



# Next Generation Labs

611 N. MacArthur Blvd  
 Irving, TX. 75061  
 972-251-1882 (o)  
 972-251-1881 (f)

www.nglabsnow.com  
 info@nglabsnow.com

## REQUISITION FORM

### PATIENT INFORMATION

Last Name	First Name	SSN	D.O.B.	M <input type="checkbox"/> F <input type="checkbox"/>
Street / Address, Apt. #		City	State, Zip	Phone

### SPECIMEN INFORMATION

Date of order	Practice Name	Insurance name	ID #
Date collected	Physician	Bill Medicaid	Bill Medicare
Time collected <input type="checkbox"/> am <input type="checkbox"/> pm	Address	Duplicate reports to:	
Collected by		Duplicate to phone #	
	Phone #	Duplicate to Fax #	
	Fax #	ICD-10 Codes	

### INSURANCE INFORMATION

Bill Client	Bill Insurance
Fasting Yes <input type="checkbox"/> No <input type="checkbox"/> STAT <input type="checkbox"/>	

### CUSTOM PANELS

<input type="checkbox"/> Diabetic Fasting Glucose, CMP, CBC, Hemoglobin A1C, Glycomark Lipid, Urine - Microalbumin	<input type="checkbox"/> Anemia INR, TIBC, B12, Folate, CBC, Ferritin, Reticulocyte Count	<input type="checkbox"/> Arthritis ESR, ANA, RA Factor, CBC, C-Reactive Protein, Sed Rate	<input type="checkbox"/> Cardiac C-Peptide, CBC, CMP, TSH, Lipid, Plac Test, Cardiac Isoenzymes (if specified)
<input type="checkbox"/> Renal BUN, Creatinine, BUN/Creatinine Ratio, EGFR, CA, NA, K, CO2 Total, Albumin, Phosphorus, PTT, PTH	<input type="checkbox"/> Annual Wellness CBC, CMP, TSH, PSA (Male), Lipid, A1C (Diabetic), Glycomark (Diabetic), DHEA, Testosterone (Male), Estrogen (Female), Progesterone, Tumor Markers, Vitamin D, UA, UA Microalbumin (if diabetic or chronic kidney disease)	<input type="checkbox"/> Male	<input type="checkbox"/> Female

MTM  
 Lithium, Lorazepam, Methadone, Morphine, Oxycodone, Paroxetine, Pregabalin, Quetiapine, Risperidone, Methylphenidate, Sertraline, Temazepam, Tramadol, Venlafaxine, Ziprasidone, Zolpidem, Alprazolam, Amitriptyline, Amphetamine, Aripiprazole, Butalbital, Carisoprodol, Citalopram, Clonazepam, Clozapine, Cyclobenzaprine, Dextromethorphan, Diazepam, Duloxetine, Fentanyl, Fluoxetine, Gabapentin,

### ALPHABETICAL LISTING, INDIVIDUAL TESTS

<input type="radio"/> ALT (SGPT) SST	<input type="radio"/> Hemoglobin & Hematocrit L	<input type="radio"/> T3 Total SST
<input type="radio"/> Calcium SST	<input type="radio"/> Hemoglobin A1C L	<input type="radio"/> Testosterone Total SST
<input type="radio"/> CBC w/diff L	<input type="radio"/> Iron & TIBC SST	<input type="radio"/> TSH SST
<input type="radio"/> CEA SST	<input type="radio"/> Magnesium SST	<input type="radio"/> TSH w/ ref. to T4 Free SST
<input type="radio"/> CRP (Cardiac) SST	<input type="radio"/> Phosphate, serum SST	<input type="radio"/> Uric Acid SST
<input type="radio"/> Digoxin Level R	<input type="radio"/> PSA SST	<input type="radio"/> Urinalysis Complete U
<input type="radio"/> Dilantin / Phenytoin R	<input type="radio"/> PSA Free & Total SST	<input type="radio"/> Urine Microalbumin U
<input type="radio"/> ESR (sedimentation rate) L	<input type="radio"/> PTH Intact SST	<input type="radio"/> Urine C & S U
<input type="radio"/> Ferritin SST	<input type="radio"/> PT / INR B	<input type="radio"/> Valporic Acid / Depakote R
<input type="radio"/> GlycoMark SST	<input type="radio"/> PTT B	<input type="radio"/> Vitamin B-12 / Folate SST
	<input type="radio"/> Rheumatoid Factor SST	<input type="radio"/> Vitaming D, 25 Hydroxy SST

### ADDITIONAL TESTS / PANELS (INCLUDE COMPLETE TEST NAME AND ICD-10 CODES)

---



---

### NOTES:

PHYSICIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_ PATIENT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_