 divided doses
Recommended for Target: Ureaplasma		
Consideration: Not currently indicated for UTI but has activity against various bugs which may be cause of UTI - not first line. Doxycycline is not recommended in pregnancy.		
Azithromycin	PO	500 mg PO for 10-14 days
Recommended for Target: Ureaplasma		
Consideration: Not currently labeled for ureaplasma treatment but studies have found azithromycin to be an effective alternative treatment		

Note:

1. In patients reporting an allergy to a medication, a detailed history should be obtained to evaluate the nature of the allergic reaction. In many cases, patient reports of "allergy" represent intolerance, rather than an immunologic reaction. In general, when a previous severe reaction (eg, hepatotoxicity, Stevens-Johnson syndrome) has occurred, repeated exposure to the medication and other medications in the same pharmacological class, should be avoided. An individualized risk:benefit assessment must be performed in situations in which mild reactions were noted or when no suitable alternative therapy exists.

24x7 Pharmacist Consultation at (949) 208-0521

Not detected organisms and resistance genes

Resistance Gene Marker			
CTX-M ESBL	KPC - Carbapenem resistance	Vancomycin Resistance (VanB)	mecA/mecC - Methicillin resistance
sul - Sulfonamide resistance	OXA-48 - Carbapenem resistance	qnr - Quinolone resistance	dfrA - Trimethoprim resistance
IMP - Carbapenem resistance	VIM - Carbapenem resistance		
Bacteria			
Staphylococcus saprophyticus	Staphylococcus aureus	Serratia marcescens	Klebsiella pneumoniae
Streptococcus agalactiae	Pseudomonas aeruginosa	Proteus vulgaris	Proteus mirabilis
Morganella morganii	Aerococcus urinae	Corynebacterium urealyticum	Klebsiella oxytoca
Providencia stuartii	Escherichia coli	Enterococcus faecium	Enterococcus faecalis
Enterobacter cloacae	Treponema pallidum	Acinetobacter baumannii	Klebsiella aerogenes
FUNGI			
Candida albicans	Candida tropicalis	Candida krusei	Candida auris
Candida glabrata	Candida parapsilosis		

delete "34-pathogen"

Respiratory Pathogen Testing (QPCR)

Respiratory Pathogen Panel (RPP) detects specific nucleic acid pathogens from patients exhibiting signs and symptoms of respiratory illness. RPP testing provides proper diagnosis and detection of both viral and bacterial infections with 24-hour turnaround time. Covid-19 is included on our ~~34 pathogen~~ panel. Respiratory panel testing is non-invasive which helps to minimize patient's discomfort.

The following is a list of Pathogens that can be ordered:

VIRAL
Coronavirus (seasonal)
Coronavirus SARS-CoV-2
Influenza A virus Influenza A virus A/H1-2009
Influenza A virus A/H3
Influenza B virus
Respiratory syncytial virus

Change table to only include:
COVID-19
Flu A + B
Respiratory Syncytial Virus (RSV)

Trim Area

Respiratory Pathogen Testing

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This Page is either going to be replaced or edited, will know tomorrow

North West Labs
29580 Northwestern Hwy
Southfield, MI 48034
CLIA# 23D2126347

GI Panel

	BD Max Enteric Bacterial Panel		BD MAX Enteric Parasite Panel	BD MAX Enteric Viral Panel	BD MAX Cdiff Assay
Targets	• Salmonella spp • Campylobacter spp. (jejuni and coli) • Shigella spp./Enteroinvasive E. coli (EIEC) • Shiga toxin 1 & 2* (E. coli [STEC], Shigella dysenteriae	• Plesmiomonas Shigelloides • Vibrio (V. vulnificus, V. Parahaemolyticus, and V. cholerae) • Entertoxigenic E. coli (ETEC) • Yersinia entercolitica	• Giardia Lamblia • Cryptosporidium (C. hominis and C. parvum) • Entamoeba histolytica	• Norovirus GI/GII • Rotavirus A • Adenovirus F40/41 • Sapovirus (geno-groups I, II, IV, V) • Human Astrovirus (hAstro)	• Clostridium difficile toxin B gene (tcdB)
Specimen Types	• Unpreserved soft to diarrheal stool • Cary-Blair preserved stool		• Unpreserved soft to diarrheal stool • 10% Formalin fixed stool	• Unpreserved soft to diarrheal stool • Cary-Blair preserved stool	• Unpreserved soft to diarrheal stool

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Replace this page with "GI REPORT"

NORTH WEST LABS

29580 Northwestern Hwy
Suite 120, Southfield, MI 48034
(248) 301-6917
nwlabs.com

LAB DIRECTOR Fayez Daaboul, M.D.
CLIA ID# 23D2126347

PRELIMINARY

OLSOWKA, EUGENE MD		**Test, Female**		**Accession:**	1361283
29580 NORTHWESTERN HWY	**Patient: #:**	NWL	**MRN:**	**Collected Date:**	7/24/2025 11:43 AM T
Southfield, MI48034	**DOB:**	1/1/2000	**Sex:** Female	**Received Date:**	7/24/2025 11:43 AM
Organization: NORTHWEST LABS					

Test Name	Result	Units	Flag	Reference Range/Cutoff
GI PANEL				*Run by TE on 7/24/2025 11:43:43 AM*
Salmonella spp.	NEGATIVE			NEGATIVE
Campylobacter spp. (jejuni and coli)	NEGATIVE			NEGATIVE
Shigella spp./Enteroinvasive E. coli (EIEC)	POSITIVE		**POSITIVE**	NEGATIVE
Shiga toxin 1 & 2 (E. coli [STEC], Shigella dysenteriae)	NEGATIVE			NEGATIVE
Plesiomonas shigelloides	NEGATIVE			NEGATIVE
Vibrio spp. (V. vulnificus, V. parahaemolyticus, and V. cholerae)	POSITIVE		**POSITIVE**	NEGATIVE
Enterotoxigenic E. coli (ETEC)	NEGATIVE			NEGATIVE
Yersinia enterocolitica	POSITIVE		**POSITIVE**	NEGATIVE

All tests are performed at Northwest Labs, 29580 Northwestern Hwy suite 120, Southfield, MI 48034 except some are preformed at LabCorp

BD Max Enteric Bacterial Panel

Targetsa

- *Salmonella spp*
- *Campylobacter spp. (jejuni and coli)*
- Shigella spp./Enteroinvasive E. coli (EIEC)
  Shiga toxin 1 & 2* (E. coli [STEC], Shigella dysenteriae)
- *Plesiomonas shigelloides*
- *Vibrio (V. vulnificus, V. parahaemolyticus, and V. cholerae)*
- Enterotoxigenic E. coli (ETEC)
  Yersinia enterocolitica

Specimen Types

- Unpreserved soft to diarrheal stool
- Cary-Blair preserved stool

- Unpreserved soft to diarrheal stool
- Cary-Blair preserved stool

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Insert this page "SFN #1", please work on design so its more uniform to the rest of the book

NORTH WEST
LABS

North West Labs
29580 Northwestern Hwy
Southfield, MI 48034

No More Rinsing or Refrigeration

Simplify Small Fiber Neuropathy (SFN) Testing

When EMG and NCV results are normal but your patient still reports neuropathic pain, our NW Labs Small Fiber Neuropathy Test provides objective evidence needed for a confident diagnosis

WHY PROVIDERS CHOOSE NORTHWEST LABS

- ✓ **No More Refrigeration** —Simplified collection and shipping process
- ✓ **All-Inclusive Kits** —Pre-labled vials, collection forms, surgical tools, and patient materials
- ✓ **Fast 5-Day Turnaround** —Reports interpreted by a board certified pathologist
- ✓ **Objective Results** —Positive/negative diagnosis with length dependent detail
- ✓ **Training & Support** – Step-by-step collection guidance and expert

IDEAL FOR PATIENTS WITH

- Burning, tingling, or freezing pain in feet or hands.
- Unexplained numbness or balance loss
- Normal EMG/NCS but persistent neuropathic symptoms
- Diagnoses such as Fibromyalgia or Autoimmune Neuropathy

IN OFFICE PROCEDURE AND REIMBURSABLE

Common CPT Codes: 99213, 11104, 11105

Typical Office Reimbursement: – $327 per patient

TEST WORKFLOW

1. Perform a 3-4 site skin punch biopsy (thigh, calf, or ankle
2. Place tissue in provided Zamboni vials (no refrigeration required
3. Complete the SFN Requisition Form (SPN-002)
4. Ship at ambient temperature using the pre-labeled mailer
5. Receive results in 5 business days

REQUEST YOUR COMPLIMENTARY SFN TEST KIT TODAY!

