

Requisition Form

Check One	ORDERING PHYSICIAN	Signature	SPECIMEN INFORMATION		
(√) NPI	Physician Last, First	Physician Signature X	Date Collected	Time Collected	<input type="checkbox"/> AM <input type="checkbox"/> Fasting <input type="checkbox"/> PM <input type="checkbox"/> Non Fasting
			Timed Urine Collection Total Volume _____ ml Total Hours _____ hr		
PATIENT INFORMATION					
Patient Name (Last, First, Middle)					
Patient Street Address					
City		State	Zip Code	Tel. #	
<input type="checkbox"/> M <input type="checkbox"/> F Date of Birth _____			Patient S.S.N _____		
BILLING INFORMATION					
BILL TO <input type="checkbox"/> Doctor <input type="checkbox"/> Patient <input type="checkbox"/> Insurance <input type="checkbox"/> Prepaid					
Insured Name (if not self): Last, First			Insured D.O.B.		
Primary Insurance Co. Name		Plan	Employer/Group Name		
Member/Insured I.D. #			Group #		
Insured Street Address (if not self):					
City		State	Zip Code	Insured S.S.N (if not self)	
PAYMENT INFORMATION					
<input type="checkbox"/> Check <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Credit Card					
CREDIT CARD INFORMATION					
<input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> American Express <input type="checkbox"/> Discover					
Phlebotomist Initials			Name on Card		
			Credit Card Number		
			Expiration Date		CV # [on reverse of card]

Please Provide Ordering Physician's NPI & Name if Not Listed Above

ICD-9 DIAGNOSIS CODE(S) For Test Ordered (Must Be Provided) www.cdc.gov/nchs/icd.htm

Additional Tests/Custom Profiles/Comments:

I authorize the release of any medical information necessary to process this claim and request payment of benefits to the laboratory. I agree to assume responsibility for payment or charge for laboratory services that are not covered by my health insurance.

Patient's Signature X	Date	Signature X	Date
------------------------------	-------------	--------------------	-------------

