REQUESTED BY

CHEMISTRY SERVICES

LabCorp
Laboratory Corporation of America

To find the nearest patient service center, visit www.labcorp.com or call 888-LABCORP (888-522-2677).

☐ Fax ☐ Call ☐ Mail — Send additional copy of report to: Client Number/Physician's Name; Phone/Fax Number; Physician's Address; City, State, Zip

0800.22

1A 1B 1C

Patient's Legal Name (Last, First, MI) | Sex | Date of Birth MO DAY YR | Collection Time : AM PM | Fasting ☐ Yes ☐ No | Collection Date MO DAY YR | Urine hrs/vol hrs_____ vol_____

NPI | UPIN | Physician's ID # | Patient's SS # | Patient's ID #

Physician's Name (Last, First) | Physician/Authorized Signature X_____

Hospital Patient Status: ☐ In-Patient ☐ Out-Patient ☐ Non-Patient

Diagnosis/Signs/Symptoms in ICD-CM format in effect at Date of Service

Highest Specificity REQUIRED

PATIENT: Patient's Address | Phone; City | State | ZIP

RESP. PARTY: Name of Policy Holder (if different from patient); Address of Policy Holder | APT #; City | State | ZIP

I hereby authorize the release of medical information related to the service described herein and authorize payment directly to LabCorp. I agree to assume responsibility for payment of charges for laboratory services that are not covered by my healthcare insurer.

X Patient's Signature | Date

PRIMARY BILLING PARTY	SECONDARY BILLING PARTY
Insurance Carrier *	Insurance Carrier *
ID #	ID #
Group #	Group #
Insurance Address	Insurance Address
Name of Insured Person	Name of Insured Person
Relationship to Patient	Relationship to Patient
Employer Name	Employer Name
*If Medicaid State / Physician's Provider #	Workers Comp ☐ Yes ☐ No

MEDICARE ADVANCE BENEFICIARY NOTICE OF NONCOVERAGE (ABN)

Refer to Determining Necessity of ABN Completion on reverse.

OTHER TESTS / INDIVIDUAL PROFILE COMPONENTS

TEST # | TEST NAMES

INDIVIDUAL COMPONENTS OF TEST COMBINATIONS / PROFILES LISTED IN THE SECTION ABOVE CAN BE ORDERED BELOW

LABCORP USE ONLY

STAT	VENIPUNCTURE	NON LABCORP	VERBAL ORDER	CHART ORDER	HANDWRITTEN	24 HR TUV	PST/PSC #
☐ 998074	☐ 998085	☐ 998239	☐ 998250	☐ 998261	☐ 998272	☐ 998283	

ORGAN OR DISEASE PANELS
See reverse for components

322744	Acute Hepatitis Panel	80074	GEL
322758	Basic Metabolic Panel (8)	80048	GEL
322000	Comp Metabolic Panel (14)	80053	GEL
303754	Electrolyte Panel	80051	GEL
322755	Hepatic Function Panel (7)	80076	GEL
303756	Lipid Panel	80061	GEL
235010	Lipid Panel w/LDL/HDL Ratio	80061	GEL
221010	Lipid Panel w/TC:HDL Ratio	80061	GEL
343925	Lipid Panel w/Non-HDL Cholesterol	80061	GEL
322777	Renal Function Panel	80069	GEL

HEMATOLOGY

005009	CBC w Diff w Plt	85025	LAV
028142	CBC w/o Diff w Plt	85027	LAV
005058	Hematocrit	85014	LAV
005041	Hemoglobin	85018	LAV
005249	Platelet Count	85049	LAV
005033	RBC Count	85041	LAV
005025	WBC Count	85048	LAV
015173	Differential/Total WBC Count	85004 85048	LAV

ALPHABETICAL/COMBINATION TESTS

006049	ABO and Rh see reverse	86900 86901	LAV
001081	Albumin	82040	GEL
001107	Alkaline Phosphatase	84075	GEL
001545	ALT (SGPT)	84460	GEL
001396	Amylase	82150	GEL
164855	Antinuclear Antibodies	86038	GEL
001123	AST (SGOT)	84450	GEL
000810	B_{12} and Folate see reverse	82607 82746	GEL
001099	Bilirubin, Total	82247	GEL
001040	BUN	84520	GEL
001016	Calcium	82310	GEL