NWlabs.com **248-301-6917**

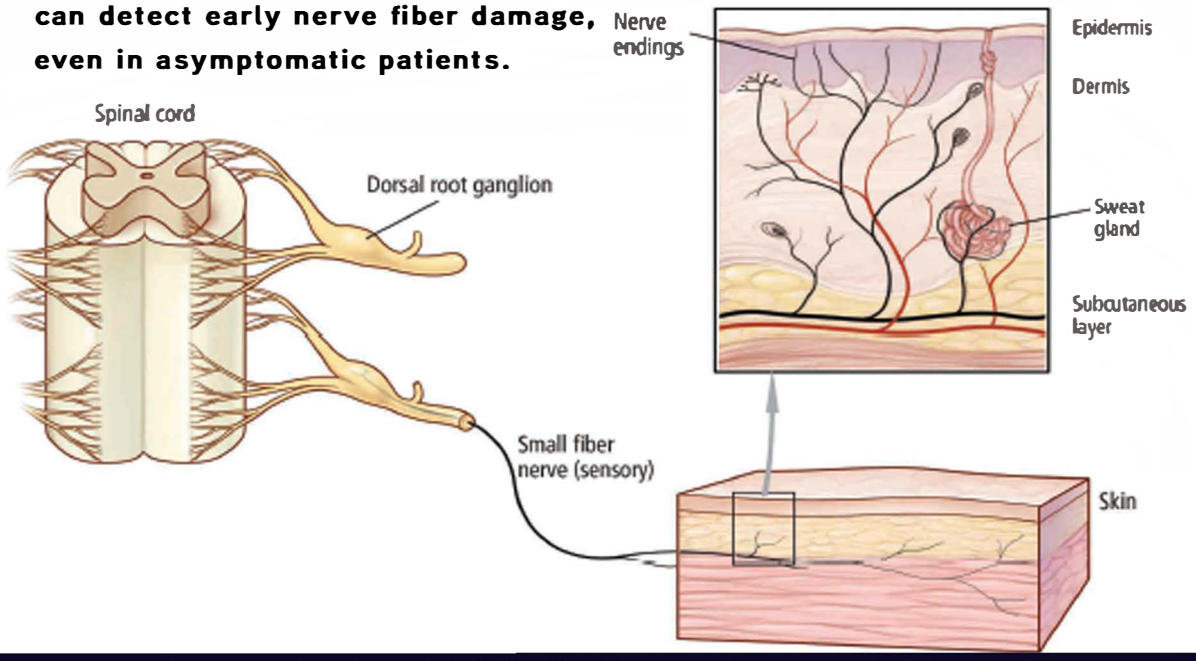
This page needs to also be completely redesigned, to have our logo and info and to match the format of the rest of the book "Article for SFN"

MIRATECH
MEDICAL | DIAGNOSTICS

Small Fiber Neuropathy Testing

Skin Biopsy to Diagnose Small Fiber Neuropathy

Performing a skin biopsy to analyze and quantify nerve fibers in the epidermis is a relatively simple and convenient way to identify and monitor small fiber neuropathy. Studies support the high sensitivity and the specificity of skin biopsy in detecting small nerve fiber loss. It has been used not only in diagnosis but also to evaluate disease progression and treatment success. ENFD studies have been found to have 88.4% sensitivity in detection compared with 54.6% for clinical exams alone. Moreover, the test can detect early nerve fiber damage, even in asymptomatic patients.



SFN Symptoms

- Bowel and Bladder Disturbances
- Burning Sensation
- Loss of Balance
- Issues Walking
- Digestive Issues
- Dizziness
- Itching
- Loss of Touch Sensation
- Muscle Cramping
- Numbness and Tingling
- Pain Sensitivity
- Restless Leg Syndrome
- Weakness
- Temperature Sensitivity

Neuropathy affects 15 - 20 million people nationally.

Small-Fiber Neuropathy (SFN) is a peripheral neuropathy that affects the sensory and autonomic nervous system.

Associated Causes and Diagnoses

- Alcohol Abuse
- Amyloidosis
- Autoimmune Diseases
- Celiac Disease
- Complex RPS
- Connective Tissue Disorders
- Diabetes
- Fabry's Disease
- Fibromyalgia
- Gullain-Barre Syndrome
- Lupus
- Multiple Sclerosis
- Parkinsons
- Pharmacological and Neurotoxic Drug Exposure
- Restless Leg Syndrome
- Sarcoidosis
- Sjorgen's Syndrome
- Vibratory Trauma
- Vitamin B12 Deficiency

SUPPORT@MIRATECHMEDICAL.COM

MIRATECH
MEDICAL | DIAGNOSTICS

I have around 8 pages I will be adding to this , they are Small Fiber Neuropathy Requisition forms, they will not be ready until Tuesday or Wednesday, still being graphically designed.

Final Report

Insert this and the following page, "NERVE REPORT"

North West Labs
29580 Northwestern Hwy
Ste 120
Southfield, MI 48034
Phone: (248) 301-6917
Fax: (248) 301-6805

Patient		
	Last Name	**DOE**
	First Name	**JOHN**
	Gender	**Female**
	Age	**53**
	Date of Birth	**01/01/2001**
	Patient ID#	**TEST**

Specimen		
	Status	**Final**
	Accession #	**xxxx**
	Collection Date	
	Received Date	
	Report Date	**10/01/2025**
	Specimen Type	

Provider Information		
	Ordering Physician	**xxxx xxxx**
	Referring Physician	
	Organization	**North West Labs**
	Location	**LAB**

POSITIVE RESULTS

Positive

SPECIMEN RECEIVED

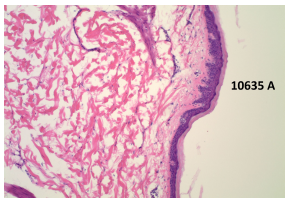
A: Left Proximal Thigh.
B: Left Distal Thigh.
C: Left Mid- Calf.

CLINICAL DATA

Polyneuropathy

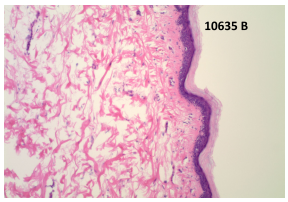
SFN Biopsy: Left Side

Left Proximal Thigh



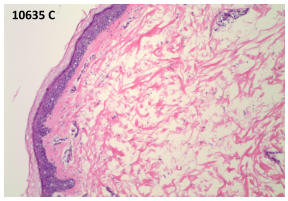
A: Left Proximal Thigh:
A: Received is 4x3x3 mm punch biopsy skin specimen fixed in Zamboni fixative in a vial.
Specimen is submitted in one cassette A, 1 piece.
A:1 piece.

Left Distal Thigh



B: Left Distal Thigh:
B: Received is 4x3x3 mm punch biopsy skin specimen fixed in Zamboni fixative in a vial.
Specimen is submitted in one cassette B, 1 piece.
B:1 piece.

Left Calf



C: Left Mid- Calf:
C: Received is 3x3x3 mm punch biopsy skin specimen fixed in Zamboni fixative in a vial.
Specimen is submitted in one cassette C, 1 piece.
C:1 piece.

FINAL DIAGNOSIS

A: Left Proximal Thigh:
- No small vessel vasculitis and no abnormalities seen
- PGP 9.5 immunostain shows decreased fiber density. Consistent with small fiber neuropathy.
- Congo red special stain is negative for amyloid deposits

B: Left Distal Thigh:
- No small vessel vasculitis and no abnormalities seen
- PGP 9.5 immunostain shows decreased fiber density. Consistent with small fiber neuropathy.
- Congo red special stain is negative for amyloid deposits

CLIA: 23D2276072,23D2274504

Final Report

North West Labs
29580 Northwestern Hwy
Ste 120
Southfield, MI 48034
Phone: (248) 301-6917
Fax: (248) 301-6805

Patient		
	Last Name	**DOE**
	First Name	**JOHN**
	Gender	**Female**
	Age	**53**
	Date of Birth	**01/01/2001**
	Patient ID#	**TEST**

Specimen		
	Status	**Final**
	Accession #	**xxxx**
	Collection Date	
	Received Date	
	Report Date	**10/01/2025**
	Specimen Type	

Provider Information		
	Ordering Physician	**XXXX XXXX**
	Referring Physician	
	Organization	**North West Labs**
	Location	**LAB**

C: Left Mid-Calf:
- No small vessel vasculitis and no abnormalities seen
- PGP 9.5 immunostain shows decreased fiber density. Consistent with small fiber neuropathy.
- Congo red special stain is negative for amyloid deposits

Comment:
The findings are compatible with non-length dependent (NLD) small fiber neuropathy. Each biopsy specimen also underwent routine hematoxylin & eosin (H&E) evaluation for microscopic evidence of vasculitis, Congo Red staining for detection of any amyloid deposition and nerve fiber density using PGP9.5 immunohistochemical stain. Specimen processing for epidermal nerve fiber density assessment were performed as per recent consensus guidelines (Lauria et al., Journal of the Peripheral Nervous System 2010; 15:79-92). Normal values for biopsies from distal leg (calf) are adjusted for age and gender as per Lauria et al. (JPNS 2010; 15:202-207). Age and gender adjusted normative values have not been determined for other sites. Small fiber neuropathies that are not length dependent may be more commonly associated with abnormal glucose metabolism or autoimmune disorders (Garson et al., J Neural Neurosurg Psychiatry 2008; 79:163-169).

