

Litholink 24-Hour At-Home Test Request Form

Patient Information Complete form and return it with your sample(s).

Last Name: <i>Last name</i>	First Name: <i>First Name</i>
Date of Birth: <i>01/01/72</i>	Gender (circle one): <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female
MRN # (optional; your MRN will display on report): <i>7724569</i>	

Physician Information (required)

☐ Insurance Bill ☐ Client/Account Bill ☐ Other

Labcorp Account Number: <i>12386924</i>	Office/Physician Phone #: <i>(411) 220-4231</i>
Physician Last Name: <i>Handwritten</i>	Physician First Name: <i>M.</i>
Physician Street Address: <i>101 Pencil</i>	NPI:
City: <i>Written City</i>	State: <i>PA</i> Zip Code: <i>12345</i>
Physician/Authorized Signature: <i>[Signature]</i>	Date: <i>01/01/24</i>

Test Request Information

Diagnosis: Diagnosis/Signs/Symptoms in ICD-CM format in effect at Date of Service (Highest Specificity Required) ☐ Delay shipment of At-Home Kit until
☐ N20.0 - Calculus of Kidney ☐ Other (diagnosis code required)

Choose only one panel

Kidney Stone Urine Panels (Test No. 910235)

☐ One, 24-hour collection ☒ Two, 24-hour collections

Testing included per 24-hour urine collection.

Test	CPT Code	Test	CPT Code	Test	CPT Code
Calcium	82340	Urea Nitrogen	84540	Uric Acid	84560
Creatinine	82570	Oxalate	83945	Sulfate	84392
Citrate	82507	Chloride	82436	Qualitative Cystine**	82615
Phosphorus	84105	Ammonium	82140	Timed Collection	81050
pH	83986	Magnesium	83735		
Sodium	84300	Potassium	84133		

**Qualitative Cystine screen will be performed on all first-time patients.
Calculations include: supersaturation for calcium oxalate, calcium phosphate, uric acid.

Cystine Urine Panels (Test No. 910245)

☐ One, 24-hour collection ☐ Two, 24-hour collections

Testing included per 24-hour urine collection.

Test	CPT Code	Test	CPT Code	Test	CPT Code
Calcium	82340	pH	83986	Quantitative Cystine	82131
Creatinine	82570	Sodium	84300	Timed Collection	81050
Citrate	82507	Urea Nitrogen	84540		
Phosphorus	84105				

For patients with known or suspected cystinuria, or a positive screen on the standard 910235 test.
Calculations include: cystine supersaturation and capacity.

☒ ACTION REQUIRED

(Choose a method below to obtain your At-Home Kit)

- Online (www.litholink.com/AtHomeKit)
- Phone (800-338-4333)

☐ NO ACTION REQUIRED

(At-Home Kit has already been ordered by your physician)
• Allow 5-7 business days to receive your At-Home Kit

For faxed orders (312-243-3297), provide patient shipping address.

Address: <i>Wherever, it will be received</i>	Phone: <i>9999999999</i>
City: <i>Wherever town</i>	State: <i>NO</i> Zip Code: <i>54321</i>

Return this form with your completed Litholink urine sample.



For Labcorp Use Only.