

Your LabCorp Biometric Screening must be completed by: 8/31/2026

Thank you for choosing to participate in the health screening offered through your company.

How to schedule a Blood Draw Appointment:

1. Find a LabCorp location:

- a. Go to www.LabCorp.com
- b. To find a location near you:
 - Enter your zip code
 - Select Service: "Employee Wellness with Body Measurement" & Click "Go"
- c. Select the location of your choice
- d. Schedule an Appointment
 - Select Fasting Status: Y / N
 - Choose Date & Time
 - Complete Patient Information
 - Financial Details Page: Select "I have already paid or someone else is responsible"
 - Complete Contact Information
 - Review appointment details and create appointment

2. Remember to **BRING THE REQUISITION FORM to your LabCorp appointment**. They will not draw your blood without it. On the form, please complete the highlighted areas ONLY. (Name, Sex, DOB, Last 4 SSN#)

The Day of Your Screening:

- For accurate results, you must fast 8-10 hours prior to screening (black coffee and plain tea are okay).
- Drink plenty of water and take any prescribed medications as directed by your physician.
- **PLEASE DO NOT MARK ANY ADDITIONAL TESTS WITHOUT CONTACTING OUR OFFICE FIRST. If you are interested in additional test(s), please call IH21/HW Central Division at 513-751-1288 with your credit card information.**
- If your company requires your spouse to screen offsite, they need their own HealthWorks account. Please do NOT share paperwork. This allows IH21/HW Central Division to process your results separately.

Please allow 3 business days for the processing of your bloodwork
QUESTIONS call: 513-751-1288 or email: Offsite@integratedhealth21.com

In Good Health,
IH21/HW Central Division Staff

THIS FORM IS ONLY VALID FOR THE 2026 SCREENING YEAR



To find the nearest patient service center, visit www.labcorp.com or call 888-LABCORP (888-522-2677)

IH21/HW Central Division
4350 Glendale-Milford Road, Suite 110
Blue Ash, OH 45242
513-751-1288 OHI

Send additional copy of report to:

Fax _____ () _____
 Call Physician Name _____ Physician Phone/Fax _____
 Mail _____
 Physician Address _____

 City, State, Zip _____

1366472821- Buring, Robert

CHECK ONE

03 [X] ACCOUNT BILL

ACCOUNT#: 34553760

TAKE THIS FORM WITH YOU TO LABCORP!

Complete highlighted fields.

Patient Legal Name (Last, First, MI)		SEX M / F	Date of Birth (MM, DD, YYYY)	Fasting <input type="checkbox"/> Yes <input type="checkbox"/> No	Collection Date
NPI	Physician's ID#	Patient's ID# _____ - JXPWX		Hospital Patient Status	

- 030932 CMP 12+LP+6AC+CBC/D/PLT**
- 006049 ABO GROUPING AND RHO (D) TYPING
- 002303 CANCER ANTIGEN (CA) 125
- 120766 C-REACTIVE PROTEIN, CARDIAC
- 001453 HEMOGLOBIN A1C**
- 140659 HEPATITIS C VIRUS (HCV)
- 242117 INSULIN
- 010322 PROSTATE SPECIFIC AG, SERUM
- 004226 TESTOSTERONE, SERUM
- 000620 THYROID PANEL WITH TSH
- 004259 TSH
- 001503 VITAMIN B-12
- 081950 VITAMIN-D, 25-HYDROXY
- 070322 NICOTINE METABOLITE, SERUM
- 101300 BIOMETRICS**
- 120188 Lp(a)
- 167015 Apo B
- 239804 CMP12+LP+6AC+CBC/D/PLT
- 239896 CMP12+LP+6AC+CBC/D/PLT
- 239907 CMP12+LP+6AC+CBC/D/PLT
- OTHER: _____

Enter Last 4 SSN here

You could be charged for additional tests.

PLEASE DO NOT mark any additional tests without first calling IH21/HW Central Division at 513-751-1288

FOR USE BY IH21/HW CENTRAL DIVISION ONLY BIOMETRICS: DIABETIC:____ PREGNANT:____
 HEIGHT:____(inches) WEIGHT (lbs):____ WAIST (inches):____ BP:____(systolic) ____ (diastolic)

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