Technical Component Performed at: KC Pathology Laboratory, LLC,: 44400 Van Dyke Ave, Suite 102B, Sterling Heights MI 48314-2370. CLIA# 23D2276072.

Professional Component Performed at: KC Pathology Associates, LLC,: ,44400 Van Dyke Ave, Suite 102B, Sterling Heights MI 48314-2370. CLIA# 23D2274504.
Medical Director: Ali Gabali, MD

This test was developed and its performance and characteristics determined by the KC Pathology Laboratory LLC. It has not been cleared or approved by the U.S. Food and Drug Administration (FDA). The FDA has determined that such clearance or approval is not necessary. This test is used for clinical purposes. It should not be regarded as investigational or for research. This laboratory is certified under the Clinical Laboratory Improvement Amendments of 1988 (CLIA-88) as qualified to perform high complexity clinical laboratory testing.

Pathology Testing

Our specialties:

- Epidermal never fiber density testing
- Prostate and Urologic Pathology
- Hepatopathy
- Perinatal and gynecological/ obstetrical
- Neuropathology
- Pancreas and hepatobiliary
- Pulmonary oncologic
- Breast pathology
- Bone and soft tissue
- Podiatric pathology
- Cytopathology
- Dermatopathology
- Gastrointestinal pathology
- Oral pathology
- Placenta pathology

NORTH WEST

Insert this page, "DERM V2"

DERMATOLOGY TEST REQUISITION FORM

29580 Northwestern Hwy
Suite 120, Southfield, MI 48034
(248) 301-6917 | www.nwlabs.com

ORDERING PHYSICIAN:

Physician to receive additional result report:

Clinical Impression:

Clinical History:

PATIENT INFORMATION

Patient Demo Attached ☐

Last Name: _____

First Name: _____

Middle Name: _____ Sex: ☐ Male ☐ Female

Address: _____

City: _____ State: _____ Zip: _____

DOB: _____ Mobile: _____

Email: _____

Race: ☐ Alaska Native or American Indian ☐ Asian ☐ Multiracial ☐ White
☐ Black or African American ☐ Native Hawaiian or other Pacific Islander
☐ Does not wish to disclose ☐ Not provided ☐ Other race

BILLING INFORMATION

(Please include a copy of the front & back of card.) **Billing type:** ☐ Patient ☐ Insurance ☐ Client **Relation:** ☐ Self ☐ Spouse ☐ Dependant

Insured's SS#: _____ Insured's DOB: _____

Primary Insurance Carrier: _____ Medicare, Medicaid or Policy ID#: _____

Claims Address: _____

Employer/Group Name: _____ Group#: _____

BIOPSY INFORMATION

Date Collected	Time Collected	Collected Signature	No of vials collected

Type: ☐ Punch Biopsy D ☐ Shave Removal (Ink) ☐ Shave Biopsy ☐ Excision (Ink)
☐ Alopecia Sections Punch Excision (Ink) ☐ DIF ☐ Currettage

1 Sites _____
Clinical Findings
☐ Nevus Atypical ☐ SCC ☐ FEP
☐ Melanoma DBCC ☐ AK ☐ DF
☐ SK ☐ VV

3 Sites _____
Clinical Findings
☐ Nevus Atypical ☐ SCC ☐ FEP
☐ Melanoma DBCC ☐ AK ☐ DF
☐ SK ☐ VV

2 Sites _____
Clinical Findings
☐ Nevus Atypical ☐ SCC ☐ FEP
☐ Melanoma DBCC ☐ AK ☐ DF
☐ SK ☐ VV

4 Sites _____
Clinical Findings
☐ Nevus Atypical ☐ SCC ☐ FEP
☐ Melanoma DBCC ☐ AK ☐ DF
☐ SK ☐ VV

LIST ALL APPLICABLE ICD10 CODES :

_____

_____

_____

OTHER TEST/PANELS:

LOCATION OF INFECTIONS: _____

☐ Wound/Sepsis PCR Panel

Panel includes

BACTERIA

Escherichia coli
Streptococcus agalactiae
Klebsiella oxytoca
Staphylococcus saprophyticus
Pseudomonas aeruginosa
Staphylococcus haemolyticus
Enterococcus faecium
Enterococcus faecalis
Acinetobacter calcoaceticus-baumannii complex
Klebsiella aerogenes
Klebsiella pneumoniae
Staphylococcus aureus
Streptococcuspyogenes
Streptococcus pneumoniae
Streptococcus dysgalactiae
Staphylococcus lugdunensis
Staphylococcus epidermidis

FUNGI

Candida krusei
Candida tropicalis
Candida glabrata
Candida albicans
Fusarium solani
Microsporum spp
Candida parapsilosis
Trychophyton spp

ANTIMICROBIAL RESISTANCE PANEL

KPC-Carbapenem resistance
NDM-Carbapenem resistance
VIM-Carbapenem resistance
IMP-Carbapenem resistance
qnr-Quinolone resistance
vanB-Vancomycin resistance
OXA-48-Carbapenem resistance
mecA/mecC-Methicilin resistance
CTX-M ESBL
sul-Sulfonamide resistance
vanA-Vancomycin resistance
dfrA-Trimethoprim resistance

Physician Authorization

I, the undersigned healthcare provider, acknowledge that when ordering a Urinary Tract Infection (UTI), Nail, or Wound PCR panel through North West Labs, located at 29580 Northwestern Hwy., Suite 120, Southfield, MI 48034 (NPI: 1568994879, Tax ID: 813538903) I understand and agree to the following terms:

1. In some or all instances, UTI, Wound, and Nail panels and their associated antibiotic resistance markers tests will be forwarded to PCR Labs of America (1464 E Whitestone Blvd, Ste 2401, Cedar Park, TX 78613; Phone: (512) 456-0071; Fax: (512) 456-0072) for processing and analysis.
2. Any pathology, cytology, and thin prep specimens will be forwarded to KC Pathology Laboratory (44400 Van Dyke Ave, Ste 102, Sterling Heights, MI 48314; Phone: (586) 262-4243; Podiatric Pathology Form Fax: (586) 262-4241) for evaluation and reporting.
3. I understand that while the initial order is placed with North West Labs, the actual testing may be performed by their partner laboratories as specified above.
4. I acknowledge that this referral process may affect billing procedures and timeline for results, and I accept this as part of the standard operating procedure for these specific test types.
5. I confirm that I have informed my patients about this testing arrangement as appropriate and in accordance with applicable regulations.

Physician Signature _____ **Date:** _____

Patient Consent and Authorization

I authorize the release of my medical information including test results for submission of personalized reports to my healthcare providers and insurance carrier(s). I request that payment of benefits be made to North West Labs, Inc. on my behalf. If my policy does not allow for direct payment, I agree to relinquish allocated funds to North West Labs, Inc as compensation for services rendered. I also acknowledge that I will be liable for payments of deductibles, co payments and/or co insurance as detailed by my healthcare insurer. I understand that I am liable for charges not covered by my healthcare insurer. I also authorize North West Labs, Inc to appeal insurance claims on my behalf. I acknowledge the benefits, risk and limitations of this testing as describe to me by a qualified healthcare provider. My insurance may not cover or pay full amount for testing; I may be responsible for full or part of amount charged due to out of network benefits, deductible and co pays. North West Labs, Inc has my permission to bill my insurance carrier(s), this notice gives me the option to proceed with the procedure or decline. By signing this I have read all of the above and understand it. Medicare Advance Beneficiary Notice: Medicare will only pay for services that it determines to be reasonably and necessary under section 1882 (a)(1) of the Medicare Law. If Medicare determines that a particular service, although it would otherwise be covered, is not reasonable and necessary under the Medicare Program standards, Medicare will deny payment for that service. Medicare usually does not pay for these tests for the reported diagnosis. By signing the Patient/Responsible Party Signature on this requisition, you are confirming your agreement to assume financial responsibility for the payment of these tests.

