

PANELS/PROFILES

AMA APPROVED PANELS

C001☐ ANEMIA PRFILE II

C002☐ ARHTRITIS PROFILE

C003☐ BASIC META. PANEL

C004☐ COMP. META. PANEL

C005☐ ELECTROLYTE PANEL

C006☐ GLUCOSE TOLERANCE X3

C007☐ HEP A, B PANEL

C008☐ HEP. B PANEL

C009☐ HEP.A/B/C PANEL

C010☐ HEPATIC FUNC PANEL

C011☐ LIPID PANEL

C012☐ PRENATAL PROFILE

C013☐ THYROID PROFILE

C014☐ VITAMIN B-12 / FOLATE

S,L
S,L
S
S
S
GY
S
S
S
S
S
S
SS
S

MICROBIOLOGY/VIROLOGY

C001☐ AFB CULTURE & SMEAR

C002☐ C. DIFF TOXIN A/B

C003☐ CHILAMYDIA TRACHI/NG

C004☐ FLUID CULTURE

C005☐ FUNGAL CULTURE

C006☐ GENITAL CULTURE

C007☐ HERPES CULTURE

C008☐ OVA & PARASITES

C009☐ STOOL CULTURE

C010☐ THROAT CULTURE SWAB

C011☐ URINE CULT. W/RFX

C012☐ WOUND CULTURE

C013☐ OTHER CULTURE

SPT
SSC
U/GP
F
CULT
CULT
M4
PVA
CBM
CULT
U
M4S

CYTOLOGY

A001☐ PAP

A002☐ THIN PREP PAP W/HPV

A003☐ HUMAN PAPILLOMA VIRUS THIN PREP

DXS
DX
HPV

ADDITIONAL TEST(S)

A

B001☐ ABO GRP & RH TYPE

B002☐ ACE

B003☐ ALBUMIN

B004☐ ALK PHOSPHATASE

B005☐ ALPHA FET PROT (AFP)

B006☐ ALT

B007☐ AMYLASE

B008☐ ANA W/REFLEX

B009☐ ANTIBODY SCREEN

B010☐ ANTI-DS DNA W/REF

B011☐ ASO

B012☐ AST

L
S
S
S
S
S
S
S
L
S
S
S

B

B001☐ BILIRUBIN, DIRECT

B002☐ BILITUBIN, TOTAL

B003☐ BNP

B004☐ BUN

S
S
L
S

C

C001☐ CA 125

C002☐ CA 15-3

C003☐ CBC (INC. DIFF. &PLT)

C004☐ CEA

C005☐ CKMP

C006☐ CPK-MB

C007☐ CMV IGG/IGM TOTAL

C008☐ CORTISOL

C009☐ C-PEPTIDE

C010☐ C-PEPTIDE TOLERANCE

C011☐ CPK

C012☐ CREAT. CLEARANCE S/24 VOLUME

C013☐ CREATININE

C014☐ CREATININE UR 24HR

C015☐ CREATININE UR RDM

C016☐ CRP (NON-CARDIAC)

C017☐ CRP-HS (CARDIAC)

S
S
L
L
S
S
S
S
S
4S
U
U
U
U
U
S

D

D001☐ DHEA-S

D002☐ DIGOXIN LEVEL

D003☐ DILANTIN

S
PR
PR

E

F001☐ EBV. IGG/IGM

F002☐ ELECTROLYTES

F003☐ ESR (SED, RATE)

F004☐ ESTRADIOL, SERUM

S
S
L
S

F

G001☐ FERRITIN

G002☐ FOLATE

G003☐ FRUTOSAMINE

G004☐ FSH

G005☐ FTA-ABS

S
S
S
S
S

G

G001☐ GGT

G002☐ GLUCOSE, FASTING

G003☐ GLUCOSE, NON FAST

G004☐ GLUCOSE TOLERANCE

G005☐ GLUCOSE TOL 3HR

S
GY
S
2GYs
4GYs

H

C001☐ H PYLORI ANTIBODY

C002☐ HCG BETA QUANT.

C003☐ HCG QUAL SERUM

C004☐ HCG QUAL URINE

C005☐ HDL

C006☐ HEMOGLOBIN A1C

C007☐ HEMOGLOBIN ELECT.

