



**KAISER
PERMANENTE®**

Patient Information

Name: _____

Medical Record #: _____

DOB: _____ Sex: _____

SCPMG- NON-HEALTH CONNECT LAB TEST REQUEST FORM

All Non- Health Connect lab tests must be requested on this form.

Ordering Physician: _____ M.D.

Sign: (required) _____

Department: _____ Loc: _____

Date: _____

TEST NAME:

1. _____
2. _____
3. _____

DIAGNOSIS (Required): _____

Test will not be processed without diagnosis.

- | | | | | |
|--|--|---|---|--|
| <input type="checkbox"/> <u>Antelope Valley(Palmdale)</u> Vasundara Ramarajan NUID: I678169 GL: 0806-81900-5691-59035 | <input type="checkbox"/> <u>Downey</u> Rich Robertson NUID: K089911 GL: 0806-80100-5691-59035 | <input type="checkbox"/> <u>Ontario</u> Marina Bonus NUID: F234915 GL: 0806-81701-5691-59035 | <input type="checkbox"/> <u>Reg. Ref Labs</u> Peter Algiers NUID: P796325 GL: 0806-82343-5691-59035 | <input type="checkbox"/> <u>Woodland Hills</u> Hany Boutros NUID: T193254 GL: 0806-81251-5691-59035 |
| <input type="checkbox"/> <u>Anaheim</u> Debbie Chanry NUID: K082598 GL: 0806-81050-5691-59035 | <input type="checkbox"/> <u>Fontana</u> Timothy Cotroneo NUID: Y383647 GL: 0806-80301-5691-59035 | <input type="checkbox"/> <u>Panorama City</u> Suzy Ghazarossian NUID: S789445 GL: 0806-80852-5691-59035 | <input type="checkbox"/> <u>San Diego</u> Diane Giles NUID: K123520 GL: 0806-80451-5691-59035 | |
| <input type="checkbox"/> <u>Bakersfield</u> Ken Campbell NUID: K237295 GL: 0806-81600-5691-59035 | <input type="checkbox"/> <u>Irvine</u> Mary Lou Beaumont NUID: A335097 GL: 0806-81151-5691-59035 | <input type="checkbox"/> <u>Riverside</u> Denise Topliff NUID: K104172 GL: 0806-81350-5691-59035 | <input type="checkbox"/> <u>South Bay</u> Janice Wolf NUID: K119893 GL: 0806-80200-5691-59035 | |
| <input type="checkbox"/> <u>Baldwin Park</u> Charles Mabaquiao NUID: W134322 GL: 0806-81500-5691-59035 | <input type="checkbox"/> <u>Los Angeles (Sunset)</u> Julie Toti NUID: K084521 GL: 0806-80001-5691-59035 | <input type="checkbox"/> <u>Reg. Genetic Counsel</u> Monica Alvarado NUID: E618045 GL: 0806-82303-1450-59025 | <input type="checkbox"/> <u>West Los Angeles</u> Karen Schellhardt NUID: G586652 GL: 0806-80951-5691-59035 | |

Give this form to the patient. Patient must bring this form to the lab.

Lab Use Only

Date and Time Collected: _____

Collected by: _____

| TEST NAME | SENT TO | DATE | How was test sent? (A-line, Reg. courier, DHL. etc.) | NUID of person sending the test. |
|-----------|---------|------|--|----------------------------------|
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SEND INVOICES WITH THIS FORM TO:
Secure Encrypted Email: RRL-Business-Services@kp.org **OR**
Fax (818) 503-6872 OR Mail
 SCPMG Regional Reference Laboratories,
 Attn: Business Services Dept.
 2nd Fl, 11668 Sherman Way
 North Hollywood CA, 91605