

ACCURACY INTEGRITY ADVANCED TECHNOLOGY

H.pylori Urea Breath Test Requisition Form

PHYSICIAN'S INFORMATION

PATIENT'S INFORMATION

Last Name: _____ First Name _____
 M.I. _____ Gender F M DOB ____/____/____ Phone: (____) _____
 Address: _____ SSN: _____
 City: _____ State: _____ Zip: _____ Pt. ID _____

BILLING INFORMATION

Patient Medicare Insurance
 Client Medicaid

RELATIONSHIP

Self Spouse Child
 Other _____

Insurance Company _____
 Member # _____

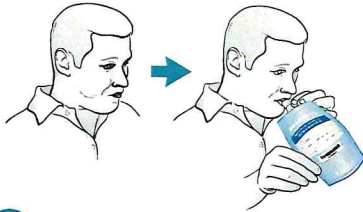
TEST ORDERING

N320 Urea Breath Test for detection *H.pilory*

DIAGNOSES

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TEST PROCEDURE



Instruct patient to **hold their breath for 4-5 seconds**, and then **exhale** into the **blue BASELINE** breath sample bag



Wait 15 min.

Wait **15 minutes**

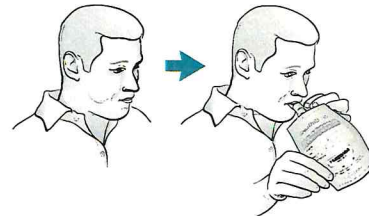
1

5



Click

Push the cap until it **clicks**



Instruct patient to **hold their breath for 4-5 seconds**, and then **exhale** into the **gray POST INGESTION** breath sample bag

2

6



Prepare the test drink, stir until it is completely **dissolved**



Click

Push the cap until it **clicks**

3

7



Max. 2 min.

Instruct patient to **drink** the entire solution using the straw **within 2 minutes**



Place **both** breath sample bags in the provided transport bag

All sample bags **must be labeled**

4

8