

**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: \_\_\_ / \_\_\_ / \_\_\_

Requested start date: \_\_\_ / \_\_\_ / \_\_\_

Date Collected: \_\_\_ / \_\_\_ / \_\_\_

Time Collected: \_\_\_\_\_

Frequency: \_\_\_\_\_

Ordering Physician: \_\_\_\_\_

NPI: \_\_\_\_\_

Address: \_\_\_\_\_

Phone#: \_\_\_\_\_

Fax#: \_\_\_\_\_

**INSURANCE INFORMATION**

Insurance Name \_\_\_\_\_ I.D.# \_\_\_\_\_

Bill Medicare  Bill Medicaid  Bill Patient  Bill Client

Duplicate report to: \_\_\_\_\_

Duplicate to Phone#: \_\_\_\_\_

Duplicate to Fax#: \_\_\_\_\_

Fasting:  Yes  No

STAT:

**ICD10 CODES**

It is the ordering party's responsibility to order only those tests medically necessary for the diagnosis and treatment of the patient.

|  |  |   |  |
|--|--|---|--|
| <input type="checkbox"/> AFP (Tumor Marker) SST          | <input type="checkbox"/> Creatinine Urine U          | <input type="checkbox"/> Lead RLB                           | <input type="checkbox"/> Theophylline R  |
| <input type="checkbox"/> Albumin (Alb) SST               | <input type="checkbox"/> Creatinine Kinase SST       | <input type="checkbox"/> LH SST                             | <input type="checkbox"/> Thyroglobulin SST   |
| <input type="checkbox"/> Alkaline Phosphatase (ALP) SST  | <input type="checkbox"/> dsDNA Autoantibodies SST    | <input type="checkbox"/> Lipase SST                         | <input type="checkbox"/> TIBC SST  |
| <input type="checkbox"/> ALT (SGPT) SST                  | <input type="checkbox"/> DHEA-SO4 SST                | <input type="checkbox"/> Lipid Profile SST                  | <input type="checkbox"/> Total Protein Serum SST   |
| <input type="checkbox"/> Ammonia, Plasma L               | <input type="checkbox"/> Digoxin R                   | <input type="checkbox"/> Lyme Screen IgG SST                | <input type="checkbox"/> Total Protein Urine U   |
| <input type="checkbox"/> Amylase Serum SST               | <input type="checkbox"/> EBV VCA IgM SST             | <input type="checkbox"/> Magnesium Serum SST                | <input type="checkbox"/> Transferrin SST   |
| <input type="checkbox"/> ANA Screen SST                  | <input type="checkbox"/> EBV VCA IgG SST             | <input type="checkbox"/> Magnesium Urine U                  | <input type="checkbox"/> Triglycerides (Trig) SST  |
| <input type="checkbox"/> ANA Profile SST                 | <input type="checkbox"/> EBV Early Antigen SST       | <input type="checkbox"/> Microalbumin Urine U               | <input type="checkbox"/> TSH (High Sensitivity) SST  |
| <input type="checkbox"/> Anti-TPO Ab SST                 | <input type="checkbox"/> EBV Nuclear Antigen SST     | <input type="checkbox"/> Microalbumin/Creatinine ratio U    | <input type="checkbox"/> Uric Acid Serum SST   |
| <input type="checkbox"/> Anti-TG Ab SST                  | <input type="checkbox"/> Electrolyte Panel SST       | <input type="checkbox"/> MMR + V IgG SST                    | <input type="checkbox"/> Uric Acid Urine U   |
| <input type="checkbox"/> Apolipoprotein A1 SST           | <input type="checkbox"/> ESR or Sedimentation Rate L | <input type="checkbox"/> Non-GYN Cytology, Urine U          | <input type="checkbox"/> Urinalysis Complete (dipstick and microscopic) U                            |
| <input type="checkbox"/> Apolipoprotein B SST            | <input type="checkbox"/> Estradiol SST               | <input type="checkbox"/> Occult Blood, Feces FECEs          | <input type="checkbox"/> Valproic Acid R   |