Patient Signature _____ **Date:** _____

Tabs Here - This portion will be trimmed off

Insert this page, "GI V3"

GASTROINTESTINAL (GI) TEST REQUISITION FORM

NORTH WEST

29580 Northwestern Hwy
Suite 120, Southfield, MI 48034
(248) 301-6917 | www.nwlabs.com

ORDERING PHYSICIAN

Physician to receive additional result report:

Clinical Impression:

Clinical History:

PATIENT INFORMATION

Patient Demo Attached ☐

Last Name: _____

First Name: _____

Middle Name: _____ Sex: ☐ Male ☐ Female

Address: _____

City: _____ State: _____ Zip: _____

DOB: _____ Mobile: _____

Email: _____

Race: ☐ Alaska Native or American Indian ☐ Asian ☐ Multiracial ☐ White
☐ Black or African American ☐ Native Hawaiian or other Pacific Islander
☐ Does not wish to disclose ☐ Not provided ☐ Other race

BILLING INFORMATION (Please include a copy of the front & back of card.)

Billing type: ☐ Patient ☐ Insurance ☐ Client **Relation:** ☐ Self ☐ Spouse ☐ Dependant

Insured's SS#: _____ Insured's DOB: _____

Primary Insurance Carrier: _____ Medicare, Medicaid or Policy ID#: _____

Claims Address: _____

Employer/Group Name: _____ Group#: _____

BIOPSY INFORMATION

ICD 10 codes (required):

Date Collected	Time Collected	Collected Signature	No of vials collected

Type:
☐ Adenoma ☐ Crohn's ☐ H. pylori ☐ Microscopic Colitis ☐ Barrett's Esophagus
☐ Dysplasia ☐ Hepatitis ☐ Proctitis ☐ Cancer ☐ Eosinophilic Esophagitis ☐ IBD
☐ Sprue ☐ Candida ☐ Fungi ☐ Lymphoma ☐ Steatohepatitis ☐ Other:

Endoscopic Finding Code:

1. Normal	6. Friable	11. Hemorrahgic	16. Abn. Vascular Pattern
2. Edema	7. Erosion	12. Mass	17. Punctate Hemorrhage
3. Barrett's Mucosa	8. Hyperemia	13. Ulcer	18. Submucosal Nodule
4. Granular	9. Telangiectactic	14. Stricture	19. Pseudomembrane
5. Nodular	10. Polyp	15. Polyposis	20. Other:

Anatomic Site of Biopsy: Container	Organ & Site	Distance (cm)	Endoscopic Finding (see codes above)
1.			
2.			
3.			
4.			
5.			

Special stains for: ☐ H. pylori ☐ Fungus ☐ TB ☐ Virus ☐ Other

GI Panel

■ ***BD Max Enteric Bacteria Panel*** ☐
- Salmonella spp • Campylobacter spp. (jejuni and coli)
- Shigella spp./Enteroinvasive E. coli (EIEC) • Yersinia enterocolitica
- Shiga toxin 1 & 2 (E. coli [STEC], Shigella dysenteriae)
- Vibrio (V. vulvunificus, V. parahaemolyticus & V. cholerae)
- Enterotoxigenic E. coli (ETEC) • Plesiomonas Shigelloides
- Specimen Types: Unpreserved soft to diarrheal stool, Cary-Blair preserved stool

■ ***BD Max Enteric Parasite Panel*** ☐
- Giardia Lamblia • Cryptosporidium (C. hominis and C. parvum)
- Entamoeba histolytica
- Specimen Types: Unpreserved soft to diarrheal stool, 10% Formalin fixed stool

■ ***BD Max Enteric Viral Panel*** ☐
- Norovirus GI/GII • Rotavirus A • Adenovirus F40/41
- Sapovirus (geno-groups I, II, IV, V) • Human Astrovirus (hAstro)
- Specimen Types: Unpreserved soft to diarrheal stool, Cary-Blair preserved stool

■ ***BD Max Cdiff Assay*** ☐
- Clostridium difficile toxin B gene (tcdB)
- Specimen Types: Unpreserved soft to diarrheal stool

OTHER TEST/PANELS:

ICD 10 codes (required):

Physician Authorization

I, the undersigned healthcare provider, acknowledge that when ordering a Urinary Tract Infection (UTI), Nail, or Wound PCR panel through North West Labs, located at 29580 Northwestern Hwy., Suite 120, Southfield, MI 48034 (NPI: 1568994879, Tax ID: 813538903) I understand and agree to the following terms:

1. In some or all instances, UTI, Wound, and Nail panels and their associated antibiotic resistance markers tests will be forwarded to PCR Labs of America (1464 E Whitestone Blvd, Ste 2401, Cedar Park, TX 78613; Phone: (512) 456-0071; Fax: (512) 456-0072) for processing and analysis.
2. Any pathology, cytology, and thin prep specimens will be forwarded to KC Pathology Laboratory (44400 Van Dyke Ave, Ste 102, Sterling Heights, MI 48314; Phone: (586) 262-4243; Podiatric Pathology Form Fax: (586) 262-4241) for evaluation and reporting.
3. I understand that while the initial order is placed with North West Labs, the actual testing may be performed by their partner laboratories as specified above.
4. I acknowledge that this referral process may affect billing procedures and timeline for results, and I accept this as part of the standard operating procedure for these specific test types.
5. I confirm that I have informed my patients about this testing arrangement as appropriate and in accordance with applicable regulations.

Physician Signature _____ **Date:** _____

Patient Consent and Authorization

I authorize the release of my medical information including test results for submission of personalized reports to my healthcare providers and insurance carrier(s). I request that payment of benefits be made to North West Labs, Inc. on my behalf. If my policy does not allow for direct payment, I agree to relinquish allocated funds to North West Labs, Inc as compensation for services rendered. I also acknowledge that I will be liable for payments of deductibles, co payments and/or co insurance as detailed by my healthcare insurer. I understand that I am liable for charges not covered by my healthcare insurer. I also authorize North West Labs, Inc to appeal insurance claims on my behalf. I acknowledge the benefits, risk and limitations of this testing as describe to me by a qualified healthcare provider. My insurance may not cover or pay full amount for testing; I may be responsible for full or part of amount charged due to out of network benefits, deductible and co pays. North West Labs, Inc has my permission to bill my insurance carrier(s), this notice gives me the option to proceed with the procedure or decline. By signing this I have read all of the above and understand it. Medicare Advance Beneficiary Notice: Medicare will only pay for services that it determines to be reasonably and necessary under section 1882 (a) (1) of the Medicare Law. If Medicare determines that a particular service, although it would otherwise be covered, is not reasonable and necessary under the Medicare Program standards, Medicare will deny payment for that service. Medicare usually does not pay for these tests for the reported diagnosis. By signing the Patient/Responsible Party Signature on this requisition, you are confirming your agreement to assume financial responsibility for the payment of these tests.

Patient Signature _____ **Date:** _____

Final Report

North West Labs
29580 Northwestern Hwy
Ste 120
Southfield, MI 48034
Phone: (248) 301-6917
Fax: (248) 301-6805

Patient		
	Last Name	**DOE**
	First Name	**JOHN**
	Gender	**Female**
	Age	**53**
	Date of Birth	**01/01/2001**
	Patient ID#	**TEST**

Specimen		
	Status	**Final**
	Accession #	**xxxx**
	Collection Date	
	Received Date	
	Report Date	**10/01/2025**
	Specimen Type	

Provider Information		
	Ordering Physician	**xxxx xxxx**
	Referring Physician	
	Organization	**North West Labs**
	Location	**LAB**

POSITIVE RESULTS

Positive

SPECIMEN RECEIVED

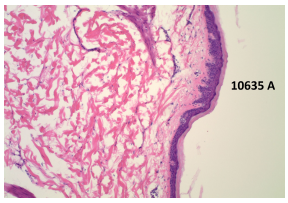
A: Left Proximal Thigh.
B: Left Distal Thigh.
C: Left Mid- Calf.