ORGAN/DISEASE PANELS		Calcium	S	Insulin	S	Hepatitis B Core Ab., Total	S
Amenorrhea Panel	S	Carbon Dioxide (CO ₂)	S	LH	S	Hepatitis B Surface Ag W/Conf.	S
Anemia Panel	L,S	Chloride	S	Progesterone	S	Hepatitis B Surface Ab	S
Arthritis Panel	L,S	CK	S	Prolactin	S	Hepatitis C Ab	S
Autoimmune Disorder Panel	S	Creatinine	S	PTH, Intact	S	Herpes II, IgG	S
Basic Metabolic Panel	S	GGT	S	SHBG	S	HIV Screen W/ Confirmation WB	L,S
Comprehensive Metabolic Panel	S	Glucose	S	T3, Free	S	Mono Test	S
Electrolyte Panel	S	IgE, Total	S	T3, Total	S	Rheumatoid Factor	S
Hepatic Function Panel	S	LD	S	T4, Free (Free Thyroxin)	S	Rubella Ab., IgG	S
Hepatitis Panel, Acute	2S	Lipase	S	T4, Total (Total Thyroxin)	S	Syphilis (RPR) W/Confirmation	S
Lipid + Panel	S	Magnesium	S	Testosterone, Free & Total	S	Toxo, Ab., IgG	S
Lipid Panel	S	Phosphorus	S	Testosterone, Total	S	MICROBIOLOGY	
Obstetric Panel	2L,S	Potassium	S	Thyroglobulin Abs.	S	Source Required:	
Renal Function Panel	S	Protein, Total	S	Thyroid Peroxidase Abs.	S	Culture, General	STR.
Thyroid Panel	S	Sodium	S	TSH (Thyroid Stimulating Hormone)	S	Culture, GP.A Strep	SW
HEMATOLOGY/COAG		Uric Acid	S	PREGNANCY EVALUATION		Culture, GP.B Strep	SW
CBC w/ Diff	L	LIPIDS/CHD RISK/CARD. EVAL		B-HCG, Qualitative, Serum	S	Culture, Throat	SW
CBC w/o Diff	L	Cholesterol, HDL	S	B-HCG, Qualitative, Urine	U	Culture, Nasal/Nasophar.	SW
Fibrinogen	B	Cholesterol, LDL, Measured	S	B-HCG, Quantitative, Serum	S	Culture, Sputum	STR.
Platelet Count	L	Cholesterol, Total	S	THERAPEUTIC DRUGS		Culture, Wound	SW
PT w/INR	B	CK-MB & Total CK	G,S	Carbamazepine (Tegretol)	S	<input type="checkbox"/> Superficial <input type="checkbox"/> Deep	
PTT, Activated	B	CRP, Cardiac	S	Digoxin (Lanoxin)	S	Culture, Genital	SW
Reticulocyte Count	L	Fibrinogen	B	Phenobarbital (Luminal)	S	Culture, Urine	STR.
Sedimentation Rate (Westergren)	L	Homocysteine	S	Phenytoin (Dilantin)	S	<input type="checkbox"/> Void <input type="checkbox"/> Cathet.	
URINE		Lipoprotein a	S	Theophylline	S	Culture, Mycobacterium (AFB)	STR.
Drugs of Abuse Screen	U	Myoglobin	S	Valporic Acid (Depakene)	S	Culture, Fungus	STR.
Microalbumin/Creatinine Ratio	U	PLAC (Lp-PLA2)	S	TUMOR MARKER		Fungal Direct Examination (KOH) STR.	
Urinalysis/ Reflex Culture	U	pro-BNP	S	AFP (Tumor Marker)	S	CHLAMYDIA/GC USING rRNA	
BLOOD TYPE		Triglycerides	S	CA 125	S	Chlamydia	<input type="checkbox"/> URINE <input type="checkbox"/> SWAB
ABO Group & RH Type	L	Troponin T	G,S	CA 15-3	S	Chlamydia/GC	<input type="checkbox"/> URINE <input type="checkbox"/> SWAB
Antibody Scr. w/Rflx ID	L	IRON/ANEMIA/MALNUTRITION		CA 19-9	S	GC	<input type="checkbox"/> URINE <input type="checkbox"/> SWAB
DIABETES EVALUATION		B12	S	CEA	S	STOOL CULTURE/PATHOGENS	
Glucose, Gestational, 1HR	G	Ferritin	S	HCG (Testicular Tumor)	S	C. difficile Toxin A&B STR.	
Glucose, Fasting, Plasma	G	Folate	S	PSA, Free & Total	R	Camp./Salm./Shig./TX STR.	
Hemoglobin A1C	L	Iron, Total	S	PSA, Total	S	Cryptosporidium O&P KIT	
Microalbumin/Creatinine	U	TIBC	S	SEROLOGY/INFECTIOUS DIS.		Culture: Campylobacter STR.	
GENERAL CHEMISTRY		Transferrin	S	ANA	S	Culture: Salm./Shig. STR.	
Albumin	S	Vitamin D, 25-OH ELISA	L,S	ASO	S	Cyclospora/Isospora O&P KIT	
Alkaline Phosphatase	S	ENDOCRINE		CMV Ab., IgG	S	Diarrhea Panel STR., O&P	
ALT	S	Cortisol	S	CRP, inflammation	S	E. coli Shiga Toxins STR.	
Amylase	S	DHEA-Sulfate	S	DNA Ab., DS	S	Fec. Leukocytes Stain STR.	
AST	S	Dihydrotestosterone	S	FTA (Syphilis Confirmation)	S	Giardia Ag/Rflx O&P O&P KIT	
Bilirubin, Direct	S	Estradiol	S	H. pylori Ab., IgG	S	O&P W/Perm. Stain O&P KIT	
Bilirubin, Total	S	FSH	S	H. pylori Antigen	Stool	OTHER TESTS	
Blood Urea Nitrogen [BUN]	S	IGF-1	S	Hepatitis A Ab, Total	S	Occult Blood, Stool SP. TUBE	

PANEL LISTING (Panels on the Front of this Requisition)

All laboratory procedures will be billed to the third party carriers as fees billed to patient, and in accordance with the specific CPT coding required by the carrier. Test components of panels are listed below and may be ordered individually. Components may be billed separately per carrier policy. All reflex testing will be done at an additional charge e.g., if ANA is positive a titer will be performed. If beta-Strep culture throat culture is positive, serological grouping will be performed. If RPR test is reactive, a titer and confirmatory test [FTA] will be performed. If HBsAg is positive, it will be confirmed by neutralization. If HAV Ab total is positive, HAV IgM Ab will be performed. If HSV is positive, confirmation and typing will be performed. If urinalysis indicates a need, a urine culture will be performed. If Microbiology culture is positive, additional procedures such as susceptibility testing, Identification, serotyping etc. will be performed [based on CLSI standards] and billed in addition to the primary codes. For CBC, if abnormal cells are noted on a manual review of peripheral blood smear or if the automated differential indicates a possible discrepancy, a full manual differential will be performed. The manual differential will replace the automated one at an additional charge.