C008☐ HEP.A VIR AB TOTAL

C009☐ HEP.B CORE AB W/RFX

C010☐ HEP.B BS AB

C011☐ HEP.B. BS AG W/REF

C012☐ HEP.C VIR AB

C013☐ HERPES 1 & 2 IGG

C014☐ HIV 1/2 AB

C015☐ HOMOCYSTEINE

S
S
S
U
S
L
L
S
S
S
S
S
S

I

G001☐ IGE

G002☐ INSULIN LEVEL

G003☐ INSULIN TOLERANCE 3HR

G004☐ IRON

G005☐ IRON & TIBC

S
S
4S
S
S

L

C001☐ LDH

C002☐ LDL, CHOLESTROL

C003☐ LEAD, BLOOD

C004☐ LH

C005☐ LIPASE

C006☐ LITHIUM

C007☐ LYME

S
S
L
S
S
PR
S

M

H001☐ MAGNESIUM

H002☐ MALARIA SMEAR

H003☐ MEASLES IGG

H004☐ MICROALB/CREAT RATIO

H005☐ MICROALBUMIN 24HR URINE

H006☐ MICROALBUMIN, UR

H007☐ MMR

H008☐ MONONUCLEO, TEST

H009☐ MUMPS IGG

S
L
S
U
U
U
S
S
S

O

O001☐ OCCULT BLOOD

OC3

P

C001☐ PHENOBARBITAL

C002☐ PHOSPHATE

C003☐ PLATELET COUNT MANUAL

C004☐ POTASSIUM

C005☐ PREALBUMIN

C006☐ PROGESTERONE

C007☐ PROLACTIN, SR

C008☐ PROTEIN ELECTRO.PEP W/ GRAPH

C009☐ PROTEIN, TOTAL

C010☐ PSA, FREE & TOTAL

C011☐ PSA, TOTAL

C012☐ PTT (ACTIVATED)

C013☐ PT/INTACT

C014☐ PTH/INTACT

PR
S
B
S
S
S
S
S/U
S
S
S
B
B
S

R

G001☐ RETIC COUNT

G002☐ RF (RA) SCREEN

G003☐ RPR W/REFLEX

G004☐ RUBELLA QUAL.

L
S
S
S

S

O001☐ SICKLE CELL SCREEN

L

T

C001☐ T3, FREE

C002☐ T3, UPTAKE

C003☐ T3, TOTAL

C004☐ T4, FREE

C005☐ T4, TOTOAL

C006☐ TSH- RAPID

C007☐ TEGRETOL (CARBAM.)

C008☐ TESTOSTERONE, FREE

C009☐ TESTOSTERONE, TOTAL

C010☐ THEOPHYLLINE, LVL

C011☐ THYROID AB

C012☐ THYROID PEROXIDASE

C013☐ TRANSFERRIN

C014☐ TRIGLYCERIDES

C015☐ TROPONIN

S
S
S
S
L
S
PR
S
S
PR
S
S
S
S
S

U

G001☐ URINALYSIS

G002☐ URINE PROTEIN RDM

G003☐ URINE PROTEIN, 24HR

G004☐ URIC ACID

U
U
U
S

V

G001☐ VALPROIC ACID

G002☐ VARICELLA IGG

G003☐ VITAMIN B-12

G004☐ VITAMIN D-25

PR
S
S
S

HEALTHCARE PROVIDER INFORMATION & AUTHORIZATION

I AUTHORIZE THE ABOVE ORDERED TESTS AS MEDICALLY NECESSARY FOR THIS PARTICULAR PATIENT GIVEN THE PATIENT'S CLINICAL CONDITION

PHYSICIAN SIGNATURE

DATE

PATIENT AUTHORIZATION

I CERTIFY THAT I HAVE VOLUNTARILY PROVIDED A FRESH AND UNADULTERATED SPECIMEN FOR ANALYTICAL TESTING. THE INFORMATION PROVIDED ON THIS FORM AND, ON THE LABEL, OFFERED TO THE SPECIMEN CUP IS ACCURATE. I AUTHORIZE MED SCREEN LABORATORIES (MSL) TO RELEASE THE RESULTS TO THE TREATING AUTHORIZED HEALTHCARE PROVIDER OR FACILITY. I HEREBY AUTHORIZE MY INSURANCE BENEFITS TO BE PAID DIRECTLY TO MSL FOR SERVICES I RECEIVED. I ACKNOWLEDGE THAT MSL MAY BE AN OUT-OF-NETWORK PROVIDER WITH MY INSURER. I ALSO UNDERSTAND THAT IN SOME CIRCUMSTANCES MY INSURER WILL SEND THE PAYMENT DIRECTLY TO ME. I AGREE TO ENDORSE INSURANCE CHECK AND FORWARD IT TO MSL WITHIN 30 DAYS OF RECEIPT. FAILURE TO DO SO MAY RESULT IN MY ACCOUNT BEING FORWARDED TO COLLECTIONS AND REPORTED TO A CREDIT BUREAU

PATIENT SIGNATURE

DATE