

1. Click on the tab: **Ordering Physician / Test Lab**

LeadCare® Data Management System LeadCare Report 16.45.41 05-Apr-12 ...

File Report History **Help** ESA Biosciences, Inc.

Patient and Test Information **Ordering Physician / Test Lab** Patient Employer

**Physician / Ordering Facility**

Clear Physician

Last Name  
First Name  
Middle Name/Initial  
Provider ID  
Telephone Number  
Street Address  
City, State  
Zip  
Ordering Facility  
Fax Number  
Provider/Facility County  
Practice Name of Provider

**Test Laboratory (if different)**

Clear Test Lab

Name  
Street Address  
City, State  
Zip  
Director  
Telephone Number  
Sending Lab Name  
Testing Lab Name  
Laboratory ID (CLIA #)

New Delete Undo Previous |< < >| >| Next

2. Enter the laboratory information.

The screenshot shows the LeadCare Data Management System interface. The title bar reads "LeadCare® Data Management System LeadCare Report 16.45.41 05-Apr-12 ...". The menu bar includes "File Report History Help" and "ESA Biosciences, Inc.". The main window has three tabs: "Patient and Test Information", "Ordering Physician / Test Lab", and "Patient Employer". The "Ordering Physician / Test Lab" tab is active, showing two sections: "Physician / Ordering Facility" and "Test Laboratory (if different)".

**Physician / Ordering Facility**

- Clear Physician
- Last Name: [Dropdown]
- First Name: [Text]
- Middle Name/Initial: [Text]
- Provider ID: [Text]
- Telephone Number: [Text]
- Street Address: [Text]
- City, State: [Text] [Dropdown]
- Zip: [Text]
- Ordering Facility: [Text]
- Fax Number: [Text]
- Provider/Facility County: [Text]
- Practice Name of Provider: [Text]

