

Ansh Esoteric Labs

REQUISITION FORM

CLIA #: 45D2081313

Director: Dr. John Petersen

445 Medical Center Blvd, Webster, TX 77598

281-404-0260

ael@anshlabs.com

SARS-CoV2 Antibody Testing

PATIENT INFORMATION

Patient's Last Name or Code	First	Middle	DOB	Gender
Phone	Email Address			
Patient ID or Code	Reason for testing			
SARS-COV-2 PCR Test: <input type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> Not Tested		Symptoms (if any):		

SPECIMEN INFORMATION

Specimen ID	Date Collected	Time Collected
Specimen Type (Serum is preferred) <input type="checkbox"/> Serum (no additive tube) <input type="checkbox"/> Serum (gel separator tube) <input type="checkbox"/> EDTA Plasma <input type="checkbox"/> Dried Blood Spot (DBS)	Affix Specimen Label Here	

ORDERING PROVIDER

Provider Location/Clinic	Provider's Name	Telephone Number
Provider's Signature	Date	Report Results to: Name: _____ <input type="checkbox"/> Email: _____ <input type="checkbox"/> Fax Number: _____

SHIP TO

SHIPPING/ HANDLING/ BILLING

Ansh Esoteric Labs

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- Samples should be sent with cold packs for next day delivery or on dry ice.
- Package securely to avoid breakage and for impending extreme weather conditions.
- Please include a completed test requisition for each sample.
- Please email our laboratory of the courier name and tracking number of the package:
anshtesting@anshlabs.com

LABORATORY USE ONLY

Specimen ID	Received By	Date/Time Received	Date Results Reported	Reported by
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