

PATIENT INFORMATION (PLEASE PRINT IN BLACK INK)	CLIENT INFORMATION
Last Name _____ First _____ MI _____	
Address _____ Birth Date _____ Sex <input type="checkbox"/> M <input type="checkbox"/> F	
City _____ SS # _____	
State _____ Zip _____ Home Phone _____	
Hospital/Physician Office Patient ID # _____ Accession # _____	

MEDICAL NECESSITY NOTICE: When ordering tests for which Medicare reimbursement will be sought, physicians (or other individuals authorized by law to order tests) should only order tests that are medically necessary for the diagnosis or treatment of a patient, rather than for screening purposes.

INSURANCE BILLING INFORMATION (PLEASE ATTACH CARD OR PRINT IN BLACK INK)

BILL TO: Client/Institution Medicare Insurance (Complete insurance information below) Patient

PATIENT STATUS: Inpatient Outpatient Non-Hospital Patient Hospital discharge date: ____/____/____

PRIMARY: Medicare Medicaid Other Ins. _____ Self Spouse Child

Subscriber Last Name _____ First _____ MI _____

Beneficiary / Member # _____ Group # _____

Claims Address _____ City _____ State _____ Zip _____

SECONDARY: No Yes (if Yes, please attach)

DIAGNOSIS CODE (REQUIRED) ICD-10 Codes 1. _____ 2. _____ 3. _____

CLINICAL HISTORY _____

ORDERING PHYSICIAN CONTACT

Physician Name: _____
Physician NPI#: _____
Physician Phone: _____
Physician Email: _____

SPECIMEN INFORMATION

Collection Date: ____/____/____ Time: _____
Collected By: _____

Specimen Type Serum Plasma

Urine – volume _____ # hours _____
 Whole Blood Other (specify) _____
 Fasting _____ hours Non-fasting