CLINICAL DATA

Polyneuropathy

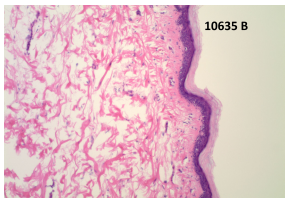
SFN Biopsy: Left Side

Left Proximal Thigh



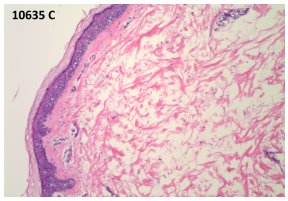
A: Left Proximal Thigh:
A: Received is 4x3x3 mm punch biopsy skin specimen fixed in Zamboni fixative in a vial.
Specimen is submitted in one cassette A, 1 piece.
A:1 piece.

Left Distal Thigh



B: Left Distal Thigh:
B: Received is 4x3x3 mm punch biopsy skin specimen fixed in Zamboni fixative in a vial.
Specimen is submitted in one cassette B, 1 piece.
B:1 piece.

Left Calf



C: Left Mid- Calf:
C: Received is 3x3x3 mm punch biopsy skin specimen fixed in Zamboni fixative in a vial.
Specimen is submitted in one cassette C, 1 piece.
C:1 piece.

FINAL DIAGNOSIS

A: Left Proximal Thigh:
- No small vessel vasculitis and no abnormalities seen
- PGP 9.5 immunostain shows decreased fiber density. Consistent with small fiber neuropathy.
- Congo red special stain is negative for amyloid deposits

B: Left Distal Thigh:
- No small vessel vasculitis and no abnormalities seen
- PGP 9.5 immunostain shows decreased fiber density. Consistent with small fiber neuropathy.
- Congo red special stain is negative for amyloid deposits

CLIA: 23D2276072,23D2274504

Final Report

North West Labs
29580 Northwestern Hwy
Ste 120
Southfield, MI 48034
Phone: (248) 301-6917
Fax: (248) 301-6805

Patient		
	Last Name	**DOE**
	First Name	**JOHN**
	Gender	**Female**
	Age	**53**
	Date of Birth	**01/01/2001**
	Patient ID#	**TEST**

Specimen		
	Status	**Final**
	Accession #	**xxxx**
	Collection Date	
	Received Date	
	Report Date	**10/01/2025**
	Specimen Type	

Provider Information		
	Ordering Physician	**XXXX XXXX**
	Referring Physician	
	Organization	**North West Labs**
	Location	**LAB**

C: Left Mid-Calf:
- No small vessel vasculitis and no abnormalities seen
- PGP 9.5 immunostain shows decreased fiber density. Consistent with small fiber neuropathy.
- Congo red special stain is negative for amyloid deposits

Comment:
The findings are compatible with non-length dependent (NLD) small fiber neuropathy. Each biopsy specimen also underwent routine hematoxylin & eosin (H&E) evaluation for microscopic evidence of vasculitis, Congo Red staining for detection of any amyloid deposition and nerve fiber density using PGP9.5 immunohistochemical stain. Specimen processing for epidermal nerve fiber density assessment were performed as per recent consensus guidelines (Lauria et al., Journal of the Peripheral Nervous System 2010; 15:79-92). Normal values for biopsies from distal leg (calf) are adjusted for age and gender as per Lauria et al. (JPNS 2010; 15:202-207). Age and gender adjusted normative values have not been determined for other sites. Small fiber neuropathies that are not length dependent may be more commonly associated with abnormal glucose metabolism or autoimmune disorders (Garson et al., J Neural Neurosurg Psychiatry 2008; 79:163-169).

Technical Component Performed at: KC Pathology Laboratory, LLC,: 44400 Van Dyke Ave, Suite 102B, Sterling Heights MI 48314-2370. CLIA# 23D2276072.

Professional Component Performed at: KC Pathology Associates, LLC,: ,44400 Van Dyke Ave, Suite 102B, Sterling Heights MI 48314-2370. CLIA# 23D2274504.
Medical Director: Ali Gabali, MD

This test was developed and its performance and characteristics determined by the KC Pathology Laboratory LLC. It has not been cleared or approved by the U.S. Food and Drug Administration (FDA). The FDA has determined that such clearance or approval is not necessary. This test is used for clinical purposes. It should not be regarded as investigational or for research. This laboratory is certified under the Clinical Laboratory Improvement Amendments of 1988 (CLIA-88) as qualified to perform high complexity clinical laboratory testing.

Final Report

North West Labs
29580 Northwestern Hwy
Ste 120
Southfield, MI 48034
Phone: (248) 301-6917
Fax: (248) 301-6805

Patient		
	Last Name	**DOE 3**
	First Name	**JOHN**
	Gender	**Female**
	Age	**68**
	Date of Birth	**01/01/2001**
	Patient ID#	**TEST 3**

Specimen		
	Status	**Final**
	Accession #	**xxxx**
	Collection Date	
	Received Date	
	Report Date	**10/01/2025**
	Specimen Type	

Provider Information		
	Ordering Physician	**xxxx xxxx**
	Referring Physician	
	Organization	**North West Labs**
	Location	**LAB**

General Pathology

CPT CODE
88305

Final
Release

Specimen Received
ENDOMETRIUM (EMB)

FINAL DIAGNOSIS
Endometrium, biopsy:
- Endometrial adenocarcinoma, endometrioid type, FIGO 1-2 (See comment).

Report Status
ABNORMAL

GROSS DESCRIPTION
Labeled as "Endometrium (EMB), Multiple pieces "Received is a 30x24x3 mm, Color-Brown Biopsy specimen fixed in formalin. Specimen is submitted in one cassette A. A: Multiple pieces

Electronically signed by:
DR.NAME

Performing Site:
Technical and professional Components Performed at: KC Pathology Laboratory, LLC,: 44400 Van Dyke Ave, Suite 102, Sterling Heights MI 48314-2370. CLIA# 23D2276072.Medical Director: Fayez Daaboul, MD This test was developed and its performance and characteristics determined by the KC Pathology Laboratory LLC. It has not been cleared or approved by the U.S. Food and Drug Administration (FDA). The FDA has determined that such clearance or approval is not necessary. This test is used for clinical purposes. It should not be regarded as investigational or for research. This laboratory is certified under the Clinical Laboratory Improvement Amendments of 1988 (CLIA-88) as qualified to perform high complexity clinical laboratory testing.

ICD 10 CODES:
N95.3

Comment:
There is around 5% solid component and the final grade is deferred for resection specimen.

Final Report

North West Labs
29580 Northwestern Hwy
Ste 120
Southfield, MI 48034
Phone: (248) 301-6917
Fax: (248) 301-6805

Patient		
	Last Name	**DOE 1**
	First Name	**JOHN**
	Gender	**Female**
	Age	**25**
	Date of Birth	**01/01/2001**
	Patient ID#	**TEST 1**

Specimen		
	Status	**Final**
	Accession #	**xxxx**
	Collection Date	
	Received Date	
	Report Date	**10/01/2025**
	Specimen Type	

Provider Information		
	Ordering Physician	**xxxx xxxx**
	Referring Physician	
	Organization	**North West Labs**
	Location	**LAB**

General Pathology

CPT CODE
88305

CPT CODE [B]
88305

CPT CODE [C]
88305

Final
Release

Specimen Received
A. Skin, vaginal area 1, biopsy

Specimen Received [B]
B. Skin, vaginal area 2, biopsy

Specimen Received [C]
C. Skin, vaginal area 3, biopsy

FINAL DIAGNOSIS
A. Skin, vaginal area 1, biopsy:
- Seborrheic keratosis.

FINAL DIAGNOSIS [B]
B. Skin, vaginal area 2, biopsy:
- Condyloma acuminata.

FINAL DIAGNOSIS [C]
C. Skin, vaginal area 3, biopsy:
- Condyloma acuminata.

Report Status
ABNORMAL

GROSS DESCRIPTION
A: Labeled as "Vaginal area 1 , 2 pieces "received is 10x5x4 mm, Color- Gray, Tan Biopsy skin specimen fixed in the formalin, Specimen is sectioned to 3 pieces and submitted in one cassette A.
A: 3 pieces.