| <input type="checkbox"/> AST (SGOT) SST                  | <input type="checkbox"/> Fasting Blood Sugar GR      | <input type="checkbox"/> Phenobarbital R                    | <input type="checkbox"/> Vitamin B12 SST   |
| <input type="checkbox"/> ASO SST                         | <input type="checkbox"/> Ferritin SST                | <input type="checkbox"/> Phenytoin or Dilantin R            | <input type="checkbox"/> Vitamin D, 25 Hydroxy SST   |
| <input type="checkbox"/> Basic Metabolic Panel SST       | <input type="checkbox"/> Folate SST                  | <input type="checkbox"/> Phosphorus Urine U                 |  |
| <input type="checkbox"/> Beta HCG - Serum SST            | <input type="checkbox"/> Fructosamine SST            | <input type="checkbox"/> Phosphorus Serum SST               |  |
| <input type="checkbox"/> Bilirubin Direct (Dbili) SST    | <input type="checkbox"/> FSH SST                     | <input type="checkbox"/> PLAC* SST                          | <b>CUSTOM DIAGNOSTIC PROFILES</b>  |
| <input type="checkbox"/> Bilirubin Total (Tbili) SST     | <input type="checkbox"/> GGT SST                     | <input type="checkbox"/> Potassium (K) SST                  | <input type="checkbox"/> Allergy Complete Food and Respiratory Profile (104 Specific Allergens) 2SST |
| <input type="checkbox"/> BNP L                           | <input type="checkbox"/> Glucose Serum SST           | <input type="checkbox"/> Potassium, Plasma Green            | <input type="checkbox"/> Anemia Screen L, SST  |
| <input type="checkbox"/> BUN / Creatinine Ratio SST      | <input type="checkbox"/> Glucose Urine U             | <input type="checkbox"/> Progesterone Total SST             | <input type="checkbox"/> Cardiac Risk Panel I L, SST   |
| <input type="checkbox"/> BUN (Urea Nitrogen) S SST       | <input type="checkbox"/> Glyco Hgb A1c L             | <input type="checkbox"/> Prolactin SST                      | <input type="checkbox"/> Cardiac Risk Panel II L, 2SST   |
| <input type="checkbox"/> BUN (Urea Nitrogen) U           | <input type="checkbox"/> HDL SST                     | <input type="checkbox"/> Prostatic Acid Phosphatase SST     | <input type="checkbox"/> Diabetic Screen SST, L  |
| <input type="checkbox"/> Complement C3 SST               | <input type="checkbox"/> H.Pylori IgG SST            | <input type="checkbox"/> PSA Free SST                       | <input type="checkbox"/> Drug Screen with/without ethanol U  |
| <input type="checkbox"/> Complement C4 SST               | <input type="checkbox"/> Hemoglobin/Hematocrit L     | <input type="checkbox"/> PSA Total SST                      | <input type="checkbox"/> Epstein-Barr Virus Screen L, SST  |
| <input type="checkbox"/> CA 15.3 SST                     | <input type="checkbox"/> Hepatic Function Panel SST  | <input type="checkbox"/> PT/INR B                           | <input type="checkbox"/> Female Health Screen I L, 3SST, 1UC   |
| <input type="checkbox"/> CA - 19.9 SST                   | <input type="checkbox"/> Hepatitis A IgM Ab SST      | <input type="checkbox"/> PTH SST                            | <input type="checkbox"/> Female Hormone Screen 2SST  |
| <input type="checkbox"/> CA - 125 SST                    | <input type="checkbox"/> Hepatitis A Total Ab SST    | <input type="checkbox"/> PTT B                              | <input type="checkbox"/> Female 2SST, 1LT, 1UC   |
| <input type="checkbox"/> Calcium Serum SST               | <input type="checkbox"/> Hepatitis B Core IgM Ab SST | <input type="checkbox"/> Renal Panel SST                    | <input type="checkbox"/> Weight Loss Panel   |
