

Last Name \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_ Date: \_\_\_\_\_  
 Birthdate: \_\_\_\_\_ Sex:  M  F Ordering Provider: \_\_\_\_\_  
 Soc. Sec. # \_\_\_\_\_ Copies to: \_\_\_\_\_

**Nursing Home Resident**  
 Bill Nursing Home  
 Bill Patient's Insurance  
 Hospice Patient  Yes  No  
 Bill Hospice  Yes  No  
 Hospice Diagnosis: \_\_\_\_\_  
 Name of Nursing Home \_\_\_\_\_  
 Insurance Company Name \_\_\_\_\_  
 Policy Number \_\_\_\_\_

**COLLECTION INFORMATION**

Collected by: \_\_\_\_\_ Fasting?  Yes  No  
 Date: \_\_\_\_\_ Time: \_\_\_\_\_  
 Time of Last Dose: \_\_\_\_\_ Hours: \_\_\_\_\_  
 (For Therapeutic Drug Monitoring)

**Water Only**

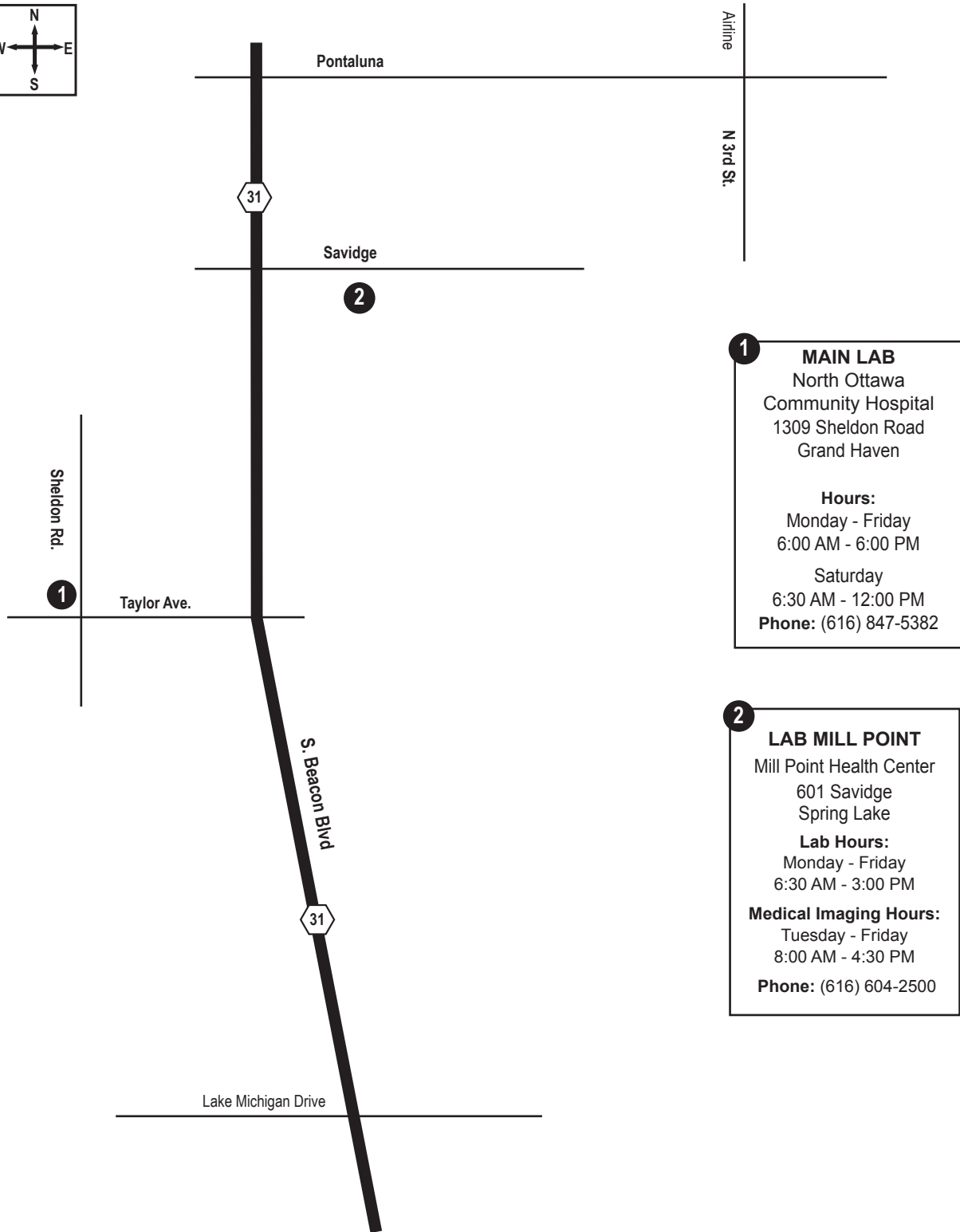
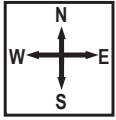
**DIAGNOSIS (ICD-10 codes required)**