GROSS DESCRIPTION [B]
B: Labeled as "Vaginal area 2 ,2 pieces "received is 11x5x2 mm, Color- Gray, Tan Biopsy skin specimen fixed in the

Final Report

North West Labs
29580 Northwestern Hwy
Ste 120
Southfield, MI 48034
Phone: (248) 301-6917
Fax: (248) 301-6805

Patient		
	Last Name	**DOE 1**
	First Name	**JOHN**
	Gender	**Female**
	Age	**25**
	Date of Birth	**01/01/2001**
	Patient ID#	**TEST 1**

Specimen		
	Status	**Final**
	Accession #	**xxxx**
	Collection Date	
	Received Date	
	Report Date	**10/01/2025**
	Specimen Type	

Provider Information		
	Ordering Physician	**xxxx xxxx**
	Referring Physician	
	Organization	**North West Labs**
	Location	**LAB**

General Pathology

GROSS DESCRIPTION [B]

formalin, Specimen is sectioned to 3 pieces and submitted in one cassette B.
B: 3 pieces.

GROSS DESCRIPTION [C]

C: Labeled as "Vaginal area 3 ,1 piece "received is 4x3x2 mm, Color- Gray Biopsy skin specimen fixed in the formalin, Specimen is submitted in one cassette C.
C: 1 piece.

Performing Site:

Technical and professional Components Performed at: KC Pathology Laboratory, LLC,: 44400 Van Dyke Ave, Suite 102, Sterling Heights MI 48314-2370. CLIA# 23D2276072.Medical Director: Fayez Daaboul, MD This test was developed and its performance and characteristics determined by the KC Pathology Laboratory LLC. It has not been cleared or approved by the U.S. Food and Drug Administration (FDA). The FDA has determined that such clearance or approval is not necessary. This test is used for clinical purposes. It should not be regarded as investigational or for research. This laboratory is certified under the Clinical Laboratory Improvement Amendments of 1988 (CLIA-88) as qualified to perform high complexity clinical laboratory testing.

ICD 10 CODES:

L91.8

Technical Component Performed at: KC Pathology Laboratory, LLC,: 44400 Van Dyke Ave, Suite 102B, Sterling Heights MI 48314-2370. CLIA# 23D2276072.

Professional Component Performed at: KC Pathology Associates, LLC,: ,44400 Van Dyke Ave, Suite 102B, Sterling Heights MI 48314-2370. CLIA# 23D2274504.
Medical Director: Ali Gabali, MD

This test was developed and its performance and characteristics determined by the KC Pathology Laboratory LLC. It has not been cleared or approved by the U.S. Food and Drug Administration (FDA). The FDA has determined that such clearance or approval is not necessary. This test is used for clinical purposes. It should not be regarded as investigational or for research. This laboratory is certified under the Clinical Laboratory Improvement Amendments of 1988 (CLIA-88) as qualified to perform high complexity clinical laboratory testing.

Final Report

North West Labs
29580 Northwestern Hwy
Ste 120
Southfield, MI 48034
Phone: (248) 301-6917
Fax: (248) 301-6805

Patient		
	Last Name	**DOE 5**
	First Name	**JOHN**
	Gender	**Male**
	Age	**XX**
	Date of Birth	**01/01/2001**
	Patient ID#	**test 5**

Specimen		
	Status	**Final**
	Accession #	**XXXXX**
	Collection Date	
	Received Date	
	Report Date	**10/01/2025**
	Specimen Type	

Provider Information		
	Ordering Physician	
	Referring Physician	
	Organization	**Test Example**
	Location	**LAB**

SPECIMEN RECEIVED

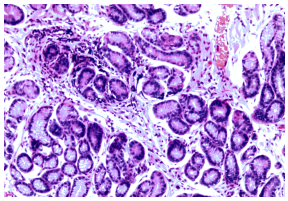
Upper GI Biopsy.

CLINICAL DATA

INDICATIONS: Gastroesophageal reflux disease, Follow-up of Barrett's esophagus.
IMPRESSIONS:
- LA Grade A reflux esophagitis with no bleeding.
- Non-erosive gastropathy.

ICD9 CODES : K21.00, K29.70, K22.70.

FINAL DIAGNOSIS



A. STOMACH, ANTRUM, BODY, BIOPSY:
- GASTRIC MUCOSA WITH NO SPECIFIC PATHOLOGICAL CHANGES.
- MODIFIED TOLUIDINE BLUE (MTB) STAIN FOR H. PYLORI LIKE ORGANISMS IS NEGATIVE.

B. ESOPHAGUS, LOWER, BIOPSY:
- ESOPHAGEAL SQUAMOUS MUCOSA WITH INCREASED INTRAEPITHELIAL INFLAMMATORY CELLS, INCLUDING EOSINOPHILS (FOCALLY ONLY 7-8 EOSINOPHILS PER HIGH POWER FIELD) AND REFLUX CHANGES.
- NO INTESTINAL GOBLET CELL METAPLASIA IS SEEN.

GROSS DESCRIPTION

Received is a 2-part case: 2 H+E slides and HPMTB labeled SKC24-1795 Internally labeled as 3172/S24-1839. The specimen received with the patient's name and medical record number in 2 parts.
The 1- part is labeled "Stomach, Body, Antrum". It consists of 3 fragments that measure 0.4cm-0.1cm, submitted in cassette A.
The 2- part is labeled "Esophagus, Lower Third". It consists of 3 fragments that measure 0.3cm-0.3cm, submitted in cassette B.
H&E CONTROL SLIDE WAS EVALUATED BY A PATHOLOGIST.
THE MTB H. PYLORI CONTROL SLIDE WAS EVALUATED BY A PATHOLOGIST.
This document was electronically signed by XXXX XXXXXX on 10/01/2025 02:31 PM

CPT CODE

88305(X2), 88312.

Technical Component Performed at: KC Pathology Laboratory, LLC,: 44400 Van Dyke Ave, Suite 102B, Sterling Heights MI 48314-2370. CLIA# 23D2276072.

Professional Component Performed at: KC Pathology Associates, LLC,: ,44400 Van Dyke Ave, Suite 102B, Sterling Heights MI 48314-2370. CLIA# 23D2274504.
Medical Director: Ali Gabali, MD

This test was developed and its performance and characteristics determined by the KC Pathology Laboratory LLC. It has not been cleared or approved by the U.S. Food and Drug Administration (FDA). The FDA has determined that such clearance or approval is not necessary. This test is used for clinical purposes. It should not be regarded as investigational or for research. This laboratory is certified under the Clinical Laboratory Improvement Amendments of 1988 (CLIA-88) as qualified to perform high complexity clinical laboratory testing.

Final Report

North West Labs
29580 Northwestern Hwy
Ste 120
Southfield, MI 48034
Phone: (248) 301-6917
Fax: (248) 301-6805

Patient		
	Last Name	**DOE 2**
	First Name	**JHON**
	Gender	**Male**
	Age	**59**
	Date of Birth	**01/01/2001**
	Patient ID#	**TEST 2**

Specimen		
	Status	**Final**
	Accession #	**XXXX**
	Collection Date	
	Received Date	
	Report Date	**10/01/2025**
	Specimen Type	

Provider Information		
	Ordering Physician	**XXXX XXXX**
	Referring Physician	
	Organization	**North West Labs**
	Location	**LAB**

General Pathology

CPT CODE
88305,88312,88313

Final
Release

Specimen Received
TA

FINAL DIAGNOSIS
TA, excision: Fragments of nail with few fungal organisms, consistent with onychomycosis.
Special stain results:
PAS, GMS, and Fontana-Mansion special stains: Highlights few fungal organisms
Controls stain appropriately.

Report Status
ABNORMAL

GROSS DESCRIPTION
Labeled as "TA Dry Nail, 5 pieces, Color- Tan "Received is 10x4x1 mm Nail specimen. Specimen is submitted in one cassette A. A: 5 pieces. PAS Fungal stain,GMS Stain,Fontana-Masson Stain.

Electronically signed by:
DR.NAME

Performing Site:
Technical and professional Components Performed at: KC Pathology Laboratory, LLC,: 44400 Van Dyke Ave, Suite 102, Sterling Heights MI 48314-2370. CLIA# 23D2276072.Medical Director: Fayez Daaboul, MD This test was developed and its performance and characteristics determined by the KC Pathology Laboratory LLC. It has not been cleared or approved by the U.S. Food and Drug Administration (FDA). The FDA has determined that such clearance or approval is not necessary. This test is used for clinical purposes. It should not be regarded as investigational or for research. This laboratory is certified under the Clinical Laboratory Improvement Amendments of 1988 (CLIA-88) as qualified to perform high complexity clinical laboratory testing.

ICD 10 CODES:
B35.1

Technical Component Performed at: KC Pathology Laboratory, LLC,: 44400 Van Dyke Ave, Suite 102B, Sterling Heights MI 48314-2370. CLIA# 23D2276072.

