

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 #	

CLIENT INFORMATION

INSURANCE BILLING INFORMATION (PLEASE PRINT IN BLACK INK)

BILL TO: ☐ Client ☐ Patient ☐ Insurance (Complete insurance information below)

ABN ☐ Yes ☐ No **WORKERS COMP:** ☐ Yes ☐ No **DOI:** _____

PRIMARY: ☐ Medicare ☐ Medicaid ☐ Other Ins. _____ ☐ Self ☐ Spouse ☐ Child

Subscriber Last Name	First	MI
Beneficiary / Member #	Group #	
Claims Address	City	State Zip

SECONDARY: ☐ Medicare ☐ Medicaid ☐ Other Ins. _____ ☐ Self ☐ Spouse ☐ Child

Subscriber Last Name	First	MI
Beneficiary / Member #	Group #	
Claims Address	City	State Zip

DIAGNOSIS CODE (REQUIRED)

1. _____ 2. _____
3. _____ 4. _____

☐ Call results to phone number: (_____) _____

☐ Fax report to: (_____) _____

PHYSICIAN SIGNATURE REQUIRED

Physician Signature _____ Date / Time _____

Physician Print Name _____ NPI# _____

Date collected: ____/____/____ 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: _____

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.

INDICATE TESTS REQUESTED

							Additional Tests	
<input type="checkbox"/>	HPROG	17 Hydroxyprogesterone	<input type="checkbox"/>	FFAT	Fecal Fat, Qualitative	<input type="checkbox"/>	LYSO2	Lysozyme (P) (F)
<input type="checkbox"/>	D2D3	25 Hydroxyvitamin D2+D3	<input type="checkbox"/>	FIBCT	Fibrinogen (P) (F)	<input type="checkbox"/>	MEASLG	Measles IgG Antibody
<input type="checkbox"/>	CACE	ACE, CSF	<input type="checkbox"/>	RLLIIP	Flow Cytometry Leuk/Lymphoma	<input type="checkbox"/>	MTX	Methotrexate (P)
<input type="checkbox"/>	AFC	AFB Culture and Stain	<input type="checkbox"/>	KLFRS	Free Kappa/ Lambda Light Chains	<input type="checkbox"/>	MMA	Methylmalonic Acid
<input type="checkbox"/>	OIDAFB	AFB Organism ID	<input type="checkbox"/>	FUNSUS	Fungal Susceptibility	<input type="checkbox"/>	NMRLIP	NMR Lipoprofile *
<input type="checkbox"/>	AFBSUS	AFB Susceptibility	<input type="checkbox"/>	GC	GC Amplification	<input type="checkbox"/>	OIDAER	Organism ID Aerobe
<input type="checkbox"/>	UALBR	Albumin, urine, random (U)	<input type="checkbox"/>	GCCT	GC/Chlamydia Amplification	<input type="checkbox"/>	OMIC	Organism MIC
<input type="checkbox"/>	UACR	Albumin/Creatinine Ratio, urine, random (U)	<input type="checkbox"/>	GBMBG	Glomerular Basement Membrane IgG Antibody	<input type="checkbox"/>	PLTDET	Platelet Antibody Detection (F) *
<input type="checkbox"/>	ALDO	Aldosterone (P) (F)	<input type="checkbox"/>	GADCAB	Glutamic Acid Decarb Antibody (F)	<input type="checkbox"/>	PLATF4	Platelet Factor 4 Antibody (P) (F)
<input type="checkbox"/>	ANAS	ANA	<input type="checkbox"/>	HEMDNA	Hemochromatosis (WB) (L)	<input type="checkbox"/>	PLTNEU	Platelet Neutralization (P) (F)