<input type="checkbox"/> R10.9 Abdominal pain	<input type="checkbox"/> I50.9 CHF	<input type="checkbox"/> R53.83 Fatigue	<input type="checkbox"/> M19.90 Osteoarthritis	<input type="checkbox"/> Z00.00 Routine Medical Exam
<input type="checkbox"/> L70.9 Acne	<input type="checkbox"/> J44.9 COPD	<input type="checkbox"/> K21.9 GERD	<input type="checkbox"/> J02.9 Pharyngitis	<input type="checkbox"/> F20.9 Schizophrenia
<input type="checkbox"/> N91.2 Amenorrhea	<input type="checkbox"/> Z79.01 Coumadin therapy	<input type="checkbox"/> R51 Headache	<input type="checkbox"/> M35.3 PMR	<input type="checkbox"/> R56.9 Seizures
<input type="checkbox"/> D64.9 Anemia	<input type="checkbox"/> I63.50 CVA	<input type="checkbox"/> R31.9 Hematuria	<input type="checkbox"/> Z34.90 Pregnancy	<input type="checkbox"/> Z51.81 Therapeutic drug level
<input type="checkbox"/> D50.9 Anemia, iron def.	<input type="checkbox"/> E10.9 Diabetes type I	<input type="checkbox"/> K73.9 Hepatitis, chronic	<input type="checkbox"/> Z34.____ wks gestation of Pregnancy	<input type="checkbox"/> G45.9 TIA
<input type="checkbox"/> Z36 Antenatal Group B Strep SCR	<input type="checkbox"/> E11.9 Diabetes type II	<input type="checkbox"/> E78.00 Hypercholesterolemia	<input type="checkbox"/> R97.20 PSA, elevated	<input type="checkbox"/> N39.0 UTI
<input type="checkbox"/> I48.91 Atrial fibrillation	<input type="checkbox"/> R19.7 Diarrhea	<input type="checkbox"/> E78.5 Hyperlipidemia	<input type="checkbox"/> I26.99 Pulmonary embolism	<input type="checkbox"/> N89.8 Vaginal discharge
<input type="checkbox"/> N40.0 BPH	<input type="checkbox"/> N93.8 DUB	<input type="checkbox"/> I10 Hypertension-nos	<input type="checkbox"/> N28.9 Renal insufficiency	<input type="checkbox"/> N76.0 Vaginitis Acute
<input type="checkbox"/> C50.919 CA breast (female)	<input type="checkbox"/> I82.409 DVT (extremity)	<input type="checkbox"/> E87.6 Hypopotassemia	<input type="checkbox"/> M06.9 Rheumatoid arthritis	<input type="checkbox"/> I82.409 Venous thrombosis, deep vein
<input type="checkbox"/> C18.9 CA colon	<input type="checkbox"/> R30.0 Dysuria	<input type="checkbox"/> E03.9 Hypothyroidism	Additional Diagnoses: _____	
<input type="checkbox"/> C34.90 CA lung	<input type="checkbox"/> R60.9 Edema	<input type="checkbox"/> C85.90 Lymphoma	_____	
<input type="checkbox"/> C61 CA prostate	<input type="checkbox"/> R03.0 Elevated BP (w/o hypertension)	<input type="checkbox"/> N95.1 Menopause	_____	
<input type="checkbox"/> I25.10 CAD-nos	<input type="checkbox"/> R73.09 Elevated blood sugar	<input type="checkbox"/> N92.0 Menorrhagia	_____	
<input type="checkbox"/> R07.9 Chest pain	<input type="checkbox"/> N18.6 ESRD	<input type="checkbox"/> M79.1 Myalgia	_____	