ALPHABETICAL/COMBINATION TESTS CON'T

006627	C-Reactive Protein (CRP), Quant	86140	GEL
120766	hsCardiac C-Reactive Protein (CRP)	86141	GEL
007419	Carbamazepine (Tegretol®)	80156	SER
002139	CEA	82378	GEL
001065	Cholesterol, Total	82465	GEL
001370	Creatinine	82565	GEL
007385	Digoxin (Lanoxin®)	80162	GEL
004515	Estradiol	82670	GEL
004598	Ferritin	82728	GEL
028480	FSH and LH see reverse	83001 83002	GEL
001958	GGT	82977	GEL
001818	Glucose, Plasma	82947	GRY
001032	Glucose, Serum	82947	GEL
004556	hCG, Beta Subunit, Qual (Serum Pregnancy)	84703	GEL
004416	hCG, Beta Subunit, Quant	84702	GEL
001925	HDL Cholesterol	83718	GEL
001453	Hemoglobin A1c	83036	LAV
006734	Hep A Antibody, IgM	86709	GEL
006395	Hep B Surface Antibody	86706	GEL
006510	Hep B Surface Antigen	87340	GEL
144065	HCV Ab w/Rflx to Ab Verification	86803	GEL
083824	HIV-1/0/2 Antibodies*	86703	GEL
162222	NY HIV - 1/O/2 Antibodies * - **NY ONLY**	86703	GEL
180836	*H pylori* Urea Breath	83013	see reverse
180764	*H pylori* Stool Antigen	87338	Fecal Trnspt
001321	Iron and IBC see reverse	83540 83550	GEL
001115	LDH	83615	GEL
361946	Lipid Cascade see reverse		GEL NMR
007708	Lithium (Eskalith®)	80178	GEL
001537	Magnesium	83735	GEL

ALPHABETICAL/COMBINATION TESTS CON'T

006189	Mononucleosis Test, Qual	86308	GEL
884247	NMR LipoProfile®	80061 83704	NMR
007823	Phenobarbital (Luminal®)	80184	SER
007401	Phenytoin (Dilantin®)	80185	SER
001024	Phosphorus	84100	GEL
001180	Potassium	84132	GEL
004465	Prolactin	84146	GEL
010322	PSA	84153/G0103	GEL
480947	PSA, Free: Total Ratio*	84153 84154	GEL
005199	Prothrombin Time (PT)/INR	85610	BLU
020321	PT and PTT Activated	85610 85730	BLU
005207	PTT Activated	85730	BLU
006502	Rheumatoid Arthritis Factor	86431	GEL
006072	RPR	86592	GEL
006197	Rubella Antibodies, IgG	86762	GEL
005215	Sed Rate, Westergren	85652	LAV
001198	Sodium	84295	GEL
004226	Testosterone, Total	84403	GEL
070001	Testosterone Women/Children	84403	GEL
007336	Theophylline	80198	SER
330015	Thyroid Cascade Profile	see reverse	GEL
001149	Thyroxine (T_4)	84436	GEL
082345	*T. pallidum* Screening Cascade	see reverse	GEL
001172	Triglycerides	84478	GEL
002188	Triiodothyronine (T_3)	84480	GEL
001156	T_3 Uptake	84479	GEL
004259	TSH, 3rd generation	84443	GEL
001057	Uric Acid	84550	GEL
003038	Urinalysis Microscopic on Positives	81003	UA Trnspt
081950	Vitamin D, 25-Hydroxy	82306	GEL