Professional Component Performed at: KC Pathology Associates, LLC,: ,44400 Van Dyke Ave, Suite 102B, Sterling Heights MI 48314-2370. CLIA# 23D2274504.
Medical Director: Ali Gabali, MD

This test was developed and its performance and characteristics determined by the KC Pathology Laboratory LLC. It has not been cleared or approved by the U.S. Food and Drug Administration (FDA). The FDA has determined that such clearance or approval is not necessary. This test is used for clinical purposes. It should not be regarded as investigational or for research. This laboratory is certified under the Clinical Laboratory Improvement Amendments of 1988 (CLIA-88) as qualified to perform high complexity clinical laboratory testing.

CLIA: 23D2276072,23D2274504

Accession: 24204

NORTH WEST LABS

Wound Test Requisition Form

29580 Northwestern Hwy
Southfield, MI 48034
Phone: (248) 301 6917
Fax: (248) 301 6805
support@nwlabs.com

Patient Details ☐ Demographics Attached

Last Name:	M.I.
First Name	Date of Birth:
Address:	Zip Code
City, State	
Phone #:	Gender: ☐ Male ☐ Female

Provider Information:

Patient Insurance Details

Primary Insurance Carrier:	Insured name:	Date of Birth:
Policy #:	Group #:	
Authorization Code: ☐ SELF PAY / NO INSURANCE	Relation to insured: (Select one) ☐ Self ☐ Spouse ☐ Guardian	

Relevant Clinical Information & ICD10

REQUIRED - **Date of Collection:** _____ **Time of Collection:** _____

ICD10 (*REQUIRED*)

- ☐ Z16.29 Resistance to other single spec. anti
- ☐ L85.8 Other specified epidermal thickening
- ☐ B96.89 Other specified bacterial agent
- ☐ B95.2 Enterococcus
- ☐ 95.7 Other Staphylococcus
- ☐ Other _____
- ☐ Z16.29 Resistance to other single spec. anti
- ☐ L85.8 Other specified epidermal thickening
- ☐ B96.89 Other specified bacterial agent
- ☐ B96.5 Pseudomonas
- ☐ L89._____ Pressure Ulcer (6-digit code Req'd)
- ☐ L97._____Non-Pressure Ulcer (6-digit code Req'd)
- ☐ L60.0 Ingrown toenails
- ☐ 7835.1 Onychomycosis
- ☐ B35.3 Tinea Pedis
- ☐ Other _____
- ☐ Other _____
- ☐ Other _____

ADDITIONAL CODES AVAILABLE ON REAR

Specimen Site

RIGHT

LEFT

- ☐ B49 Unspecified Mycosis
- ☐ L03.011 Cellulitis of the right finger
- ☐ L03.012 Cellulitis of the left Finger
- ☐ L03.021 Cellulitis of the right toe
- ☐ L03.022 Cellulitis of the left toe
- ☐ I87.311 Chronic venous hypertension w ulcer of rght low extremity
- ☐ E11.621 Type 2 diabetes mellitus with foot ulcer
- ☐ E11.622Type 2 diabetes mellitus with other skin ulcer
- ☐ L03.019 Cellulitis of unspecified finger
- ☐ L03.03 Cellulitis of toe
- ☐ L03.115 Cellulitis of right lower limb
- ☐ I87.312 Chronic venous hypertension w ulcer of left low extremity
- ☐ L03.81 Cellulitis of other sites
- ☐ L08.89 Other Specified Local Infections of the Skin & Subcutaneous Tissue
- ☐ L02.91 Cutaneous Abscess, Unspecified
- ☐ L60.8 Other nail disorders
- ☐ L03.116 Cellulitis of left lower limb
- ☐ I87.313 Chronic venous hypertension w ulcer of bilateral low extremity
- ☐ L60.1 Oncholysis
- ☐ L60.4 Beau's Lines
- ☐ L60.3 Nail Dystrophy
- ☐ L60.5 Yellow nail syndrome
- ☐ R21 Rash and other nonspecific skin eruption

Test Menu

SPECIMEN A

Collect in Eswab

Location of Infection:_____

☐ **Wound / Sepsis PCR Panel** Panel includes

BACTERIA

Escherichia coli	Klebsiella aerogenes
Streptococcus agalactiae	Klebsiella pneumoniae
Klebsiella oxytoca	Staphylococcus aureus
Staphylococcus saprophyticus	Streptococcus pyogenes
Pseudomonas aeruginosa	Streptococcus pneumoniae
Staphylococcus haemolyticus	Streptococcus dysgalactiae
Enterococcus faecium	Staphylococcus lugdunensis
Enterococcus faecalis	Staphylococcus epidermidis
Acinetobacter calcoaceticus- baumannii complex	

FUNGI

Candida krusei	Candida albicans	Candida parapsilosis
Candida tropicalis	Fusarium solani	Trichophyton spp
Candida glabrata	Microsporum spp	

Panel includes

Antimicrobial Resistance

KPC – Carbapenem resistance
NDM – Carbapenem resistance
VIM – Carbapenem resistance
IMP – Carbapenom resistance
qnr – Quinolone resistance
vanB – Vancomycin resistance
OXA-48 – Carbapenem resistance
mecA mecC-Methicillin resistance
CTX-M – ESBL
sul – Sulfonamide resistance
vanA – Vancomycin resistance
dfrA – Trimethoprim resistance

SPECIMEN B

Collect in Eswab

Location of Infection:_____

☐ **Wound / Sepsis PCR Panel** Panel includes

BACTERIA

Escherichia coli	Klebsiella aerogenes
Streptococcus agalactiae	Klebsiella pneumoniae
Klebsiella oxytoca	Staphylococcus aureus
Staphylococcus saprophyticus	Streptococcus pyogenes
Pseudomonas aeruginosa	Streptococcus pneumoniae
Staphylococcus haemolyticus	Streptococcus dysgalactiae
Enterococcus faecium	Staphylococcus lugdunensis
Enterococcus faecalis	Staphylococcus epidermidis
Acinetobacter calcoaceticus- baumannii complex	

FUNGI

Candida krusei	Candida albicans	Candida parapsilosis
Candida tropicalis	Fusarium solani	Trichophyton spp
Candida glabrata	Microsporum spp	

Antimicrobial Resistance

KPC – Carbapenem resistance
NDM – Carbapenem resistance
VIM – Carbapenem resistance
IMP – Carbapenom resistance
qnr – Quinolone resistance
vanB – Vancomycin resistance
OXA-48 – Carbapenem resistance
mecA mecC-Methicillin resistance
CTX-M – ESBL
sul – Sulfonamide resistance
vanA – Vancomycin resistance
dfrA – Trimethoprim resistance

Pathology

Collection Procedure:

☐ Biopsy_____ ☐ Excision ☐ Other_____

Skin (Formalin)**
- ☐ Tinea
- ☐ Pigmented Lesion (E.G., Melanoma)
- ☐ Non-Pigmented Lesion (E.G., Verruca)
- ☐ Dermatitis/Rash
- ☐ Ulceration (E.G. Vasculitis)

Soft Tissue (Formalin)**
- ☐ Tumor (Cyst, Lipoma, Sarcoma)
- ☐ Inflammatory (Abscess)
- ☐ Inflammatory (Tophus)

Wound
- ☐ Aspirate
- ☐ Incisional
- ☐ Excisional

Bone (formalin)
- ☐ Suspect Osteomyelitis / Infection
- ☐ Lesion (cyst, Neoplasm, etc.)
- ☐ Deformity
- ☐ Arthritis

Collection Site:_____

Collection Procedure:

☐ Biopsy_____ ☐ Excision ☐ Nail ☐ Other_____

Skin (Formalin)**
- ☐ Tinea
- ☐ Pigmented Lesion (E.G., Melanoma)
- ☐ Non-Pigmented Lesion (E.G., Verruca)
- ☐ Dermatitis/Rash
- ☐ Ulceration (E.G. Vasculitis)

Soft Tissue (Formalin)**
- ☐ Tumor (Cyst, Lipoma, Sarcoma)
- ☐ Inflammatory (Abscess)
- ☐ Inflammatory (Tophus)

Nail (Dry nail bag)**
- ☐ Trauma
- ☐ Pigmented Streak
- ☐ Non-Pigmented Lesion
- ☐ Nail Granulation
- ☐ R/O Melanoma
- ☐ Other_____

Onychomycosis (Dry nail bag)**
- ☐ Routine (PAS)
- ☐ High Sensitivity (PAS, GMS)
- ☐ Highest Sensitivity (PAS, GMS, FM)

