Pearl Medical Laboratory
2202 Buechel Ave
Louisville, KY 40218
Phone: 502-456-0494
Fax: 502-456-0496

CLIA ID: 18D2085247
COLA ID: 27656
Laboratory Director: Lewis Jackson, PhD
Clinical Consultant: Osa J. Omoruyi MD, MBA, CMD

Patient Information

Patient Name (Last): (First): (M.I):	Birth Date:	Social Security Number
Patient Phone Number (w Area Code)		Patient Sex:

Patient Race:	Patient Ethnicity:	Patient Residence City, State, Zip, County:
□ American Indian or Alaska Native □ Asian □ Black or African American □ Native Hawaiian or Other Pacific Islander □ White	□ Hispanic or Latino □ Not Hispanic or Latino	

Order Date:	Collected Date:	Collector Initial:	Collection Location:	Ordering Provider (Printed):

Ordering Provider Address:	Ordering Provider NPI:	Ordering Provider Zip:

Billing/Insurance Information

ICD 10 Codes (Required)

Insurer:	Subscriber ID:	Group Number:

Subscriber ID:	Relationship to Patient:	Insurance Address:

Laboratory Testing

□ Thyroid Panel □ Free T3 □ Free T4 □T Uptake □ Total T3 □ Total T4 □ TSH □ Anemia Panel □ Ferritin □ Folate	□ Vitamin B12 □ EPO □ Bone Metabolism □ Vitamin D Total □ Cardiac □ BNP □ Infectious Disease □ Hepatitis A IGM □ Hepatitis B IGM □ Hepatitis B Surface Antigen	□ HCV □ HIV Other □ Fecal Immunochemical Test □ Total PSA □ Testosterone **□ SARS-Covid-2 Total Antibody** **□ SARS-Covid-2 (Covid-19) by RT-PCR**

□ Serum □ Oral/Nasal swab □ Nasopharyngeal swab	**Circle One: Resident or Staff**
Is this your first Test?	**Y or N or Unknown**
Employed in healthcare?	**Y or N or Unknown**
Symptomatic as defined by CDC?	**Y or N or Unknown**
If yes, date of symptom onset:(mm/dd/yy):	
Resident in a congregate care setting (including nursing homes, residential care, psychiatric treatment facilities, group homes, board and care homes, homeless shelter, foster care, or other setting)? Y or N or Unknown	
Pregnant?	**Y or N or Unknown**

Physician, Patient or Healthcare Provider Signature:	Date:

PEARL
Geriatrics | Palliative Care | Primary Care
+ High Complexity Lab