In the event that you were not able to attend the CSU FITlife Health Fair in 2016, you may utilize a LabCorp walk-in facility to receive a no-cost Lipid/Glucose Panel blood draw. Testing must be completed by December 31, 2016.

Instructions on locating and receiving services at a LabCorp location:

1) Locate a LabCorp Patient Service Center (PSC) for specimen collection:
   - On the LabCorp website [www.labcorp.com](http://www.labcorp.com), click on ‘Find a Lab’ and enter your zip code.
   - Call 1-888-LABCORP (522-2677).

   **You must utilize a PSC LabCorp facility to receive no-cost services**

2) Take the PHN Service Authorization Form (page two of this document) along with a photo ID to LabCorp. Complete the form with your full name and date of birth. Services cannot be provided without the attached form or photo ID.

For best results, it is recommended that you fast 6-8 hours prior to your test. Results are normally available within two weeks and are sent directly to you via postal mail.
**LabCorp®**

Preventive Health Now, LLC/Colorado State
LABCORP WELLNESS VERIFIED
7406 S. Pontiac Way
Centennial CO 80112
720-934-5588

**Account No.** 05006410

**Specimen Date**
Mo  Day  Yr  Hr  Min

**Specimen Time**

**Patient Name (Last) (First, MI)**

**Physician I.D.**

**Physician's Signature**

**Responsible Party or Insured's Name (Last, First)**

**Address**

**City**

**State**

**Zip Code**

**Patient's Ht.**

**Wt.**

**Diagnosis Code (ICD-9)**

**Insurance Code or Company Name and Address**

**Insurance I.D. #**

**Workers Comp.**

**Provider #**

**Relationship to Insured (Circle One)**

1-3ft  3-5ft  5-8ft

**Urine Total 24hr. Vol.**

**Patient's Phone #**

**Age**

Mo  Day  Yr  Yrs  Mos

**Significant Clinical Information**

- [ ] Fasting
- [ ] Non-Fasting

**CHECK ONE:**

03 [X] ACCOUNT BILL

**CIRCLE ONE:**

1598053613-BECKETT,M

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**TRAVEL LOG ID**

**DATE**

**LOG#**

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[X] 262204 Lipid Panel + Glucose

[X] 101300 Biometrics

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**MEDICARE ADVANCE BENEFICIARY NOTICE (ABN)**

Use a separate ABN when ordering tests which require an ABN. Refer to the back of this form for more information.

- [ ] Subject to Medicare medical necessity guidelines
- [ ] Subject to Medicare frequency guidelines
- [ ] Medicare deems investigational

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**NOTE:** When ordering tests for which Medicare or Medicaid reimbursement will be sought, physicians should only order tests that are medically necessary for the diagnosis or treatment of the patient. Components of the organ or disease panels and common test combinations are shown on the reverse side, and any component may be ordered individually. Components may be billed separately per carrier policy. The individual components of any customized profiles have been disclosed to you and they may also be ordered individually.