MICROBIOLOGY

☐ ENDOCERVIX ☐ THROAT ☐ URINE
☐ STOOL ☐ URETHRA
☐ OTHER SOURCE: _____

008649	Aerobic Bacterial Culture †	87070	Bact Trnspt
008482	Fungus Culture †	87101	Steril Trnspt
008334	Genital Culture, Routine †	87070	Bact Trnspt
008540	Gram Stain	87205	SLD
188132	Grp B Strep Detect, NAA	87081 87150	Bact Trnspt
188139	Grp B Strep Detect, NAA Rflx to *suscept	87081 87150 *87184	Bact Trnspt
180810	Lower Respiratory Culture†	87070	Steril Trnspt
182949	Occult Blood, Fecal, IA	82274	Polymed Bot
008623	Ova and Parasites	87177 87209	O & P Kit
008144	Stool Culture † 87046,	87045 87427	Fecal Trnspt
008169	Throat, Beta-*Hemolytic Strep Cult, Group A*	87081	Bact Trnspt
008342	Upper Respiratory Culture, Routine †87070		Bact Trnspt
008847	Urine Culture, Routine†	87086	Urn Cul Trnspt

NuSwab® Tests (check only one)

180039	NuSwab® Vaginitis (VG)	See Reverse	
180021	NuSwab® Vaginitis Plus (VG+)	See Reverse	
180060	Bacterial Vaginosis, NAA	87798(x3)	
180055	*C. albicans & C. glabrata*, NAA	87481(x2)	
180010	Candida Six-species Profile, NAA	87481(x6)	
183194	*Chlamydia/Gonococcus*, NAA[1]	87491 87591	
183160	Ct/Ng/Tv[1]	See Reverse	
180089	Genital Mycoplasmas, Swab	87798(x3)	
188056	HSV 1 & 2, NAA	87529(x2)	
188052	*Trichomonas vaginalis*, NAA[1]	87661	

ENHANCED REPORTING

910343	Chronic Kidney Disease Report	
910385	Cardiovascular Risk Assessment Report (Must order with 361946-Lipid Cascade, 884247-NMR LipoProfile, or lipid panel)	
910374	Low Bone Density Report	

† = ID / Susceptibility at Additional Charge
* = Confirmation at Additional Charge
[1] = Also available with Aptima urine

Clinical Information/Comments

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 ORGAN OR DISEASE PANELS/COMBINATIONS PRINTED ABOVE ARE SHOWN ON THE REVERSE SIDE AND MAY ALSO BE ORDERED INDIVIDUALLY ABOVE. COMPONENTS MAY BE BILLED SEPARATELY PER CARRIER POLICY.

PLEASE PRINT

PLEASE PRINT

ORIGINAL-LABORATORY / COPY-CLIENT

FORM # 0800

ITEM # 0072166

8110103780 RR Donnelley

TEST COMBINATION / PANEL POLICY

LabCorp's policy is to provide physicians, in each instance, with the flexibility to choose appropriate tests to assure that the convenience of ordering test combinations/panels does not distance physicians who wish to order a test combination/profile from making deliberate decisions regarding which tests are truly medically necessary. All the tests offered in test combinations/panels may be ordered individually using the LabCorp® request form. LabCorp encourages clients to contact their local LabCorp representative or LabCorp location if the testing configurations shown here do not meet individual needs for any reason, or if some other combination of procedures is desired.

In an effort to keep our clients fully informed of the content, charges and coding of its test combinations/panels when billed to Medicare, we periodically send notices concerning customized test combinations/panels, as well as information regarding patient fees for all LabCorp services. We also welcome the opportunity to provide, on request, additional information in connection with our testing services and the manner in which they are billed to physicians, health care plans, and patients.

The CPT code(s) listed are in accordance with the current edition of Current Procedural Terminology, a publication of the American Medical Association. CPT codes are provided here for the convenience of our clients; however, correct coding often varies from one carrier to another. Consequently, the codes presented here are intended as general guidelines and should not be used without confirming with the appropriate payor that their use is appropriate in each case. All laboratory procedures will be billed to third-party carriers (including Medicare and Medicaid) at fees billed to patients and in accordance with the specific CPT coding required by the carrier. Microbiology CPT code(s) for additional procedures such as susceptibility testing, identification, serotyping, etc. will be billed in addition to the primary codes when appropriate. LabCorp will process the specimen for a microbiology test based on source.