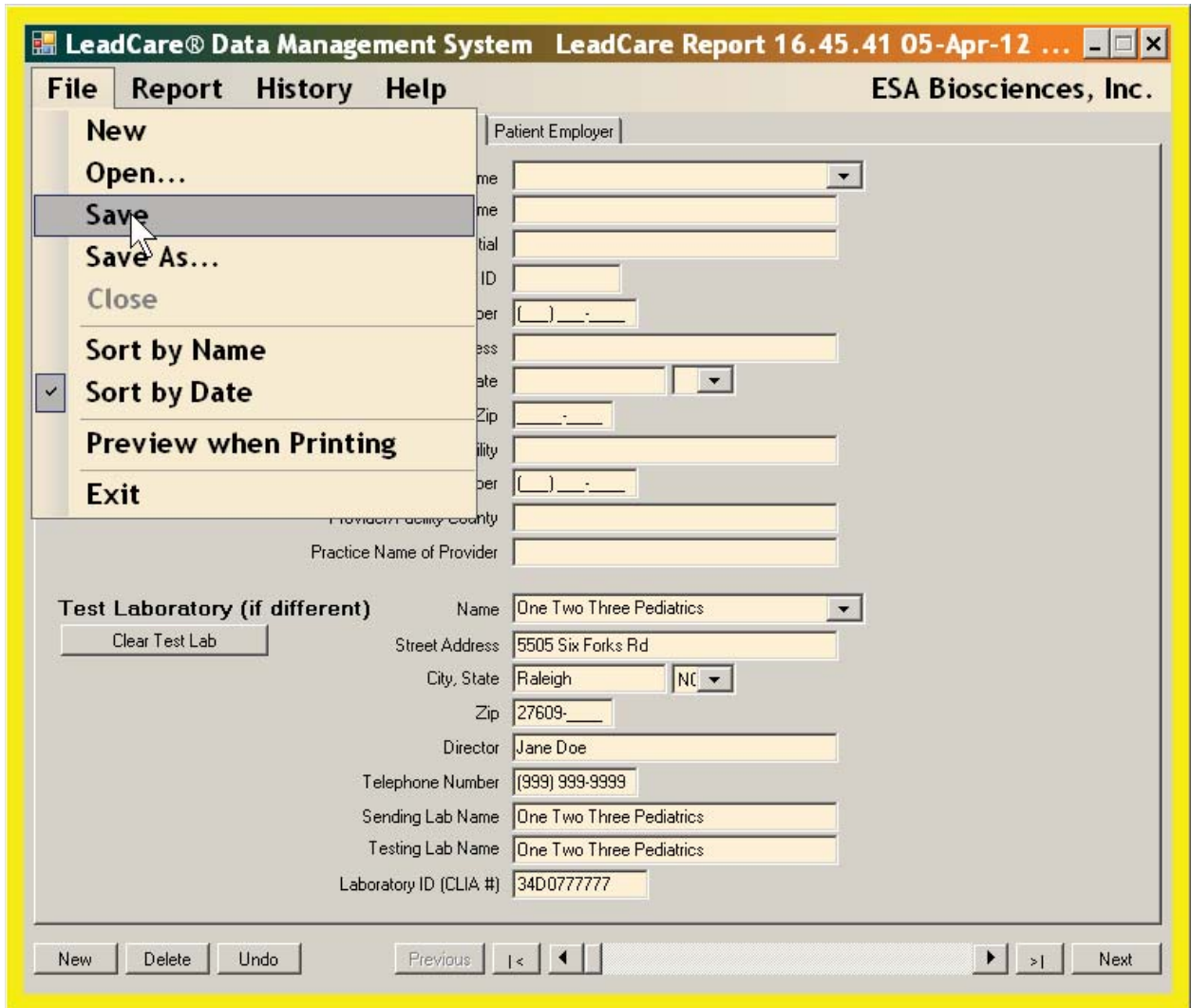
**Test Laboratory (if different)**

- Clear Test Lab
- Name: [Dropdown]
- Street Address: 5505 Six Forks Rd
- City, State: Raleigh NC
- Zip: 27609- [Text]
- Director: Jane Doe
- Telephone Number: (999) 999-9999
- Sending Lab Name: One Two Three Pediatrics
- Testing Lab Name: One Two Three Pediatrics
- Laboratory ID (CLIA #): 34D077777

At the bottom, there are buttons for "New", "Delete", "Undo", "Previous", "Next", and a set of navigation arrows.

Please disregard the "if different" note. The laboratory information, including CLIA number, is required for reporting by North Carolina.

3. Save.



For multiple laboratory sites.  
Entering information for another laboratory:

4. Click on the Clear Test Lab button

The screenshot shows the LeadCare Data Management System interface. The title bar reads "LeadCare® Data Management System LeadCare Report 16.45.41 05-Apr-12 ...". The menu bar includes "File", "Report", "History", and "Help". The company name "ESA Biosciences, Inc." is displayed in the top right. The interface is divided into three tabs: "Patient and Test Information", "Ordering Physician / Test Lab", and "Patient Employer". The "Ordering Physician / Test Lab" tab is active.

**Physician / Ordering Facility**

Clear Physician

Last Name [dropdown]  
First Name [text]  
Middle Name/Initial [text]  
Provider ID [text]  
Telephone Number [( ) - - ] [text]  
Street Address [text]  
City, State [text] [dropdown]  
Zip [text]  
Ordering Facility [text]  
Fax Number [( ) - - ] [text]  
Provider/Facility County [text]  
Practice Name of Provider [text]