Amenorrhea Panel

DHEA-Sulfate
Estradiol
Follicle-Stimulating Hormone [FSH]
Luteinizing Hormone [LH]
Prolactin
Testosterone

Anemia Panel

Ferritin
Folate [Folic Acid]
Iron, Total
Reticulocyte Count
TIBC
Vitamin B12

Arthritis Panel

Anti-nuclear Abs [ANA]
C-Reactive Protein [CRP]
Rheumatoid Factor [RA]
Sedimentation Rate [ESR]
Uric Acid

Autoimmune Disorder Panel

ANA
C3
C4
ds DNA Ab
RF
Ribosomal P Protein Ab
Scl-70 IgG Ab
sm (smith) IgG Ab
SS-A IgG Ab
SS-B IgG Ab
Thyroid Peroxidase Ab
U1RNP/snRNP IgG Ab

B₁₂ and Folate

Folate [Folic Acid]
Vitamin B12

Basic Metabolic Panel

Blood Urea Nitrogen [BUN]
Calcium
Carbon dioxide [CO₂]
Chloride
Creatinine
Glucose
Potassium
Sodium

CBC w Diff

Hematocrit
Hemoglobin
Platelet Count
RBC Count
WBC Count
WBC Differential

CBC w/o Diff

Hematocrit
Hemoglobin
Platelet Count
RBC Count
WBC Count

Comprehensive Metabolic Panel

Albumin
Alkaline Phosphatase [ALP]
ALT
AST
Bilirubin, Total
Blood Urea Nitrogen [BUN]
Calcium
Carbon dioxide [CO₂]
Chloride
Creatinine
Glucose
Potassium
Protein, Total
Sodium

Diarrhea Panel

C. difficile
Cryptosporidium
Culture Salm/Shig/Shiga Tx
Giardia Ag
O&P W/Perm stain

Electrolyte Panel

Carbon dioxide [CO₂]
Chloride
Potassium
Sodium

FH and LH

Follicle-Stimulating Hormone [FSH]
Luteinizing Hormone [LH]

Hepatic Function Panel

Albumin
Alkaline Phosphatase [ALP]
ALT [SGPT]
AST [SGOT]
Bilirubin, Direct
Bilirubin, Total
Protein, Total

Hepatitis Panel, Acute

Hepatitis A Antibody [HAAb], IgM
Hepatitis B Core Antibody [HBcAb], IgM
Hepatitis B Surface Antigen [HBsAg]
Hepatitis C Antibody [HCVAb]

Iron and IBC

Iron, Serum
Percent Saturation
Total Iron Binding Capacity

Lipid Panel w/ LDL/HDL Ratio

Cholesterol, HDL
Cholesterol, LDL

Cholesterol, Total
Triglycerides

Lipid + Panel

Cholesterol, HDL
Cholesterol, LDL
Cholesterol, Total
CRP, Cardiac
Homocysteine
LDL/HDL Ratio
Lipoprotein a
PLAC (Lp-PLA2)
Total Cholesterol/HDL Ratio
Total Cholesterol/HDL Ratio
Triglycerides

Obstetric Panel

ABO and Rh Typing
Antibody Screen (ID/Titer if ind.)
CBC/PLT/DIFF, Indices
Hepatitis B Surface Antigen
RPR (Titer & Confirm if indicated)
Rubella Antibody, IgG

Renal Function Panel

Albumin
Blood Urea Nitrogen [BUN]
Calcium
Carbon dioxide [CO₂]
Chloride
Creatinine
Glucose
Phosphate
Potassium
Sodium

Thyroid Panel

Thyroid Stim. Hormone [TSH]
Thyroxine [T₄], Free, Direct
Tri-iodothyronine [T₃], Free

Shipping Instructions:

Specimen Code: [S] Red/Gray Spun SST, [US] Red/Gray Unspun SST, [R] Red, [L] Lavender, [B] Blue, [G] Gray, [GN] Green, [RB] Royal Blue, [Y] Yellow, [SER] Serum Transport, [PLS] Plasma Transport, [FZ] Frozen Transport, [U] Urine Tube, [TU] Timed Urine, [F] Fluid, [SW] Culture Swab, [P] GC/Chl. Swab, [STR] Sterile Container, [SAL] Saline Transport, [O&P] O&P Kit, [V] Viral Transport