PANELS & PROFILES

ABO and Rh — Test No. 006049

When ordered as a profile CPT Codes used: 86900, 86901

When ordered Individually use Test No.	Components	When ordered and billed Individually CPT Code used
006056	ABO Blood Grouping	86900
006064	Rh Typing	86901

Acute Hepatitis Panel — Test No. 322744

When ordered as a profile CPT Codes used: 80074

When ordered Individually use Test No.	Components	When ordered and billed Individually CPT Code used
006734	Hep A Antibody (HAAb), IgM	86709
016881	Hep B core Antibody (HBcAb). IgM	86705
006510	Hep B surface Antigen (HBsAg)	87340
140659	Hep C Virus Antibody (HCVAb)	86803

B_{12} and Folate — Test No. 000810

When ordered as a profile CPT Codes used: 82607, 82746

When ordered Individually use Test No.	Components	When ordered and billed Individually CPT Code used
001503	Vitamin B_{12}	82607
002014	Folate (Folic Acid)	82746

Basic Metabolic Panel (8) — Test No. 322758

When ordered as a profile CPT Codes used: 80048

When ordered Individually use Test No.	Components	When ordered and billed Individually CPT Code used
001040	BUN	84520
001016	Calcium	82310
001206	Chloride	82435
001578	CO_2	82374
001370	Creatinine	82565
001032	Glucose	82947
001180	Potassium	84132
001198	Sodium	84295

CBC w/o Diff w/o Plt — Test No. 005017

When ordered as a profile CPT Codes used: 85014, 85018, 85041, 85048 or G0307

When ordered Individually use Test No.	Components	When ordered and billed Individually CPT Code used
005058	Hematocrit	85014
005041	Hemoglobin	85018
005033	RBC Count	85041
005025	WBC Count	85048

CBC w Diff w/o Plt — Test No. 115907

When ordered as a profile CPT Codes used: 85014, 85018, 85041, 85048, 85004 or G0306

When ordered Individually use Test No.	Components	When ordered and billed Individually CPT Code used
005058	Hematocrit	85014
005041	Hemoglobin	85018
005033	RBC Count	85041
005025	WBC Count	85048
015173	Differential/Total WBC Count	85004 85048

Comprehensive Metabolic Panel (14) — Test No. 322000

When ordered as a profile CPT Codes used: 80053

When ordered Individually use Test No.	Components	When ordered and billed Individually CPT Code used
001081	Albumin	82040
001107	Alkaline Phosphatase	84075
001545	ALT (SGPT)	84460
001123	AST (SGOT)	84450
001099	Bilirubin, Total	82247
001040	BUN	84520
001016	Calcium	82310
001206	Chloride	82435
001578	CO_2	82374
001370	Creatinine	82565
001032	Glucose	82947
001180	Potassium	84132
001073	Protein, Total	84155
001198	Sodium	84295

Ct/Ng/Tv — Test No. 183160

When ordered as a profile CPT Codes used: 87491, 87591, 87661

When ordered Individually use Test No.	Components	When ordered and billed Individually CPT Code used
188078	*Chlamydia trachomatis,* NAA	87491
188086	*Neisseria gonorrhoeae,* NAA	87591
188052	*Trichomonas vaginalis,* NAA	87661

Electrolyte Panel — Test No. 303754

When ordered as a profile CPT Codes used: 80051

When ordered Individually use Test No.	Components	When ordered and billed Individually CPT Code used
001206	Chloride	82435
001578	CO_2	82374
001180	Potassium	84132
001198	Sodium	84295

FSH and LH — Test No. 028480

When ordered as a profile CPT Codes used: 83001, 83002

When ordered Individually use Test No.	Components	When ordered and billed Individually CPT Code used
004309	Follicle-stimulating Hormone (FSH)	83001
004283	Luteinizing Hormone (LH)	83002

Genital Mycoplasma Profile — Test No. 180089

When ordered as a profile CPT Codes used: 87798(x3)

When ordered Individually use Test No.	Components	When ordered and billed Individually CPT Code used
180076	Mycoplasma genitalium	87798
–	Mycoplasma hominis	87798
–	Ureaplasma spp	87798

Hepatic Function Panel (7) — Test No. 322755

When ordered as a profile CPT Codes used: 80076

When ordered Individually use Test No.	Components	When ordered and billed Individually CPT Code used
001081	Albumin	82040
001107	Alkaline Phosphatase	84075
001545	ALT (SGPT)	84460
001123	AST (SGOT)	84450
001222	Bilirubin, Direct	82248
001099	Bilirubin, Total	82247
001073	Protein, Total	84155

