Accurate Medical Lab
1451 South Elm-Eugene Street,
Greensboro, NC 27406
Phone: (434) 688-0519 / Fax (434) 688-0517

Diagnosis/Signs/Symptoms in ICD-10 Code (***HIGHEST PRIORITY***)	**Physician Signature**	**Ordering Date**
	x----------	**/ / 20**

PATIENT INFORMATION (PLEASE PRINT CLEARLY)

PATIENT NAME: **LAST** **FIRST** **MIDDLE** **SEX**

Chart # _____ _____ _____ _____ ☐ **Male** ☐ **Female**

RESPONSIBLE PARTY (IF OTHER THAN PATIENT): ---------- **RELATION TO PATIENT:** ----------

PATIENT MAILING ADDRESS: ---------- **FASTING?** ☐ NO ☐ YES

CITY: ---------- **STATE:** ---------- **ZIP CODE:** ---------- **Collection Date: / /**

DATE OF BIRTH: / / **PHONE #** ---------- **SS #** ---------- **Collection Time:** ----------

BILLING INFORMATION

(Please check appropriate box and supply complete information. If information is not complete, charges will be billed to the client)

☐ Bill office	☐ No Insurance (PATIENT WILL PAY)	☐ **Other insurance** (PLEASE SPECIFY)	EMPLOYER OF PRIMERY CARD HOLDER:
PLAN NAME:	INSURED ID#	**GROUP#**	INSURANCE ADDRESS:
☐ Medicare: ☐ Primary ☐ Secondary		Medicare (including Alpha Characters)	
☐ Medicaid: (Please specify State)		Medicaid (including Alpha Characters)	

ATTNENTION:
When ordering tests for which Medicare reimbursement will be sought, physicians should only order laboratory tests that are medically required for the diagnosis or treatment of a patient, rather than for screening

I hereby authorize the release of medical information related to the service described herein and authorize payment directly to Accurate Medical Lab (AML). I agree to assume responsibility for payment of charges for lab services that are not covered by my healthcare insurer

Patient Signature x---------- **Date** ----------

Test code	Tests		Test code	Routine Individual Tests/Combinations		Test Code	Other Individual Tests/Combination	
00300	☐	CBC NO Diff (Complete Blood Count) ◊ L	00930	☐	Liver Function Panel SST	00350	☐	ABO & Rh R or L
00301	☐	CBC with Diff ◊ L	00925	☐	Renal Profile with Estimated GFR SST	00661	☐	FSH SST
00908	☐	Comprehensive Metabolic Panel SST	00116	☐	BUN (Blood Urea Nitrogen) SST	00982	☐	FSH/LH SST
00910	☐	Basic Metabolic Panel SST	00958	☐	Electrolyte Panel SST	00255	☐	Prolactin SST
00192	☐	T3, Free ⊕ ◊ SST	0103.1	☐	Microalbumin U	00657	☐	Estradiol SST
00193	☐	T4, Free ⊕ ◊ SST	00127	☐	Creatinine SST	00669	☐	Testosterone, Total SST
00663	☐	TSH ⊕ ◊ SST	00112	☐	Bilirubin, direct, Indirect, Total SST	00983	☐	T3 SST
00981	☐	Micro albumin Creatinine R U	00124	☐	Cholesterol ⊕ ◊ SST	00166	☐	T4 ⊕ ◊ SST
00912	☐	Lipid Profile ⊕ ◊ SST	00156	☐	AST/SGOT SST	00173	☐	Amylase SST
00621	☐	PSA ⊕ ◊ SST	00157	☐	ALT/SGPT SST	00143	☐	Lipase SST
00679	☐	Testosterone, Free & Total (with SHBG) R&SST	00469	☐	HIV 1/2 Antibody / Reflex ® SST	00312	☐	PT (+INR) ⊕ B
00630	☐	hCG, Qualitative, Pregnancy test ⊕ ◊ SST	00672	☐	Hepatitis B Core AB SST	00310	☐	PTT – (Partial Thrplstn. T) ⊕ B
00257	☐	Thyroid Peroxidase (TPO) AB SST	00674	☐	Hepatitis B Core IgM, AB SST	00150	☐	Potassium SST
00984	☐	Thyroglobulin & Ant-Thyroglobulin Ab SST	00671	☐	Hepatitis B Surface AB SST	00248	☐	B Natriuretic Peptide L
00662	☐	PTH intact L (in ice) or 2 SST, F	00670	☐	Hepatitis B Surface AG SST	00319	☐	ESR (Sed. Rate) L
00668	☐	PTH Related Protein (PTH-RP) Green	00673	☐	Hepatitis C Antibody SST	00412	☐	Rheumatoid (RA) Factor SST
00273	☐	A1C Hemoglobin ⊕ ◊ L	00135	☐	Glucose ⊕ ◊ SST	00205	☐	ANA (Anti Nuclear Antibody) Ref ® SST
00514	☐	ACTH L	00314	☐	RETIC L	00125	☐	CK, Total SST
00148	☐	Phosphorus SST	00311	☐	Hemoglobin and Hematocrit L	00126	☐	CRP (C-Reactive Protein) SST
00146	☐	Magnesium ⊕ SST	00174	☐	Iron SST	00171	☐	Urinalysis U
00625	☐	Cortisol SST	00659	☐	Ferritin ⊕ SST	00172	☐	Urinalysis w/ Micro Reflex to Culture U
00426	☐	Vitamin D (25-Hydroxy) SST	00660	☐	Folate ⊕ SST	00168	☐	Uric Acid SST
00651	☐	Vitamin B12 ⊕ SST	00980	☐	Iron and TIBC ⊕ SST	0127.1	☐	Urine, Creatinine 24 hr U
00247	☐	Serum Protein electrophoresis SST	00254	☐	Transferrin SST	00129	☐	Urine, Creatinine Clearance 24 hr U
02471	☐	Urine Protein electrophoresis 24hr c.						
0117.1	☐	Urine 24 hrs For Calcium 24hr container						

OTHER TESTS

	☐	
	☐	
	☐	
	☐	

MEDICARE ADVANCE BENEFICIARY NOTICE INFO

This requisition does not include an ABN. When ordering a test that requires an ABN, please use ABN form.

The back of this requisition form includes more information.

⊕ Limited coverage test ◊ Frequency limits ® Reflex

Specimen / Containers Codes

SST (Gel) **R (**red) **L** (Lavender) **B** (Blue) **P** (Pink) **PO** (Transfer) **SW** (Swab/Probe) **F** (Frozen)
S (Stool) **U** (Urine) **OP**(Ova &Para) IB, JG, JGY, R, IR, IST(ICED) C, BC, I, CB, CSF. SW, CX, U CX (Microbiology Culture)

Specimen Container Received (For Office Use Only)

Specimen Received	☐ B (Blue)	☐ SST (Gel)	☐ L (Lavender)	☐ R (Red)	☐ U (Urine)	☐ S (Stool)	☐ SW (Swab/Probe)	☐ Others ( )
Number								
Total Test Ordered		Comments:				Received by:		