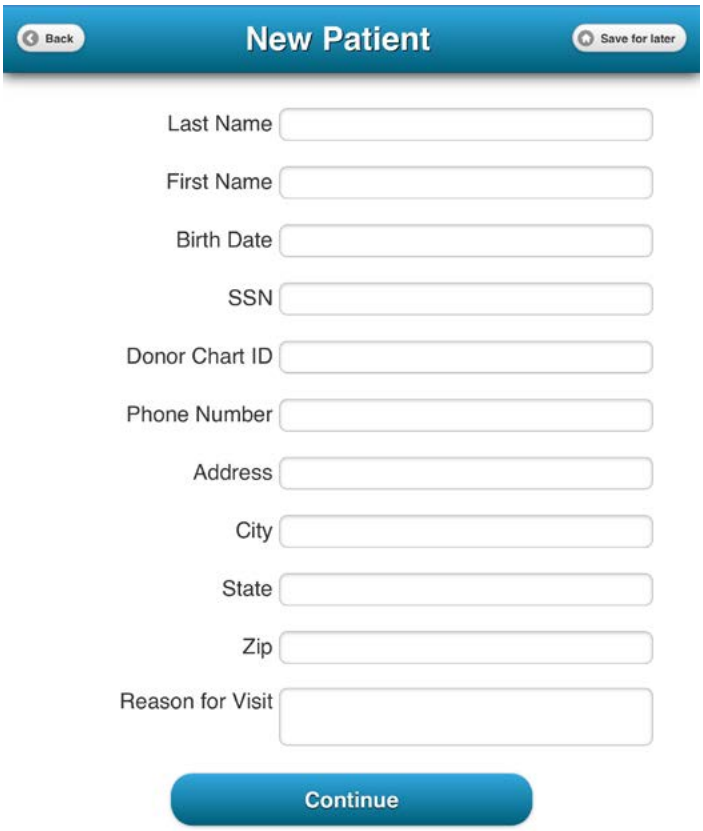
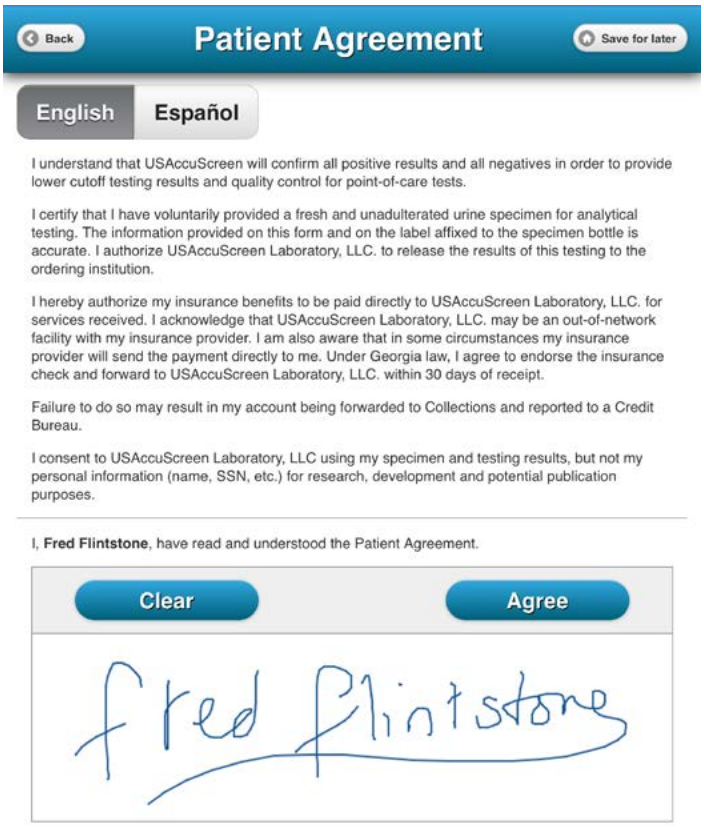

LabTab
Tests
Supplies
Reports
DEMONSTRATION MODE
Demo Clinic / Clinic Mode
version 1.6.0 cdv 1.7.0
Close LabTab
USAccuScreen
Premier Lab Services


Back
New Patient
Save for later
Last Name
First Name
Birth Date
SSN
Donor Chart ID
Phone Number
Address
City
State
Zip
Reason for Visit
Continue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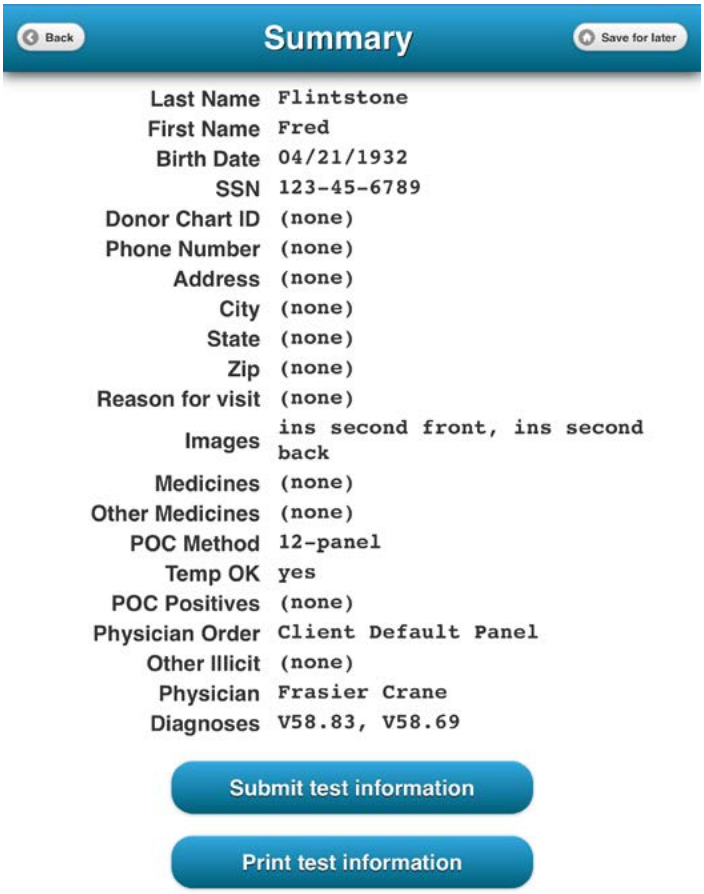
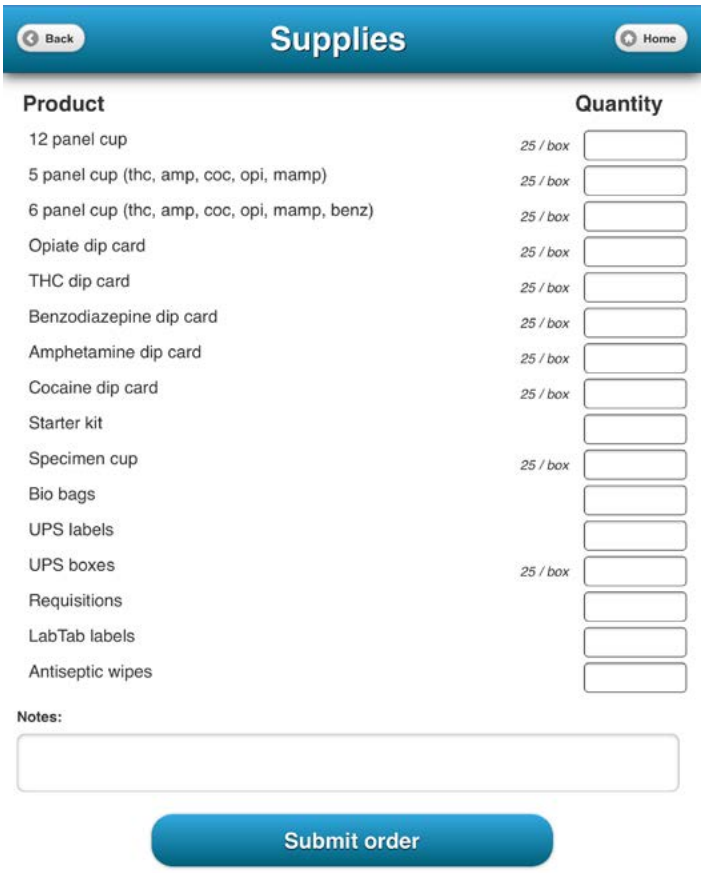
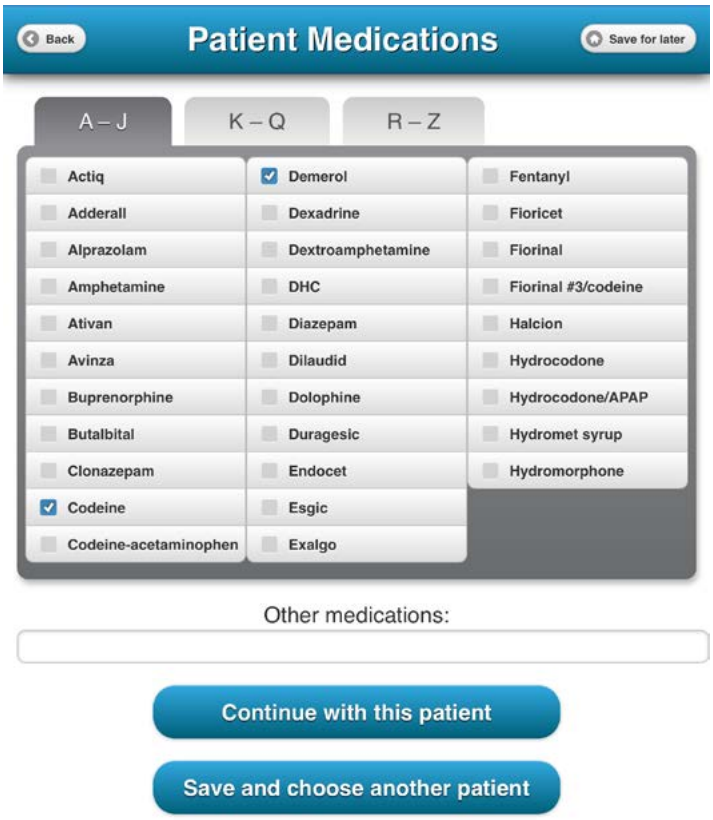
Patient Agreement
Save for later
English
Español
I understand that USAccuScreen will confirm all positive results and all negatives in order to provide lower cutoff testing results and quality control for point-of-care tests.
I certify that I have voluntarily provided a fresh and unadulterated urine specimen for analytical testing. The information provided on this form and on the label affixed to the specimen bottle is accurate. I authorize USAccuScreen Laboratory, LLC. to release the results of this testing to the ordering institution.
