

LAST NAME: \_\_\_\_\_

FIRST NAME: \_\_\_\_\_ MI: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_ SEX: M F PHONE #: \_\_\_\_\_

SPECIMEN COLLECTION: \_\_\_\_/\_\_\_\_/\_\_\_\_ AM PM FASTING: # of Hours \_\_\_\_\_  
DATE TIME

COLLECTOR INITIALS: \_\_\_\_\_

ORDERING PHYSICIAN FULL NAME: (Last, First) \_\_\_\_\_  
NPI # \_\_\_\_\_

**BILL TO:**  Client Account  Patient's Insurance  
*Attach Copy of insurance card and demographic information for patient and guarantor*

**Diagnosis Codes** \_\_\_\_\_  
\*\*The procedure/s ordered below is/are reasonable and necessary for the diagnosis or treatment of an illness or injury\*\*

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
SIGNATURE OF PHYSICIAN / DESIGNEE DATE

\*\*Medicare may deny payment of certain tests. Please have Medicare patients read and sign the Advanced Beneficiary Notice (ABN) for tests that may not be deemed as medically appropriate or covered services.

\*Tests subject to Local or National Coverage Policy and may require a completed Advanced Beneficiary Notice (ABN).

AMA PANELS			Alphabetical Blood tests (cont)			Alphabetical Blood tests (cont)		
2322744	Acute Hepatitis Panel	S	2006627	C-Reactive Protein	P	2115410	Urinalysis	C
2322758	Basic Metabolic	P	2120766	C-Reactive Protein, High Sensitivity	P	2377036	Urinalysis w/reflex culture	C
2322000	Comprehensive Metabolic	P	2002139	CEA	S	2001503	Vitamin B12	P
2303754	Electrolytes Panel (LYTES)	P	2001065	Cholesterol, Total	P	2322755	Vitamin D 25-Hydroxy	S
2322755	Hepatic Function Panel	S	LAB5070	COVID Antibody	S			
2303756	Lipid Panel	P	2001370	Creatinine	P			
21010314	Renal Function (RENAL)	P	2007385	Digoxin	S			
			2007401	Dilantin (Phenytoin)	S	4202945	Prenatal Profile 1	L,P,S,PNK
			2004598	Ferritin	P			
2602989	Adult Food Panel	S	2004309	FSH	P			
LAB4424	Allergy Childhood March	S	2002014	Folate, Serum	P			
4676585	Allergy Region 8	S	2001453	Glycohemoglobin (A1C)	L			
			2001032	Glucose	P			
Other:			LAB4480	HIV Ag Combo	SLL	2008649	Aerobic Bacterial Culture	+
			2138651	HSV 1 and HSV 2 by PCR - Swab	SW		Source:	
			4164905	HSV 1 and HSV 2 Type Specific IgG	S	2008904	Anaerobic Culture	+
			LAB3890	Immunofixation	S		Source:	
LAB3744	Creatinine Clearance	PC+	LAB735	Immunoglobulin Free Light Chains	S	4183194	Chlamydia/GC PCR	+
	Ht: Wt: Vol:	mL	4001321	Iron & TIBC	P		Source:	
LAB3957	UA Microscopic ONLY	C	2001180	Potassium	P	LAB3949	Vaginosis Screen Elmhurst 2 swabs	+
2008847	Urine Culture	-	2001073	Protein, Total	P		<input type="checkbox"/> Trichomonas <input type="checkbox"/> Candida <input type="checkbox"/> BV	
	Source:		2010322	PSA, Diagnostic	P	2180026	Vaginosis Screen Edward	
4140285	Microalb/Creatinine Ratio	C	LAB3063	PSA, Screen	P	LAB3008	Genital Grp B Strep Culture	+
2004036	Pregnancy	C	LAB3898	PSA, Total and Free	P		Allergy To Penicillin? <input type="checkbox"/> Yes <input type="checkbox"/> No	
LAB3844	Drugs of Abuse (10)	C	2005199	PT/INR	B	2183129	MRSA Culture	+
			2005207	PTT	B	LAB3936	MRSA Screen PCR	+
2006726	Hepatitis A Ab	S	2006197	Rubella IgG	S	2138837	Respiratory Panel (A+B+RSV)	+
2006510	Hepatitis B Surface Ag	S	LAB5112	SARS-CoV-2 by PCR	S		Source:	
2006395	Hepatitis B Surface Ab	S	2005215	Sedrate (ESR)	L	LAB3938	Respiratory Panel - Expanded	+
2140659	Hepatitis C Ab	S	LAB3900	Serum Protein Electrophoresis	S		Source:	
			LAB3899	SPE w/reflex Immunofixation	S	2008169	Strep Culture, Throat	+
LAB276	ABO/Rh + Antibody Screen	PNK	2001198	Sodium	P	LAB4997	C. difficile Toxin	+
2001545	ALT-SGPT	P	LAB4849	T3, Free	P	LAB3838	Stool Culture	+
2001123	AST-SGOT	P	2001974	T4, Free	P		<input type="checkbox"/> E.Coli 0157 <input type="checkbox"/> Vibrio <input type="checkbox"/> WBC Smear	
2001396	Amylase	P	2002188	T3, Total (Triiodothyronine)	P	LAB3872	Stool Ova & Parasites	+
LAB4054	ANA w/reflex Titer	S	2001149	T4, Total (Thyroxine)	P			
2004418	Beta HLG	P	2004259	TSH	P			
LAB3886	Bilirubin, Total & Direct	P	2349829	TSH w/reflex Free T4	P			
2001040	BUN	P	2082345	Treponemal Antibodies/RPR	S			
2001016	Calcium	P	2001057	Uric Acid	P			
2005009	CBC w/Differential	L						

Key: P = PST/Lt. Green S = SST/Gold B = Blue L = Lavender EDTA PNK = Pink EDTA G = Green (Sodium Heparin) F = Frozen  
C = Cup (urine) U = Red/Yellow Urine Tube Source: = Specimen Source Required + = See Specimen Handling Guide for Additional Instructions Rev: 2/1/23