4 Brighton Rd. Suite 308
Clifton, NJ 07012
Phone:(973)574-3623
Fax:(973)591-1410

Patient label

Patient ID/Acct. #		☐ Fasting ☐ Non-fasting
Name: (Please Print) Last	First	MI
Street		Apt#
City	State	Zip code
Date of birth:	Age	Sex: M or F
Date specimen Collected:	Time specimen collected:	
Ordering Provider:		
Diagnosis code(s):		
Subscriber's Name:	Date of birth	
Insurance carrier:		
Insurance ID#:	Group #:	
Insurance address:		

Commonly Ordered Panels:(Profile components listed on next page/back)

☐ PreOp Panel	☐ Coagulation Panel	☐ Short Male Panel	☐ Short Female Panel	☐ Anemia Panel
☐ Adrenal Panel	☐ Arthritis Panel Ext.	☐ Hepatic Function Panel	☐ Healthy Heart Panel	☐ Cancer Panel
☐ BMP	☐ CMP	☐ Lyme AB WB IGG/IGM	☐ Lipid Panel	☐ STD Panel
☐ 4 PLEX TEST	☐ ANA Screen w/reflex	☐ Renal Panel	☐ Thyroid Panel	☐ Vitamin Panel
☐ COVID 19 PCR	☐ COVID 19 IGG AB	☐ CBC w/diff	☐ Stool Occult Blood	☐ Stool O/P
☐ Urinalysis	☐ Urine drug screen	☐	☐	☐

Individual tests:

☐ Anti-Mullerian	☐ Anti-CCP	☐ Anti-Tg	☐ Anti-TPO	☐ B12	☐ BNP	☐ Chol	☐ Cortisol
☐ DHEA	☐ Estradiol	☐ Estriol	☐ Fe (iron)	☐ Ferritin	☐ Free PSA	☐ FSH	☐ FT3
☐ FT4	☐ FII & FV	☐ Folate	☐ GGT	☐ Glucose	☐ Growth hormone	☐ HBsAg	☐ HBsAb
☐ Hep. C AB	☐ HgbA1C	☐ HIV Ag/Ab	☐ hsCRP	☐ HDL	☐ iPTH	☐ Insulin	☐ LDH
☐ LH	☐ Mg	☐ Phos	☐ Progesterone	☐ Prolactin	☐ SHBG	☐ Syphilis	☐ Testosterone
☐ TIBC	☐ Total PSA	☐ Trig	☐ TSH	☐ T-uptake	☐ Thyroglobulin	☐ Uric acid	☐ Vit. D 25OH
☐ HSV 1/2	☐ ESR	☐ Quan. HCG	☐ H.Pylori	☐ Mono Test	☐ CT/NG	☐ Flu A & B	☐ CMV
☐ Serum Amylase	☐ Serum Lipase	☐	☐	☐	☐	☐	☐

Other test:

_____

_____

HIGHLIGHTED TEST WILL BE SEND TO BIOREFERENCE LABORATORIES

I certify that the information provided on this form and on the label affixed to the specimen is accurate. I authorize the lab to release the results of this testing to the ordering physician. I also authorize lab to bill my insurance provider and to receive payment of benefits for the tests ordered by my physician. I further authorize the lab and the ordering physician to release to my insurance provider any medical information necessary to process this claim. I acknowledge that lab may be an out-of-network facility with my insurance provider.

