

Send additional copy of report to:

Fax _____

Call Client Number/Physician's Name _____ Phone/Fax Number _____

Mail Physician's Address _____ City, State, Zip _____

| | | | | | | | | |
|--|--|------------------|--|----------------|----------------------------|---|---|--------------------------------------|
| Patient's Name (Last) | | First | (MI) | Sex | Date of Birth MO DAY YR | Collection Time AM PM | Fasting <input type="checkbox"/> Yes <input type="checkbox"/> No | Collection Date MO DAY YR |
| NPI / UPIN | | Physician's ID # | | Patient's SS # | | Patient's ID # | | Urine hrs/Vol hrs _____ vol _____ |
| Physician's Name (Last, First) | | | Physician's Signature | | | Patient's Address | | Phone |
| Medicare # (Include Prefix/Suffix) | | | <input type="checkbox"/> Primary <input type="checkbox"/> Secondary | | | City | | State Zip |
| Medicaid # | | | State Physician's Provider # | | | Name of Responsible Party (If different from patient) | | |
| Diagnosis/Signs/Symptom in ICD-9 Format (Highest Specificity) For Lab Testing | | | 1. _____ 3. _____ | | | Address of Responsible Party | | |
| 2. _____ 4. _____ | | | PATIENT | | | City State Zip | | |
| Patient's Relationship to Responsible Party <input type="checkbox"/> 1 - Self <input type="checkbox"/> 2 - Spouse <input type="checkbox"/> 3 - Child <input type="checkbox"/> 4 - Other | | | RESP. PARTY | | | City State Zip | | |
| Insurance Company Name | | | Insurance Company Name | | | Insurance Company Name | | |
| Policy/ID # | | | Group # | | | Policy/ID # Group # | | |
| Insurance Address | | | Physician's Provider # | | | Insurance Address Physician's Provider # | | |
| City State Zip | | | City State Zip | | | City State Zip | | |
| Employer's Name or Number | | | Insured SS# (If not patient) <input type="checkbox"/> Yes <input type="checkbox"/> No | | | Employer's Name or Number | | |
| Name of Insured | | | Insured's DOB | | | Name of Insured | | |

REDO

REQUISITION

@ : Needs Appropriate ICD-9 Codes
: Investigational test per Medicare

NOTE: WHEN ORDERING TESTS FOR WHICH MEDICARE OR MEDICAID REIMBURSEMENT WILL BE SOUGHT, PHYSICIANS SHOULD ONLY ORDER TESTS THAT ARE MEDICALLY NECESSARY FOR THE DIAGNOSIS OR TREATMENT OF THE PATIENT. COMPONENTS OF THE DISEASE OR ORGAN PANELS/COMBINATIONS PRINTED BELOW ARE SHOWN ON THE REVERSE SIDE AND MAY ALSO BE ORDERED INDIVIDUALLY BELOW. COMPONENTS MAY BE BILLED SEPARATELY PER CARRIER POLICY.

| DISEASE OR ORGAN PANELS | See reverse for components | Order # | Tube | INDIVIDUAL TESTS, continued | Order # | Tube | MICROBIOLOGY | Order # |
|-----------------------------------|----------------------------|---------|-------|---------------------------------------|---------|------|----------------------------------|---------|
| Electrolytes | | 5199 | SST | Hemoglobin A 1 C @ | 5526 | LAV | CULTURES | |
| Lipid @ | | 5311 | SST | Hepatitis A Ab IgM (HAV-IgM)@ | 5212 | SST | Herpes source | 6298 |
| Liver @ | | 5397 | SST | Hepatitis B Ag (HBsAg) @ | 5215 | SST | + Routine source | |
| Basic Metabolic | | 5722 | SST | Hepatitis B Ab (HBsAb) @ | 5214 | SST | + Anaerobic source | 6284 |
| Comprehensive Metabolic | | 5316 | SST | Hepatitis B Core - IgM (HBcAb - IgM)@ | 5530 | SST | Throat - Group A Strep | 6278 |
| Renal | | 6753 | SST | Hepatitis C Ab @ | 5716 | SST | Throat - Complete | 6379 |
| INDIVIDUAL TESTS (alphabetically) | | | | HIV * | 6238 | SST | + Urine CC CATH @ | 6280 |
| ABO/Rh | 6111- | 6112 | S/PNK | Iron @ | 5222 | SST | Group B Strep screen | 6262 |
| AFP QUAD @ | | 6575 | SST | Iron Binding Capacity @ | 5221 | SST | + Stool | 6277 |
| Alkaline Phosphatase | | 5156 | SST | LDL, direct measure | 5232 | SST | Viral source | 5470 |
| ALT (SGPT) | | 5157 | SST | Magnesium @ | 5231 | SST | Miscellaneous source | |
| Antibody Screen | | 6125 | S/PNK | Platelet Count @ | 5095 | LAV | Chlamydia, amplified DNA probe | 6387 |
| ANA* | | 6235 | SER | Potassium | 5237 | SST | Gonococcus, amplified DNA probe | 6386 |
| AST (SGOT) | | 5162 | SST | Protein, total | 5256 | SST | C. Difficile Toxin A+B, Stool | 6352 |
| Vitamin B-12 | | 5288 | SST | Prottime/INR @ | 5076 | BLU | Gram Smear source | 6313 |
| Bilirubin (Direct) | | 5169 | SST | PSA, screen @ | 5241 | SST | Ova & Parasites Ag screen, Stool | 6366 |
| Bilirubin (Total) | | 5166 | SST | PSA, diagnostic @ | 5746 | SST | | |
| BUN | | 5176 | SST | PSA, total, reflex free PSA @ | 5744 | SST | | |
| Calcium | | 5177 | SST | PSA, free & total @ | 5745 | SST | | |
| CEA @ | | 5180 | SST | PTT @ | 5077 | BLU | | |
| Cholesterol @ (random) | | 5186 | SST | RA* | 6327 | SST | | |
| CBC with diff @ | | 5057 | LAV | RPR* | 6328 | SST | | |
| CBC without diff @ | | 5058 | LAV | Rubella | 6242 | SST | | |
| Creatinine (serum) | | 5191 | SST | Sed Rate (Westergren) | 5079 | LAV | | |
| Ferritin @ | | 5200 | SST | Testosterone | 5599 | SST | | |
| Folate | | 5201 | SST | T4, total (Thyroxine) @ | 5250 | SST | | |
| FSH | | 5713 | SST | T4, free @ | 5518 | SST | | |
| Glucose (serum/plasma) @ | | 5208 | S/GRY | Triglycerides @ | 5258 | SST | | |
| Glucose (2hr post-prandial) | | 5207 | S/GRY | T3 Uptake @ | 5249 | SST | | |
| Glucose Challenge (50 Gms) | | 5205 | S/GRY | TSH @ | 5259 | SST | | |
| Glucose tolerance hr | | | S/GRY | TSH Cascade, Reflex free T4 @ | 5734 | SST | | |
| HCG Qualitative @ | | 5354 | SST | Urinalysis (microscopic on positives) | 5083 | URN | | |
| HCG Quantitative @ | | 5210 | SST | Complete Urinalysis | 5132 | URN | | |
| HDL - Cholesterol @ | | 5211 | SST | Urine Microalbumin | 5273 | URN | | |
| Hematocrit | | 5136 | LAV | | | | | |
| Hemoglobin | | 5135 | LAV | | | | | |

HBSAG (HEP B SURF. AG)
HBSAB (HEP B SURF. AB)
HBcAB (HEP B CORE AB TOTAL)