STATE OF LOUISIANA DEPARTMENT OF HEALTH AND HOSPITALS
OFFICE OF PUBLIC HEALTH, GENETIC DISEASES PROGRAM
PHONE: 504-568-8254 FAX: 504-568-8253

REQUEST FOR LAB 10 FORMS

DATE REQUESTED: _____

NAME AND PHONE NUMBER OF PERSON REQUESTING FORMS:

_____ _____
(Name) (Phone Number)

NUMBER OF FORMS NEEDED:

BLUE:_____ (MEDICAID PATIENTS ONLY)

RED: _____X $ 30.00 each (PAYING AND PRIVATE INSURANCE PATIENTS)

MAIL CHECKS TO (PLEASE MAKE CHECKS PAYABLE TO OFFICE OF PUBLIC HEALTH /GENETIC DISEASES)
OFFICE OF PUBLIC HEALTH GENETIC DISEASES
P.O. BOX 60630
NEW ORLEANS, LA 70160

ADDRESS FORMS ARE TO BE SHIPPED TO (PLEASE PRINT OR TYPE)

_____
(Facility Name)

_____
(Street Address or P.O. Box)

_____
(City/Town) (State) (Zip Code)

PLEASE FAX YOUR REQUEST TO:

Margaret McGinnis at
504-568-8253

_____

TO BE FILLED OUT BY GENETICS PERSONNEL

BEGINNING NUMBER	ENDING NUMBER	RED/BLUE
_____	_____	_____
_____	_____	_____
_____	_____	_____

DATE COURIER PICKED UP: _____ COURIER SIGNATURE: _____

DATE STAFF MAILED FORMS: _____ STAFF SIGNATURE: _____

REV 02/28/2012