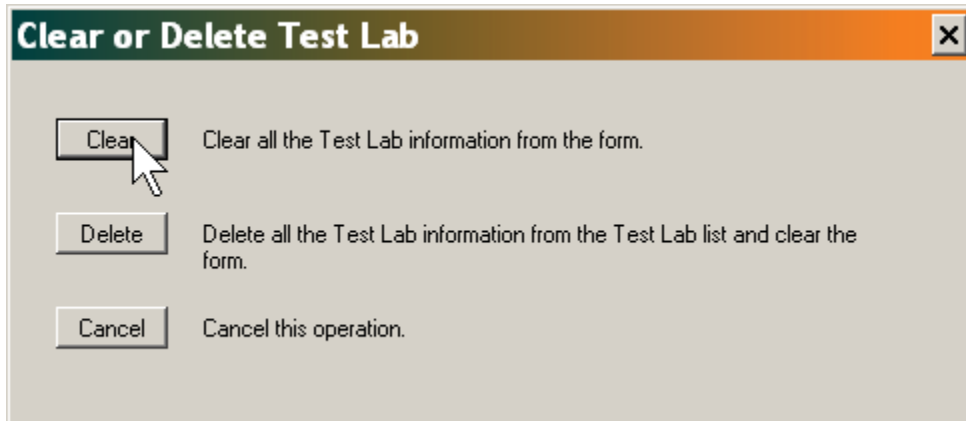
**Test Laboratory (if different)**

Clear Test Lab

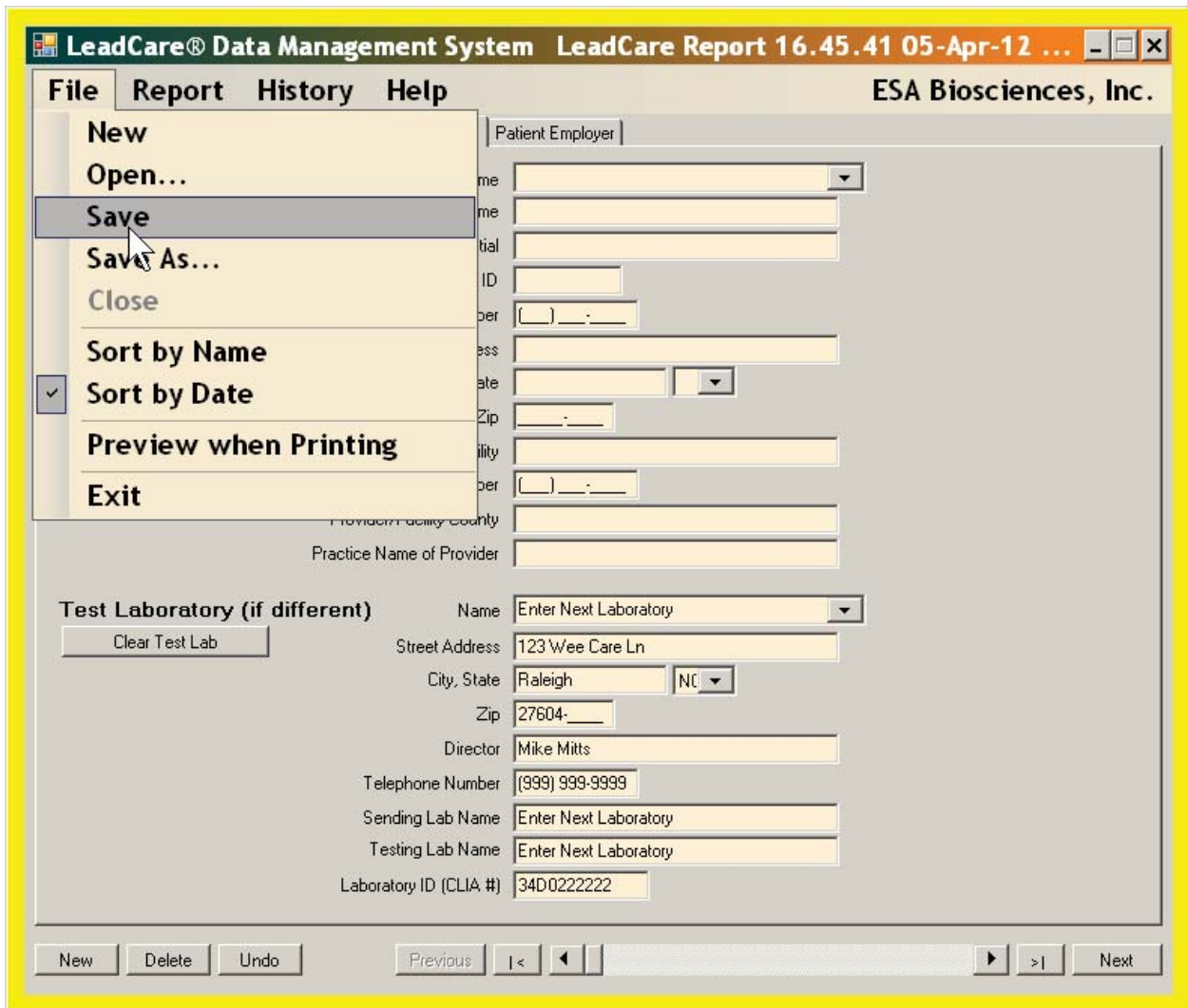
Name [dropdown]  
Street Address [text]  
City, State [text] [dropdown]  
Zip [text]  
Director [text]  
Telephone Number [(999) 999-9999] [text]  
Sending Lab Name [text]  
Testing Lab Name [text]  
Laboratory ID (CLIA #) [text]

Navigation buttons: New, Delete, Undo, Previous, |<, <, >, >|, Next.

5. Clear the form.



6. Enter the next laboratory and save.



7. Select correct laboratory before data entry. This will become the default laboratory until changed.

**LeadCare® Data Management System** LeadCare Report 16.45.41 05-Apr-12 ...

**File Report History Help** **ESA Biosciences, Inc.**

Patient and Test Information | **Ordering Physician / Test Lab** | Patient Employer

**Physician / Ordering Facility**

Last Name

First Name

Middle Name/Initial

Provider ID

Telephone Number

Street Address

City, State

Zip

Ordering Facility

Fax Number

Provider/Facility County

Practice Name of Provider

**Test Laboratory (if different)**

Name

Street Address

City, State

Zip

Director

Telephone Number

Sending Lab Name

Testing Lab Name

Laboratory ID (CLIA #)

If you need help, please contact Kim Gaetz at 919-707-5953 or Tena Hand at 919-707-5933.