Send additional report

Physician: _____
Address: _____
City, State, Zip: _____

INDICATE TESTS REQUESTED

- | | | |
|--|---|---|
| <ul style="list-style-type: none"> <input type="checkbox"/> 17 Hydroxyprogesterone <i>HPROG</i> <input type="checkbox"/> 25 Hydroxyvitamin D2+D3 <i>D2D3</i> <input type="checkbox"/> ACE, CSF <i>CACE</i> <input type="checkbox"/> AFB Culture and Stain <i>AFC</i> <input type="checkbox"/> AFB Organism ID <i>OIDAFB</i> <input type="checkbox"/> AFB Susceptibility <i>AFBSUS</i> <input type="checkbox"/> Albumin, urine, random (U) <i>UALBR</i> <input type="checkbox"/> Albumin/Creatinine Ratio, urine, random (U) <i>UACR</i> <input type="checkbox"/> Aldosterone (P) (F) <i>ALDO</i> <input type="checkbox"/> ANA <i>ANAS</i> <input type="checkbox"/> APTT (P) (F) <i>PTT</i> <input type="checkbox"/> C Reactive Protein (P) <i>CRP</i> <input type="checkbox"/> Cardiolipin <i>CARDIO</i> <input type="checkbox"/> Catecholamine fraction, plasma (P) (F) <i>PLCAT</i> <input type="checkbox"/> Chlamydia Amplification <i>CT</i> <input type="checkbox"/> Circulating Anticoagulant (P) (F) <i>CACLA</i> <input type="checkbox"/> CMV Detection (WB) (L) <i>CMVBLD</i> <input type="checkbox"/> Coag Core Panel (P) (F) <i>CORPNL</i> <input type="checkbox"/> Cryoglobulin with ID * <i>CRYO</i> <input type="checkbox"/> Cystatin C <i>CYSTC</i> <input type="checkbox"/> Dilute RVVT (P) (F) <i>DRVVT</i> <input type="checkbox"/> EBV Antibody Panel <i>EBVPNL</i> <input type="checkbox"/> EBV EA Antibody <i>EBVEA</i> <input type="checkbox"/> EBV IgG Antibody <i>EBVG</i> <input type="checkbox"/> EBV IgM Antibody <i>EBVM</i> <input type="checkbox"/> EBV NA Antibody <i>EBVNA</i> <input type="checkbox"/> Endomysial IgA Antibody <i>ENDOMY</i> <input type="checkbox"/> Estrogens, fractionated * <i>ESTGEN</i> | <ul style="list-style-type: none"> <input type="checkbox"/> Fecal Fat, Qualitative <i>FFAT</i> <input type="checkbox"/> Fibrinogen (P) (F) <i>FIBCT</i> <input type="checkbox"/> Flow Cytometry Leukemia/Lymphoma <i>RLLLIP</i> <input type="checkbox"/> Free Kappa/Lambda Light Chains <i>KLFRS</i> <input type="checkbox"/> Fungal Susceptibility <i>FUNSUS</i> <input type="checkbox"/> GC Amplification <i>GC</i> <input type="checkbox"/> GC/Chlamydia Amplification <i>GCCT</i> <input type="checkbox"/> Glomerular Basement Membrane IgG Antibody <i>GBMBG</i> <input type="checkbox"/> Glutamic Acid Decarb Antibody (F) <i>GADCAB</i> <input type="checkbox"/> Hemochromatosis (WB) (L) <i>HEMDNA</i> <input type="checkbox"/> Hemoglobin A1c (WB) (L) <i>HBA1C</i> <input type="checkbox"/> Heparin Anti Xa (P) (F) <i>HEPASY</i> <input type="checkbox"/> Hepatitis B DNA, ultra quant (F) <i>HBVDNU</i> <input type="checkbox"/> Hepatitis B Surface Antibody, Qualitative <i>AHBSAG</i> <input type="checkbox"/> Hepatitis B Surface Antigen <i>HBSAG</i> <input type="checkbox"/> Hepatitis Be Antibody <i>AHBE</i> <input type="checkbox"/> Hepatitis Be Antigen <i>HBEAG</i> <input type="checkbox"/> Hepatitis C Antibody (F) <i>AHCV</i> <input type="checkbox"/> Histoplasma Antigen, urine (U) <i>UHISTO</i> <input type="checkbox"/> HIV 1 and 2 Antibody <i>HIV12</i> <input type="checkbox"/> Homocysteine, plasma (P) * <i>HICYPL</i> <input type="checkbox"/> HPV DNA Probe, Surepath <i>HPVSP</i> <input type="checkbox"/> Hypercoagulation Diagnostic Panel * <i>HYPER</i> <input type="checkbox"/> IgE <i>IGE</i> <input type="checkbox"/> Iron and TIBC (P) * <i>IRON</i> <input type="checkbox"/> Kappa/Lambda Frac, 24 hr urine (U) <i>UKLF24</i> <input type="checkbox"/> Lamotrigine <i>LMTR</i> <input type="checkbox"/> LPT to Beryllium (WB) <i>BLDBE</i> | <ul style="list-style-type: none"> <input type="checkbox"/> Lysozyme (P) (F) <i>LYSO2</i> <input type="checkbox"/> Measles IgG Antibody <i>MEASLG</i> <input type="checkbox"/> Methotrexate (P) <i>MTX</i> <input type="checkbox"/> Methylmalonic Acid <i>MMA</i> <input type="checkbox"/> NMR Lipoprofile * <i>NMRLIP</i> <input type="checkbox"/> Organism ID Aerobe <i>OIDAER</i> <input type="checkbox"/> Organism MIC <i>OMIC</i> <input type="checkbox"/> Platelet Antibody Detection (F) * <i>PLTDET</i> <input type="checkbox"/> Platelet Factor 4 Antibody (P) (F) <i>PLATF4</i> <input type="checkbox"/> Platelet Neutralization (P) (F) <i>PLTNEU</i> <input type="checkbox"/> Primadone (P) <i>PRIM</i> <input type="checkbox"/> Prostate Cancer Biomarker (U) * <i>PCA3</i> <input type="checkbox"/> Prothrombin Gene (WB) (L) <i>PTGENE</i> <input type="checkbox"/> Prothrombin Time (P) (F) <i>PT</i> <input type="checkbox"/> PTH Related Peptide (P) (F) * <i>PTHPEP</i> <input type="checkbox"/> PTH, Intact (F) <i>PTH1</i> <input type="checkbox"/> Rheumatoid Factor (P) <i>RF</i> <input type="checkbox"/> RPR <i>RPR</i> <input type="checkbox"/> T3 Uptake <i>T3U</i> <input type="checkbox"/> Thrombin Time (P) (F) <i>TT</i> <input type="checkbox"/> Thyroglobulin <i>TG</i> <input type="checkbox"/> Thyroglobulin Antibody <i>TGAB</i> <input type="checkbox"/> Varicella Zoster IgG Antibody <i>VZVG</i> <input type="checkbox"/> VDRL, CSF <i>VDRLCF</i> <input type="checkbox"/> Vitamin D 25 Hydroxy <i>VITD</i> <input type="checkbox"/> X-Linked N-telopeptide (U) <i>UNTX2</i> |
|--|---|---|

ADDITIONAL TESTS

- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____

LEGEND: Test requires serum unless noted. (F) Frozen (L) Lavender (P) Plasma (U) Urine (WB) Whole Blood *Requires special handling, see test directory