<p><b>TESTS PANELS</b></p> <p>HEPP <input type="checkbox"/> <b>Acute Hepatitis Profile+:</b> (HepBs Ag, HepBc IgM, HepA IgM, HepC Ab)</p> <p>BASIC <input type="checkbox"/> <b>Basic metabolic panel*:</b> (Na, K, Cl, CO<sub>2</sub>, glucose, BUN, creatinine, calcium)</p> <p>COMP <input type="checkbox"/> <b>Comprehensive metabolic panel*:</b> (basic metabolic, total protein, albumin, bilirubin, AST, alk phos, ALT)</p> <p>LIVP <input type="checkbox"/> <b>Liver (Hepatic) panel+:</b> (albumin, bilirubin, direct bilirubin, alk phos, AST, ALT, total protein)</p> <p>LIPP <input type="checkbox"/> <b>Lipid panel+*:</b>(total cholesterol, HDL, triglyceride, calc. LDL)</p> <p>OBP <input type="checkbox"/> <b>Obstetric panel:</b> (CBCD+, HepBs Ag+, rubella, RPR+, type antibody screen)</p> <p>RENAL <input type="checkbox"/> <b>Renal (Kidney) panel*:</b> (Na, K, Cl, Co<sub>2</sub>, glucose, BUN, creatinine, albumin, calcium, phosphorus)</p> <p>T-CAS <input type="checkbox"/> <b>Thyroid Cascade+:</b> (TSH will determine further testing options)</p>	<p><b>MICROBIOLOGY</b></p> <p><input type="checkbox"/> <b>Culture – Source:</b> _____              If urine: <input type="checkbox"/> Cath  <input type="checkbox"/> Clean catch  <input type="checkbox"/> Aerobic  <input type="checkbox"/> Anaerobic/Aerobic  <input type="checkbox"/> Gram stain</p> <p><b>Viral:</b>  <input type="checkbox"/> <b>Herpes Culture - Source:</b> _____  <input type="checkbox"/> Influenza A &amp; B, PCR  <input type="checkbox"/> RSV</p> <p><b>Respiratory:</b>  <input type="checkbox"/> MRSA screen (nasal)  <input type="checkbox"/> Strep A, rapid  <input type="checkbox"/> Sputum  <input type="checkbox"/> Routine culture  <input type="checkbox"/> AFBx1 <input type="checkbox"/> AFBx3  <input type="checkbox"/> Fungusx1 <input type="checkbox"/> Fungusx3</p> <p><b>Genital - (Female Only):</b>  <input type="checkbox"/> Genital Culture  <input type="checkbox"/> Strep group B DNA                  Penicillin allergy <input type="checkbox"/> Yes <input type="checkbox"/> No  <input type="checkbox"/> Vaginal DNA Screen – Affirm</p> <p><b>Stool:</b>  <input type="checkbox"/> C. difficile (toxigenic) DNA  <input type="checkbox"/> Diarrhea (stool) Profile &gt; 5 yrs (C. difficile DNA) possible culture, Shiga toxin, Giardia Ag, Crypto Ag  <input type="checkbox"/> Diarrhea (stool) Profile &lt; 5 yrs (Rotavirus), possible culture, Shiga toxin, Giardia Ag, Crypto Ag, Occult blood, C. difficile DNA</p> <p><input type="checkbox"/> Ova &amp; Parasite Ag Screen                  X _____ (Giardia/Crypto Ag's)  <input type="checkbox"/> Ova &amp; Parasite Complete                  X _____ (Giardia/Crypto Ag's, Concentration/Permanent Stain)</p>