Bone (formalin)
- ☐ Suspect Osteomyelitis / Infection
- ☐ Lesion (cyst, Neoplasm, etc.)
- ☐ Deformity
- ☐ Arthritis

Collection Site:_____

Clinical Impression:

Clinical History:

Physician Authorization

I, the undersigned healthcare provider, acknowledge that when ordering a Urinary Tract Infection (UTI), Nail, or Wound PCR panel through North West Labs, located at 29580 Northwestern Hwy., Suite 120, Southfield, MI 48034 (NPI: 1568994879, Tax ID: 813538903) I understand and agree to the following terms:

1. In some or all instances, UTI, Wound, and Nail panels and their associated antibiotic resistance markers tests will be forwarded to PCR Labs of America (1464 E Whitestone Blvd, Ste 2401, Cedar Park, TX 78613; Phone: (512) 456-0071; Fax: (512) 456-0072) for processing and analysis.
2. Any pathology, cytology, and thin prep specimens will be forwarded to KC Pathology Laboratory (44400 Van Dyke Ave, Ste 102, Sterling Heights, MI 48314; Phone: (586) 262-4243; Podiatric Pathology Form Fax: (586) 262-4241) for evaluation and reporting.
3. I understand that while the initial order is placed with North West Labs, the actual testing may be performed by their partner laboratories as specified above.
4. I acknowledge that this referral process may affect billing procedures and timeline for results, and I accept this as part of the standard operating procedure for these specific test types.
5. I confirm that I have informed my patients about this testing arrangement as appropriate and in accordance with applicable regulations.

Physician Signature _____ **Date:**_____

Patient Consent and Authorization

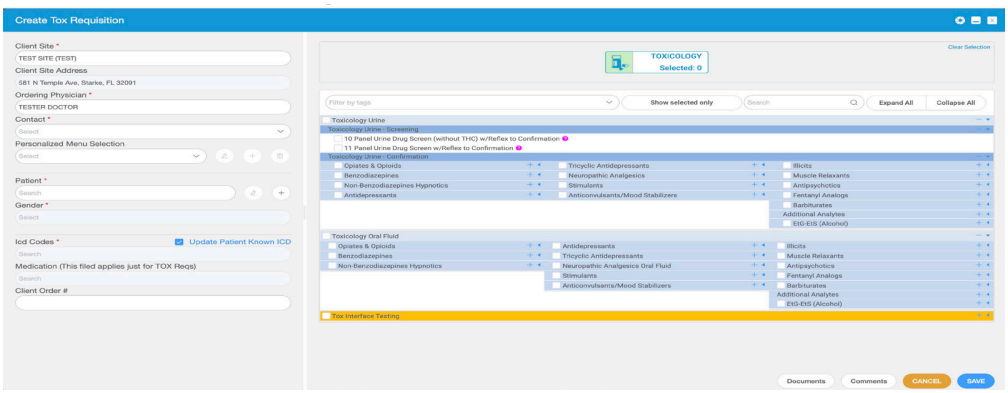
I authorize the release of my medical information including test results for submission of personalized reports to my healthcare providers and insurance carrier(s). I request that payment of benefits be made to North West Labs, Inc. on my behalf. If my policy does not allow for direct payment, I agree to relinquish allocated funds to North West Labs, Inc as compensation for services rendered. I also acknowledge that I will be liable for payments of deductibles, co payments and/or co insurance as detailed by my healthcare insurer. I understand that I am liable for charges not covered by my healthcare insurer. I also authorize North West Labs, Inc to appeal insurance claims on my behalf. I acknowledge the benefits, risk and limitations of this testing as describe to me by a qualified healthcare provider. My insurance may not cover or pay full amount for testing; I may be responsible for full or part of amount charged due to out of network benefits, deductible and co pays. North West Labs, Inc has my permission to bill my insurance carrier(s), this notice gives me the option to proceed with the procedure or decline. By signing this I have read all of the above and understand it. Medicare Advance Beneficiary Notice: Medicare will only pay for services that it determines to be reasonably and necessary under section 1882 (a) (1) of the Medicare Law. If Medicare determines that a particular service, although it would otherwise be covered, is not reasonable and necessary under the Medicare Program standards, Medicare will deny payment for that service. Medicare usually does not pay for these tests for the reported diagnosis. By signing the Patient/Responsible Party Signature on this requisition, you are confirming your agreement to assume financial responsibility for the payment of these tests.

Patient Signature _____ **Date:**_____

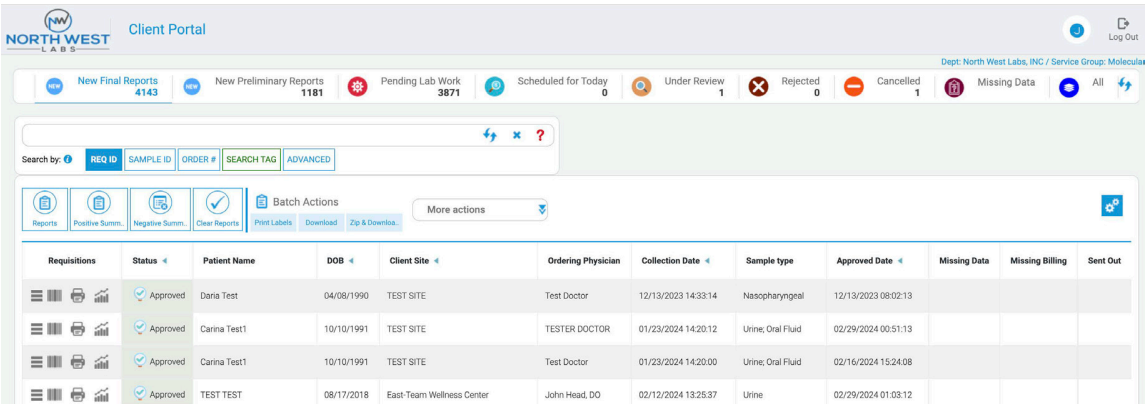
CLIENT PORTAL

North West offers the most advanced, easy to use, client portal in the industry — utilizing customized reporting, graphical data analysis and specifically designed tools to provide a “bird’s-eye” view of the practice’s laboratory testing and results.

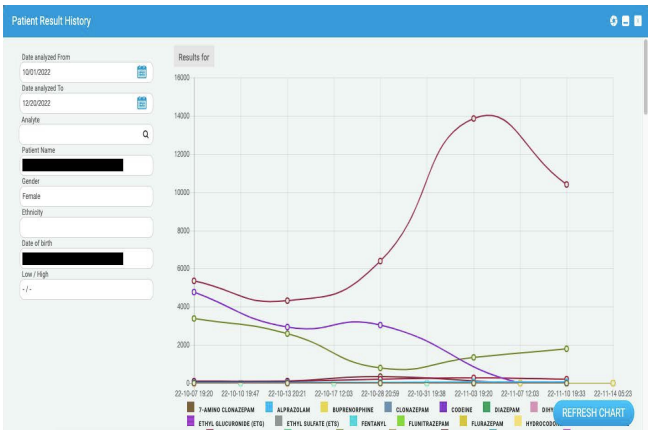
QUICK LAB ORDERING



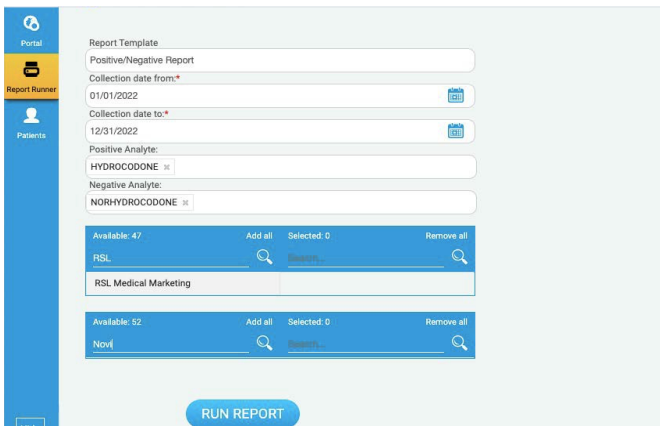
EASY ACCESS RESULTS



GRAPHICAL DATA ANALYSIS



CUSTOMIZABLE DATA-DRIVEN REPORTING



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CONTACT

248 301 6917

support@nwlabs.com

29580 Northwestern Hwy, Ste 120, Southfield, MI 48034

NORTH WEST LABS