

PATIENT INFORMATION (PLEASE PRINT IN BLACK INK)

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-9 Codes: 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

**CLINICAL HISTORY** \_\_\_\_\_  
\_\_\_\_\_

CLIENT INFORMATION

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

- ☐ 17 Hydroxyprogesterone *HPROG*
- ☐ 25 Hydroxyvitamin D2 + D3 *D2D3*
- ☐ ACE, CSF *CACE*
- ☐ AFB Culture and Stain *AFC*
- ☐ AFB Organism ID *OIDAFB*
- ☐ AFB Susceptibility *AFBSUS*
- ☐ Albumin, urine, random (U) *UALBR*
- ☐ Albumin/Creatinine Ratio, urine, random (U) *UACR*
- ☐ Aldosterone (P) (F) *ALDO*
- ☐ ANA *ANAS*
- ☐ APTT (P) (F) *PTT*
- ☐ C Reactive Protein (P) *CRP*
- ☐ Cardiolipin *CARDIO*
- ☐ Catecholamine fraction, plasma (P) (F) *PLCAT*
- ☐ Chlamydia Amplification *CT*
- ☐ Circulating Anticoagulant (P) (F) *CACLA*
- ☐ CMV Detection (WB) (L) *CMVBLD*
- ☐ Coag Core Panel (P) (F) *CORPNL*
- ☐ Cryoglobulin with ID \* *CRYO*
- ☐ Cystatin C *CYSTC*
- ☐ Dilute RWV (P) (F) *DRVVT*
- ☐ EBV Antibody Panel *EBVPNL*
- ☐ EBV EA Antibody *EBVEA*
- ☐ EBV IgG Antibody *EBVG*
- ☐ EBV IgM Antibody *EBVM*
- ☐ EBV NA Antibody *EBVNA*
- ☐ Endomysial IgA Antibody *ENDOMY*
- ☐ Estrogens, fractionated \* *ESTGEN*
- ☐ Fecal Fat, Qualitative *FFAT*
- ☐ Fibrinogen (P) (F) *FIBCT*
- ☐ Flow Cytometry Leukemia/Lymphoma *RLLLP*
- ☐ Free Kappa/Lambda Light Chains *KLFRS*
- ☐ Fungal Susceptibility *FUNSUS*
- ☐ GC Amplification *GC*
- ☐ GC/Chlamydia Amplification *GCCT*
- ☐ Glomerular Basement Membrane IgG Antibody *GBMBG*
- ☐ Glutamic Acid Decarb Antibody (F) *GADCA*
- ☐ Hemochromatosis (WB) (L) *HEMDNA*
- ☐ Hemoglobin A1c (WB) (L) *HBA1C*
- ☐ Heparin Anti Xa (P) (F) *HEPASY*
- ☐ Hepatitis B DNA, ultra quant (F) *HBVDNU*
- ☐ Hepatitis B Surface Antibody, Qualitative *AHBSAG*
- ☐ Hepatitis B Surface Antigen *HBSAG*
- ☐ Hepatitis Be Antibody *AHBE*
- ☐ Hepatitis Be Antigen *HBEAG*
- ☐ Hepatitis C Antibody (F) *AHCV*
- ☐ Histoplasma Antigen, urine (U) *UHISTO*
- ☐ HIV 1 and 2 Antibody *HIV12*
- ☐ Homocysteine, plasma (P) \* *HCYPL*
- ☐ HPV DNA Probe, Surepath *HPVSP*
- ☐ Hypercoagulation Diagnostic Panel \* *HYPER*
- ☐ IgE *IGE*
- ☐ Iron and TIBC (P) \* *IRON*
- ☐ Kappa/Lambda Frac, 24 hr urine (U) *UKLF24*
- ☐ Lamotrigine *LMTR*
- ☐ LPT to Beryllium (WB) *BLDBE*

☐ Lysozyme (P) (F) *LYSO2*

☐ Measles IgG Antibody *MEASLG*

☐ Methotrexate (P) *MTX*

☐ Methylmalonic Acid *MMA*

☐ NMR Lipoprofile \* *NMRLIP*

☐ Organism ID Aerobe *OIDAER*

☐ Organism MIC *OMIC*

☐ Platelet Antibody Detection (F) \* *PLTDET*

☐ Platelet Factor 4 Antibody (P) (F) *PLATF4*

☐ Platelet Neutralization (P) (F) *PLTNEU*

☐ Primadone (P) *PRIM*

☐ Prostate Cancer Biomarker (U) \* *PCA3*

☐ Prothrombin Gene (WB) (L) *PTGENE*

☐ Prothrombin Time (P) (F) *PT*

☐ PTH Related Peptide (P) (F) \* *PTHPEP*

☐ PTH, Intact (F) *PTH*

☐ Rheumatoid Factor (P) *RF*

☐ RPR *RPR*

☐ T3 Uptake *T3U*

☐ Thrombin Time (P) (F) *TT*

☐ Thyroglobulin *TG*

☐ Thyroglobulin Antibody *TGAB*

☐ Varicella Zoster IgG Antibody *VZVG*

☐ VDRL, CSF *VDRLCF*

☐ Vitamin D 25 Hydroxy *VITD*

☐ X-Linked N-telopeptide (U) *UNTX2*

ADDITIONAL TESTS

☐ \_\_\_\_\_

☐ \_\_\_\_\_

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☐ \_\_\_\_\_

☐ \_\_\_\_\_

☐ \_\_\_\_\_

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