I hereby authorize my insurance benefits to be paid directly to USAccuScreen Laboratory, LLC. for services received. I acknowledge that USAccuScreen Laboratory, LLC. may be an out-of-network facility with my insurance provider. I am also aware that in some circumstances my insurance provider will send the payment directly to me. Under Georgia law, I agree to endorse the insurance check and forward to USAccuScreen Laboratory, LLC. within 30 days of receipt.
Failure to do so may result in my account being forwarded to Collections and reported to a Credit Bureau.
I consent to USAccuScreen Laboratory, LLC using my specimen and testing results, but not my personal information (name, SSN, etc.) for research, development and potential publication purposes.
I, Fred Flintstone, have read and understood the Patient Agreement.
Clear
Agree
fred flintstone


Back
Summary
Save for later
Last Name Flintstone
First Name Fred
Birth Date 04/21/1932
SSN 123-45-6789
Donor Chart ID (none)
Phone Number (none)
Address (none)
City (none)
State (none)
Zip (none)
Reason for visit (none)
Images ins second front, ins second back
Medicines (none)
Other Medicines (none)
POC Method 12-panel
Temp OK yes
POC Positives (none)
Physician Order Client Default Panel
Other Illicit (none)
Physician Frasier Crane
Diagnoses V58.83, V58.69
Submit test information
Print test information


Back
Supplies
Home
Product
Quantity
12 panel cup
25 / box
5 panel cup (thc, amp, coc, opi, mamp)
25 / box
6 panel cup (thc, amp, coc, opi, mamp, benz)
25 / box
Opiate dip card
25 / box
THC dip card
25 / box
Benzodiazepine dip card
25 / box
Amphetamine dip card
25 / box
Cocaine dip card
25 / box
Starter kit
Specimen cup
25 / box
Bio bags
UPS labels
UPS boxes
25 / box
Requisitions
LabTab labels
Antiseptic wipes
Notes:
Submit order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Patient Medications
Save for later
A – J
K – Q
R – Z
Actiq
Adderall
Alprazolam
Amphetamine
Ativan
Avinza
Buprenorphine
Butalbital
Clonazepam
Codeine
Codeine-acetaminophen
Demerol
Dexadrine
Dextroamphetamine
DHC
Diazepam
Dilaudid
Dolophine
Duragesic
Endocet
Esgic
Exalgo
Fentanyl
Fioricet
Fiorinal
Fiorinal #3/codeine
Halcion
Hydrocodone
Hydrocodone/APAP
Hydromet syrup
Hydromorphone
Other medications:
Continue with this patient
Save and choose another patient