



Institute of Psychiatry  
 Clinical Neurobiology Laboratory  
 67 President Street, Room PH144  
 Charleston, SC 29403  
 Phone (843) 792-5440  
 Fax (843) 792-7371

UP ARROW †  
 KEANE CODE  
 CERNER CODE

## CLIENT BILL FORM

PATIENT'S NAME (LAST, FIRST, M.I.)		SOC SEC #		SEX	RACE	DATE OF BIRTH	<b>THIS AREA FOR LAB USE ONLY</b> MRN# _____ PAT COM# _____ Receiving Tech Ints. _____ Accession # _____ Ints. _____ Date/Time Received _____
PATIENT'S ADDRESS				PATIENT'S HOME PHONE			
CITY	STATE	ZIP	PATIENT'S WORK PHONE #				

### SPECIMEN INFORMATION (REQUIRED)

Date Collected _____	Ordering Physician (Please Print) _____	
Time _____		
Phlebotomist Initials _____		

### TESTS

%CDT-IOP	<input type="checkbox"/> Carbohydrate Deficient Transferrin
----------	---

### WRITE ANY ADDITIONAL TESTING BELOW