H pylori Urea Breath — Test No. 180836 CPT 83013

- Pre-ingestion (blue bag)
- Post-ingestion (pink bag)
- Pranactin® breath samples (adults ≥ 18 years old only)

Iron and IBC — Test No. 001321

When ordered as a profile CPT Codes used: 83540, 83550

When ordered Individually use Test No.	Components	When ordered and billed Individually CPT Code used
–	Percent of Saturation	NA
001339	Serum Iron	83540
–	Total Iron Binding Capacity	NA
001348	Unsaturated Iron Binding Capacity	83550

Lipid Cascade — Test No. 361946

- GEL and NMR Lipo tube required

When ordered as a profile CPT code used: 80061
Reflex testing may add one or more the following at an additional charge:

361959	LDL Cholesterol, Direct	83721
884280	Lipoprotein analysis by NMR	83704

When ordered individually use Test No.	Components	When ordered and billed Individually CPT Code used
001065	Cholesterol, Total	82465
001172	Triglycerides	84478
001925	HDL Cholesterol	83718
-	LDL Cholesterol Calc	NA
-	LDL/HDL Ratio	NA
-	Non-HDL Cholesterol Calc	NA
884318	Lipoprotein analysis by NMR	83704

Lipid Panel — Test No. 303756

When ordered as a profile CPT code used: 80061

When ordered Individually use Test No.	Components	When ordered and billed Individually CPT Code used
001065	Cholesterol, Total	82465
001172	Triglycerides	84478
001925	HDL Cholesterol	83718
–	VLDL Cholesterol Calc	NA
–	LDL Cholesterol Calc	NA

NuSwab® Vaginitis Plus (VG+) — Test No. 180021

When ordered as a profile CPT Codes used: 87798(x3), 87481(x2), 87591, 87661

When ordered Individually use Test No.	Components	When ordered and billed Individually CPT Code used
180060	Bacterial Vaginosis, NAA	87798(x3)
180055	*C. albicans & C. glabrata,* NAA	87481(x2)
188052	*Trichomonas vaginalis,* NAA	87661
188078	*Chlamydia trachomatis,* NAA	87491
188086	*Neisseria gonorrhoeae,* NAA	87591

NuSwab® Vaginitis (VG) — Test No. 180039

When ordered as a profile CPT Codes used: 87798(x3), 87481(x2), 87491, 87591, 87661

When ordered Individually use Test No.	Components	When ordered and billed Individually CPT Code used
180060	Bacterial Vaginosis, NAA	87798(x3)
180055	*C. albicans & C. glabrata,* NAA	87481(x2)
188052	*Trichomonas vaginalis,* NAA	87661

Renal Function Panel — Test No. 322777

When ordered as a profile CPT Codes used: 80069

When ordered Individually use Test No.	Components	When ordered and billed Individually CPT Code used
001081	Albumin	82040
001040	BUN	84520
001016	Calcium	82310
001206	Chloride	82435
001578	CO_2	82374
001370	Creatinine	82565
001032	Glucose	82947
001024	Phosphorus	84100
001180	Potassium	84132
001198	Sodium	84295

Thyroid Cascade Profile — Test No. 330015

CPT Code TSH 84443 Reflex testing may add one or more of the following (at additional charge):

001974	Thyroxine, Free, Direct	84439
010389	Triiodothyronine (T_3) Free	84481
006676	Thyroid Peroxidase (TPO) Ab	86376

T. pallidum Screening Cascade — Test No. 082345

When ordered as a profile CPT code used: 86780
Reflex testing may add one or more the following at an additional charge:

006099	Rapid Plasma Reagin (RPR), Qual	86592

When ordered individually use Test No.	Components	When ordered and billed individually CPT code used
082370	*T. pallidum* Antibodies	86780
006072	Rapid Plasma Reagin (RPR), Qual	86592
006460	Rapid Plasma Reagin (RPR), Quant	86593

NMR LipoProfile® is a registered service mark of LipoScience, Inc.

