PRIMEX
Clinical Laboratories, Inc.

PANEL REQUEST FORM

CLIENT NAME & ID#: _____

PANEL #1

PANEL#2

This acknowledgment confirms that Primex Clinical Laboratories has created the profile(s) noted above comprised of the respective tests listed at my request.

I understand that when ordering tests in which Medicare reimbursement will be sought, I should only order tests, which I believe are medically necessary for each patient. I understand that using a customized profile may result in the ordering of test(s) for which Medicare or other federally funded health care programs may deny payment. When not all of the tests included in the customized profile are medically necessary for an individual patient, I will order individual tests or a less inclusive profile

_____ _____ _____

PHYSICIAN NAME PHYSICIAN SIGNATURE DATE

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