RML Rocky Mountain Labs

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SPECIMEN INFORMATION

Collection Date & Time	
Fasting? Yes No	# of Fasting Hours
Specimens Submitted	Phlebotomist Initials

PROVIDER INFORMATION

Practice Name	Copy To
Ordering Physician	Phone Number
Location	Fax Number

I hereby authorize Rocky Mountain Labs to perform the test(s) indicated on this form including any designated reflex testing. I certify that these tests are medically necessary for the diagnosis and treatment of the patients symptoms or history.

Signature: Date:

PATIENT INFORMATION

Last	First	Middle
Date of Birth	Sex Female Male	

☐ Insurance ☐ Patient ☐ Client

Please Attach Patient Demographics and Insurance Information as Needed

I agree to assume responsibility for payment of charges for laboratory services that are not covered by my health insurance.

Signature: Date:

REQUESTED TESTING

☐ BMP	☐ CMV IgM Ab (Cytomegalovirus)	☐ Helicobacter pylori Ab, IgG	☐ Renal Panel
☐ CMP	☐ hs-CRP (C-Reactive Protein)	☐ Hemochromatosis (HFE) Mutation	☐ SHBG (Sex Hormone Binding Glob)
☐ CBC	☐ Endomysial IgA Antibody*	☐ Homocysteine	☐ SPEP (Protein Electrophoresis)
☐ Hepatic Panel	☐ ESR (Sedimentation Rate)	☐ IgG	☐ T3, Total
☐ Lipid Panel	☐ Estradiol	☐ IgG Subclasses	☐ T4, Free
☐ AAT (Alpha-1-Antitrypsin)	☐ Ferritin	☐ Iron	☐ T4, Total
☐ Actin Ab (Anti-Actin)	☐ Folate	☐ LH (Luteinizing Hormone)	☐ Testosterone, Free (Calculated)**
☐ AFP (Alpha Fetoprotein)	☐ FSH	☐ Lipase	☐ Testosterone, Total
☐ AMA (Mitochondrial Ab)*	☐ HBA1C (Hemoglobin A1c)	☐ Liver Fibrosis, FibroTest-ActiTest	☐ TIBC (Total Iron Binding Capacity)
☐ Amylase	☐ HAVAB (Hepatitis A Antibody)	☐ Manual Differential	☐ Tissue Transglutaminase (tTG) IgA
☐ ANA Screen (Antinuclear Ab)*	☐ HBV Core Antibody, IgM	☐ Mg (Magnesium)	☐ TPO
☐ B-hCG, Quantitative	☐ HBV Core Antibody, Total	☐ PSA (Prostate Specific Antigen)	☐ TSH
☐ Celiac HLA Genotyping	☐ HBV Surface Antibody	☐ PT/INR	☐ UA (Urinalysis)
☐ Celiac Panel (tTG IgA & IgA)*	☐ HBV Surface Antigen	☐ PT/PTT/INR	☐ UC (Urine Culture)
☐ Ceruloplasmin	☐ HCV Genotype	☐ QuantiFERON-TB Gold	☐ Uric Acid
☐ CK (Creatine Kinase)	☐ HCV Quantitative PCR	☐ Rapid Mono	☐ Vitamin B12
☐ CMV IgG Ab (Cytomegalovirus)	☐ HCVAB (Hepatits C Antibody)	☐ Rapid Strept	☐ Vitamin D (25-OH)

Write In:

*Reflex Conditions Exist Requiring Additional Testing

**Includes Albumin, SHBG, & Total Testosterone

ICD-10 CODES

☐ B18.2	☐ E29.1	☐ K51.90	☐ R10.10	☐ R14.0	☐ R74.0	☐ Z13.22
☐ D50.0	☐ I10	☐ K59.00	☐ R10.13	☐ R19.4	☐ R79.89	☐ Z13.29
☐ E11.9	☐ I48.2	☐ K59.1	☐ R10.9	☐ R19.7	☐ Z00.00	☐ Z51.81

Write In: