INDUSTRY LAB
FAST | ACCURATE | AFFORDABLE

Dear Valued Partner,

We are writing to request your authorization to maintain your signature on file at Industry Lab Diagnostic Partners, a certified laboratory specializing in PCR testing and toxicology.

As part of our compliance with regulatory standards and billing practices, we are required to have a valid physician's signature on file authorizing testing for specimens submitted from your office and/or referred by you. This signature will be used solely to authorize testing on patient samples you order and will remain confidential and secured as per HIPAA and CLIA guidelines. **Please complete the authorization section below to grant us permission to keep your signature on file.**

By submission of a test requisition and accompanying sample(s), I: (i) authorize and direct to perform the testing indicated; (ii) certify the person listed as the ordering provider is authorized by law to order the test(s) requested; (iii) certify any custom panel and/or ordered test(s) requested on this test requisition form are reasonable and medically necessary for the diagnosis and/or treatment of a disease, illness, impairment, symptom, syndrome or disorder; (iv) the test results will determine my patient's medical management and treatment decisions of this patient's condition on this date of service; (v) have obtained this patient's and relatives', when applicable, written informed consent to undergo any genetic testing requested; and (vi) the full and appropriate diagnosis code(s) are indicated to the highest level of specificity.

Physician Authorization

I hereby authorize Industry Lab Diagnostic Partners to maintain my signature on file for the purpose of ordering and authorizing PCR laboratory testing on patient specimens referred by me. I understand the difference in tests performed by the lab (molecular/genetics/microbiology) and the lab only performs the tests I specifically order for my individual patients and does not determine necessity or appropriateness. I understand my signature will be used exclusively for test requisition purposes and will be stored in a secure and confidential manner in compliance with applicable healthcare regulations. I understand insurance may not pay for the test in its entirety and Industry Lab will bill the proper insurance but the financial burden may fall on my patient in some situations.

Physician Name: _____ Individual NPI Number: _____

Signature: _____ Date: _____

Please return this completed form via fax to 513.860.0373 or email to billing@ildp.com. If you have any questions or need further information, please contact us. Thank you for your continued trust and partnership.
IIndustry Lab Diagnostic Partners