<input type="checkbox"/>	PTT	APTT (P) (F)	<input type="checkbox"/>	HBA1C	Hemoglobin A1c (WB) (L)	<input type="checkbox"/>	PRIM	Primadone (P)
<input type="checkbox"/>	CRP	C Reactive Protein (P)	<input type="checkbox"/>	HEPASY	Heparin Anti Xa (P) (F)	<input type="checkbox"/>	PCA3	Prostate Cancer Biomarker (U) *
<input type="checkbox"/>	CARDIO	Cardiolipin	<input type="checkbox"/>	HBVDNU	Hepatitis B DNA, ultra quant (F)	<input type="checkbox"/>	PTGENE	Prothrombin Gene (WB) (L)
<input type="checkbox"/>	PLCAT	Catecholamine fraction, plasma (P) (F)	<input type="checkbox"/>	AHBSAG	Hepatitis B Surface Antibody, Qualitative	<input type="checkbox"/>	PT	Prothrombin Time (P) (F)
<input type="checkbox"/>	CT	Chlamydia Amplification	<input type="checkbox"/>	HBSAG	Hepatitis B Surface Antigen	<input type="checkbox"/>	PTHPEP	PTH Related Peptide (P) (F) *
<input type="checkbox"/>	CACLA	Circulating Anticoagulant (P) (F)	<input type="checkbox"/>	AHBE	Hepatitis Be Antibody	<input type="checkbox"/>	PTHI	PTH, Intact (F)
<input type="checkbox"/>	CMVBLD	CMV Detection (WB) (L)	<input type="checkbox"/>	HBEAG	Hepatitis Be Antigen	<input type="checkbox"/>	RF	Rheumatoid Factor (P)
<input type="checkbox"/>	CORPNL	Coag Core Panel (P) (F)	<input type="checkbox"/>	AHCV	Hepatitis C Antibody (F)	<input type="checkbox"/>	RPR	RPR
<input type="checkbox"/>	CRYO	Cryoglobulin with ID *	<input type="checkbox"/>	UHIISTO	Histoplasma Antigen, urine (U)	<input type="checkbox"/>	T3U	T3 Uptake
<input type="checkbox"/>	CYSTC	Cystatin C	<input type="checkbox"/>	HIV12	HIV 1 and 2 Antibody	<input type="checkbox"/>	TT	Thrombin Time (P) (F)
<input type="checkbox"/>	DRWT	Dilute RWT (P) (F)	<input type="checkbox"/>	HCYPL	Homocysteine, plasma (P) *	<input type="checkbox"/>	TG	Thyroglobulin
<input type="checkbox"/>	EBVPNL	EBV Antibody Panel	<input type="checkbox"/>	HPVSP	HPV DNA Probe, Surepath	<input type="checkbox"/>	TGAB	Thyroglobulin Antibody
<input type="checkbox"/>	EBVEA	EBV EA Antibody	<input type="checkbox"/>	HYPER	Hypercoag Diag panel *	<input type="checkbox"/>	VZVG	Varicella Zoster IgG Antibody
<input type="checkbox"/>	EBVG	EBV IgG Antibody	<input type="checkbox"/>	IGE	IgE	<input type="checkbox"/>	VDRLCF	VDRL, CSF
<input type="checkbox"/>	EBVM	EBV IgM Antibody	<input type="checkbox"/>	IRON	Iron and TIBC (P) *	<input type="checkbox"/>	VITD	Vitamin D 25 Hydroxy
<input type="checkbox"/>	EBVNA	EBV NA Antibody	<input type="checkbox"/>	UKLF24	Kappa/Lambda Frac, 24 hr urine (U)	<input type="checkbox"/>	UNTX2	X-Linked N-telopeptide (U)
<input type="checkbox"/>	ENDOMY	Endomysial IgA Antibody	<input type="checkbox"/>	LMTR	Lamotrigine	<input type="checkbox"/>		
<input type="checkbox"/>	ESTGEN	Estrogens, fractionated *	<input type="checkbox"/>	BLDBE	LPT to Beryllium (WB)	<input type="checkbox"/>		

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