| <input type="checkbox"/> Calcium Urine U                 | <input type="checkbox"/> Hepatitis B Core Total SST  | <input type="checkbox"/> Reticulocyte Count L               | <input type="checkbox"/> Health Screen II 1L, 2SST   |
| <input type="checkbox"/> Carbamazepine or Tegretol R     | <input type="checkbox"/> Hepatitis Bs Ab SST         | <input type="checkbox"/> Rheumatoid Factor SST              | <input type="checkbox"/> Heavy Metals (see back)   |
| <input type="checkbox"/> Cardio C- Reactive Protein SST  | <input type="checkbox"/> Hepatitis Bs Ag SST         | <input type="checkbox"/> RPR (VDRL) SST                     | <input type="checkbox"/> Hepatitis Screen SST  |
| <input type="checkbox"/> CBC (w/diff & platelet count) L | <input type="checkbox"/> Hepatitis C Total Ab SST    | <input type="checkbox"/> Sci-70 IgG Autoantibodies SST      | <input type="checkbox"/> Male Health Screen I 1L, 3SST, 1UC  |
| <input type="checkbox"/> CEA SST                         | <input type="checkbox"/> HSV Type I IgG SST          | <input type="checkbox"/> SHBG SST                           | <input type="checkbox"/> Male Hormone Screen 2SST  |
| <input type="checkbox"/> Centromere B SST                | <input type="checkbox"/> HSV Type II IgG SST         | <input type="checkbox"/> SmRNP IgG Autoantibodies SST       | <input type="checkbox"/> Male 2SST, 1LT, 1UC   |
| <input type="checkbox"/> Chloride SST                    | <input type="checkbox"/> *HIV 1/2 SST                | <input type="checkbox"/> Sodium (Na) SST                    | <input type="checkbox"/> Weight Loss Panel   |
| <input type="checkbox"/> Cholesterol SST                 | <input type="checkbox"/> Homocysteine SST            | <input type="checkbox"/> SS-A & SS-B IgG Autoantibodies SST | <input type="checkbox"/> Rheumatic Evaluation L, 2SST  |
| <input type="checkbox"/> CMV IgG SST                     | <input type="checkbox"/> Immunoglobulin E total SST  | <input type="checkbox"/> T3 Free SST                        | <input type="checkbox"/> Thyroid Antibodies SST  |
| <input type="checkbox"/> CO2 SST                         | <input type="checkbox"/> Immunoglobulins A, M, G SST | <input type="checkbox"/> T3 Total SST                       | <input type="checkbox"/> Thyroid Comp Screen SST   |
| <input type="checkbox"/> Comp Metabolic Panel SST        | <input type="checkbox"/> Insulin SST                 | <input type="checkbox"/> T3 Uptake SST                      | <input type="checkbox"/> Initial Cardio Profile (see back)   |
| <input type="checkbox"/> Cortisol SST                    | <input type="checkbox"/> Iron SST                    | <input type="checkbox"/> T4 Free SST                        | <input type="checkbox"/> Follow Up Cardio Profile (see back)   |
| <input type="checkbox"/> C-Peptide SST                   | <input type="checkbox"/> Jo-1 Autoantibodies SST     | <input type="checkbox"/> T4 Total - Thyroxine SST           |  |
| <input type="checkbox"/> C-Reactive Protein (CRP) SST    | <input type="checkbox"/> LDH SST                     | <input type="checkbox"/> TBG SST                            |  |
| <input type="checkbox"/> Creatinine with eGFR SST        | <input type="checkbox"/> LDL Direct SST              | <input type="checkbox"/> Testosterone Total SST             |  |

See Reverse Side for Panel Description

ADDITIONAL TESTS: (INCLUDE COMPLETE TEST NAME AND ICD10 CODES) Reflex tests are performed at an additional charge. HIV Testing will not be performed until proper patient consent is obtained / documented (NY only)

Physician Signature \_\_\_\_\_ DATE \_\_\_ / \_\_\_ / \_\_\_