ADVANCE BENEFICIARY NOTICE OF NONCOVERAGE (ABN)

Determining Necessity of Advance Beneficiary Notice of Noncoverage (ABN) Completion*

1. **Diagnose.** Determine your patient's diagnosis.
2. **Document.** Write the diagnosis code(s) on the front of the requisition.
3. **Verify.** Determine if the laboratory test(s) ordered for the patient is subject to Local Coverage Determination or National Coverage Determination. This information can be located in the policies published by the Medicare Administrative Contractor (MAC), CMS, or the "Documenting Medicare Medical Necessity of Laboratory Services" booklet provided by your LabCorp representative. For your convenience the National Coverage Determinations are listed below.

National Coverage Determinations as of 07/01/2014

Alpha-Fetoprotein: 82105
Blood Counts: 85004, 85007, 85008, 85013, 85014, 85018, 85025, 85027, 85032, 85048, 85049
Blood Glucose Testing: 82947, 82948, 82962
Carcinoembryonic Antigen (CEA): 82378
Cardiovascular Disease Screening: 80061, 82465, 83718, 84478
Collagen Cross Links, Any Method: 82523
Colorectal Cancer Screening: 82270, G0328
Cytogenetic Studies: 88230-88299
Diabetes Screening Tests: 82947, 82950, 82951
Digoxin Therapeutic Assay: 80162
Fecal Occult Blood: 82272
Gamma Glutamytransferase (GGT): 82977
Glycated Hemoglobin: 83036
Glycated Protein: 82985
Hepatitis Panel / Acute Hepatitis Panel: 80074
Human Chorionic Gonadotropin (hCg): 84702
Human Immunodeficiency Virus (HIV) Infection Screening: G0432, G0433, G0435
Human Immunodeficiency Virus (HIV) Testing (Diagnosis): 86689, 86701, 86702, 86703, 87390, 87391, 87534, 87535, 87537, 87538
Human Immunodeficiency Virus (HIV) Testing (Prognosis Including Monitoring): 87536, 87539
Lipids: 80061, 82465, 83700, 83701, 83704, 83718, 83721, 84478
Pap Smears, Diagnostic: 88141-88175
Pap Smears, Screening: G0123, G0124, G0141, G0143, G0144, G0145, G0147, G0148, P3000, P3001
Partial Thromboplastin Time (PTT): 85730
Prostate Cancer Screening Test: G0103
Prostate Specific Antigen: 84153
Prothrombin Time: 85610
Screening for Sexually Transmitted Infections (STIs): 86592, 86593, 86631, 86632, 86780, 87110, 87270, 87320, 87340, 87341, 87490, 87491, 87590, 87591, 87800, 87810, 87850
Serum Iron Studies: 82728, 83540, 83550, 84466
Thyroid Testing: 84436, 84439, 84443, 84479
Tumor Antigen by Immunoassay CA 15-3 & CA 27.29: 86300
Tumor Antigen by Immunoassay CA 19-9: 86301
Tumor Antigen by Immunoassay CA 125: 86304
Urine Bacterial Culture: 87086, 87088

4. **Review.** If the diagnosis code for your patient **does not** meet the medical necessity requirements set forth by Medicare or the test(s) is being performed more frequently than Medicare allows, an ABN should be completed.

*An ABN should be completed for all tests that are considered investigational (experimental or for research use) by Medicare.

How to Complete an Advance Beneficiary Notice of Noncoverage (ABN)

Medicare is very specific in requiring that all of the information included on the ABN be completed. Additionally, LabCorp requests that the specimen number or bar code label be included on the form. To be valid an ABN must:

1. Be executed on the CMS approved ABN form (CMS-R-131)
2. Identify the Medicare Part B Beneficiary, using the name as it appears on the patient's red, white and blue Medicare card
3. Indicate the test(s)/procedure(s) which may be denied within the relevant reason column
4. Include an estimated cost for the test(s)/procedure(s) subject to the ABN
5. Have 'Option 1', 'Option 2', or 'Option 3' designated by the beneficiary
6. Be signed **and** dated by the beneficiary or his/her representative **prior to** the service being rendered

B-1A

FORM # OBOD

ITEM # 0072166