Patient Signature: _____ **Date:** _____

Authorized Signature_____ **Authorization Date:** _____

PANEL COMPONENTS

Male Wellness Panel	Female Wellness Panel	Short Male Panel	Short Female Panel
1. ANTI-TG	**1.** ANTI-TG	**1.** ALBUMIN	1. ALBUMIN
2. ANTI-TPO	**2.** ANTI-TPO	**2.** ESTRADIOL	2. ESTRADIOL
3. CBC W/ DIFF	**3.** CBC W/ DIFF	**3.** FSH	3. FSH
4. CMP	**4.** CMP	**4.** H&H	4. H&H
5. CORTISOL	**5.** CORTISOL	**5.** LH	5. LH
6. DHEA	**6.** DHEA	**6.** SHBG	6. SHBG
7. ESR	**7.** ESR	**7.** FREE TESTOSTERONE	7. FREE TESTOSTERONE
8. ESTRADIOL	**8.** ESTRADIOL	**8.** TOTAL TESTOSTERONE	8. TOTAL TESTOSTERONE
9. FERRITIN	**9.** ESTRIOL	9. ACTH	9. ACTH
10. FOLATE	**10.** FERRITIN	10. CORTISOL	10. CORTISOL
11. FREE T3	**11.** FOLATE	11. DHEA	11. DHEA
12. FREE T4	**12.** FREE T3	12. PROGESTERONE	12. PROGESTERONE
13. FREE TESTOSTERONE	**13.** FREE T4		13. ESTRIOL
14. FSH	**14.** FREE TESTOSTERONE		
15. GGT	**15.** FSH	**HEALTHY HEART PANEL**	**THYROID PANEL**
16. HgbA1c	**16.** GGT		
17. Homocysteine	**17.** HgbA1c	**1.** CHOL	1. TSH
18. hsCRP	**18.** Homocysteine	**2.** TRIG	2. FT4
19. INSULIN	**19.** hsCRP	**3.** HDL	3. FT3
20. INTACT PTH	**20.** INSULIN	**4.** LDL	4. ANTI-TPO
21. LDH	**21.** INTACT PTH	**5.** VLDL	5. ANTI-TG
22. LH	**22.** LDH	**6.** hsCRP	6. THYROGLOBULIN
23. LIPID PANEL	**23.** LH		
24. MAGNESIUM	**24.** LIPID PANEL	**ANA PANEL**	**STD PANEL**
25. PHOSPHORUS	**25.** MAGNESIUM		
26. PROGESTERONE	**26.** PHOSPHORUS	**1.** ANA W/REFLEX	**1.** HIV AG/AB
27. PROLACTIN	**27.** PROGESTERONE	***If positive do arthritis panel extended**	**2.** SYPHILIS
28. SHBG	**28.** PROLACTIN	**ARTHRITIS PANEL EXTENDED**	**3.** HBsAg
29. TESTOSTERONE	**29.** SHBG		**4.** HBsAb
30. THYROGLOBULIN	**30.** TESTOSTERONE	1. dsDNA	**5.** HEP. C AB
31. TIBC+IRON	**31.** THYROGLOBULIN	2. ANTI-SSA	**6.** HSV 1/2
32. TSH	**32.** TIBC+IRON	3. ANTI-SSB	**7.** CT/NG
33. URIC ACID	**33.** TSH	4. RHEUMATOID FACTOR	
34. VIT. B12	**34.** URIC ACID	5. ESR	
35. VITD 25OH	**35.** VIT. B12	6. ANTI-CCP	
36. FREE PSA	**36.** VITD 25OH	7. ANTI-Sm/RNP	
37. TOTAL PSA	**37.** Urinalysis w/reflex		
38. Urinalysis w/reflex			
VITAMIN PANEL	**LIPID PANEL**	**BASIC METABOLIC (BMP)**	**COMPREHENSIVE METABOLIC PANEL (CMP)**
1. VIT. B7 (BIOTIN)	1. CHOL	1. GLU	1. GLU
2. VIT. C	2. TRIG	2. BUN	2. BUN
3. VIT. D 25 OH	3. HDL	3. CREA	3. CREA
4. FOLATE	4. LDL	4. NA	4. NA
5. ZINC-RBC	5. VLDL	5. K	5. K
		6. CL	6. CL
ANEMIA PANEL		7. CO2	7. CO2
		8. eGFR	8. eGFR
1. FE		9. CA	9. CA
2. UIBC	1.		10. AST
3. TIBC	2.		11. ALT
4. FOLATE	3.	**HEPATIC FUNCTION PANEL**	12. ALKALINE PHOS
5. FERRITIN	4.		13. TBILI
6. B12	5.	1. AST	14. TOTAL PROTEIN
7. CBC	6.	2. ALT	15. ALBUMIN
8. RETIC COUNT		3. ALKALINE PHOS	
		4. GGT	**RENAL PANEL**
		5. TOTAL PROTEIN	
	1.	6. ALBUMIN	1. BUN
URINE DRUG SCREEN	2.	7. TBILI	2. CREA
	3.	8. DBILI	3. EGFR
1. Amphetamine (AMP)	4.		4. TOTAL PROTEIN
2. Barbiturates (BAR)		**Presurgical Panel**	
3. Benzodiazepines (BZO)			**ADRENAL PANEL**
4. Cannabinoids (THC)		1. CBC	1. ACTH
5. Cocaine (COC)		2. BMP	2. CORTISOL
6. MDMA		3. Hepatic Function Panel	3. DHEA
7. Opiates (OPI)		4. PT/PTT	
8. OXYCODONE (OXY)		5. Urine Analysis	
9. Phencyclidine (PCP)			
10. Propoxyphene (PPX)			
11. Tricyclic Antidepressants (TCA)			