

LABORATORY SERVICES AGREEMENT & ORDERING PROVIDER CONSENT FORM

Facility Name: _____

Address: _____

I understand that Biogene Diagnostics Laboratory will submit the patient's claims to the patient's insurance company as a courtesy, at no extra cost. Timely submission of the patient's insurance information and/or patient's address is the client's responsibility.

ORDERING PROVIDER/ CLINICIAN**As a licensed healthcare provider, I confirm that**

- I order only medically necessary tests for each individual patient to monitor/diagnose their clinical diagnosis, health status and prescription medication management therapy that I have prescribed. I will select the appropriate custom test panel accordingly.
- If not all components of a custom panel are medically necessary, I will instead order only the individual tests or a less inclusive panel that I determine to be necessary and appropriate based on the clinical finding during diagnosis.
- As part of my medical practices in patients' clinical diagnosis and prescription medication monitoring program, I authorize Biogene Diagnostics to establish a testing analysis protocol for my patients' specimens, including blood testing, therapeutic drug monitoring, toxicology, and/or molecular testing for infectious diseases, based on the selections made below.
- I further authorize and request Biogene Diagnostics to perform Initial screening, quantitative, confirmation testing, or Reflex testing for abnormal results when indicated, including for abnormal initial Screen results, UTI PCR on abnormal UA, and negative qualitative screen results, as deemed necessary.
 - Comprehensive LCMS Definitive Drug Testing Profile. (Urine Validity, Alcohol Screening, LCMS Drug Confirmation)
 - Molecular Testing Profile (Covid-19 PCR, Covid-19 + Flu A/B/RSV, Respiratory RT-PCR Profile, UTI-PCR, Wound-PCR, Toenail fungal-PCR, GI-PCR, STI-PCR and PGX-PCR)
 - Clinical Testing (Hematology, Chemistry, Special Chemistry, Serology/Immunology, Urinalysis)
 - Custom Profile:

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I agree to the terms and conditions stated in this agreement. I understand, agree, and have read the terms of service for Biogene Diagnostics Laboratory.

Physician Name: _____

Date: _____

Signature: **BY SIGNING IN THE BOX ABOVE, YOU AUTHORIZE BIOGENE DIAGNOSTICS TO APPLY YOUR ELECTRONIC SIGNATURE TO THE PAPER REQUISITION.**