ORLANDO HEALTH

LABORATORY 52 W. Underwood St., MP 105 Orlando, FL 32806 *tel* 321.841.5214

OrlandoHealth.com

APH Pediatric Specialty Diagnostic Lab

321-841-7820

CLIENT #	#
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Medical Sample submission form:

Please check the desired test:
□ Disaccharidase Panel including Lactase, Maltase, Sucrase, Palatinase and Glucoamylase (CPT codes 82657,87176 & 84311)
□ Pancreatic enzymes (pH, Amylase, Lactase, Chymotrypsin, Trypsin, Elastase, protein) (CPT codes 83690, 82150, 84485, 83986, 84160)
☐ Aspiration Marker Panel/BAL Amylase, Pepsin A and C
(CPT codes 82657, 84160, 83986, 82150)
☐ Esophageal Epithelial Eosinophilic Markers (CPT codes 83520, 84311)
Specimen Collection Date:/ Specimen Collection Time:
Specimen Type:
Diagnosis/Symptoms/ICD 9 Code (s):
Please clearly print the following information and submit with the samples: PATIENT INFORMATION:
Patient Name:
DOB: Sex:
Social Security #:
Address:
City, State, Zip Code:
Referring Physician Name:
Referring Physician Phone #:FAX #:
Referring Physician Address:
City, State, Zip Code:
SEND REPORT TO:
Name and Title of Responsible Officer:
Address:
City, State, Zip Code:
TelephoneFax
SHIPPING INFORMATION: Samples are placed in a well-sealed tube, clearly labeled, And shipped on dry ice in an 8x8x12 or larger Styrofoam box to: MR#:
Orlando Health APH Pediatric Specialty Diagnostic Lab 110 Bonnie Loch Ct Orlando, Florida 32806 Accession#:

*To set up account and reporting results, and any questions regarding tests or sample shipping, please call 321-841-7820.

Lab Registration Instructions: Client Billing Protocol

Register via the specimen registration flow in Affinity. Use Client #_____

Revised: 10/2018