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<p>ALT <input type="checkbox"/> ALT</p> <p>AMY <input type="checkbox"/> Amylase</p> <p>ANA <input type="checkbox"/> ANA</p> <p>AST <input type="checkbox"/> AST</p> <p>TBILI <input type="checkbox"/> Bilirubin total</p> <p>BNP <input type="checkbox"/> BNP (Pro-BNP)+</p> <p>BUN <input type="checkbox"/> BUN</p> <p>CA 125 <input type="checkbox"/> CA 125+</p> <p>CA <input type="checkbox"/> Calcium</p> <p>CBC <input type="checkbox"/> CBC (no differential)+</p> <p>CBCD <input type="checkbox"/> CBC w/differential+</p> <p>CEA <input type="checkbox"/> CEA+</p> <p>CDSP <input type="checkbox"/> Celiac Serology Cascade</p> <p>CELIACD <input type="checkbox"/> Celiac Cascade - Gluten Free Diet</p> <p>CHLMDNA <input type="checkbox"/> Chlamydia only</p> <p><input type="checkbox"/> Endocervical  <input type="checkbox"/> Urethral <input type="checkbox"/> Urine</p> <p>CORTISOL <input type="checkbox"/> Cortisol</p> <p>CREAT <input type="checkbox"/> Creatinine</p> <p>CRP <input type="checkbox"/> CRP</p> <p>CRPHS <input type="checkbox"/> CRP – high sensitivity+</p> <p>DIG <input type="checkbox"/> Digoxin+</p> <p>ESTRA <input type="checkbox"/> Estradiol</p> <p>FOBSG <input type="checkbox"/> Fecal Occult Blood Screen (Z12.12)+</p> <p>FOBDG <input type="checkbox"/> Fecal Occult Blood Diagnostic+</p> <p>FER <input type="checkbox"/> Ferritin+</p> <p>FOL <input type="checkbox"/> Folate</p>	<p>FSH <input type="checkbox"/> FSH</p> <p>GCDNA <input type="checkbox"/> GC-only  <input type="checkbox"/> Endocervical  <input type="checkbox"/> Urethral <input type="checkbox"/> Urine</p> <p>GC-CHLM <input type="checkbox"/> GC/Chlamydia  <input type="checkbox"/> Endocervical  <input type="checkbox"/> Urethral <input type="checkbox"/> Urine</p> <p>GLU <input type="checkbox"/> Glucose+  <input type="checkbox"/> Fasting <input type="checkbox"/> Random  <input type="checkbox"/> 1 Hr Post Glucola+</p> <p>A1C <input type="checkbox"/> Hemoglobin A1c+</p> <p>HBSAB <input type="checkbox"/> HepBsAb (anti-HBs)+</p> <p>HBSAG <input type="checkbox"/> HepBsAg (antigen)+</p> <p>HCVAB <input type="checkbox"/> HepC Ab (anti-HCV)+</p> <p>HCG <input type="checkbox"/> HCG, quantitative+</p> <p>HIV COMBO <input type="checkbox"/> HIV COMBO</p> <p>HCY <input type="checkbox"/> Homocysteine</p> <p>IRON <input type="checkbox"/> Iron+</p> <p>IBC <input type="checkbox"/> Iron binding capacity (TIBC)+</p> <p>LDH <input type="checkbox"/> LDH</p> <p>LH <input type="checkbox"/> LH</p> <p>LIPA <input type="checkbox"/> Lipase</p> <p>MAG <input type="checkbox"/> Magnesium+</p> <p>MAR <input type="checkbox"/> Microalbumin, random</p> <p>MONO <input type="checkbox"/> Mononucleosis</p> <p>MONOEBV <input type="checkbox"/> Mono/ebv if indicated</p> <p>PHOS <input type="checkbox"/> Phosphorus</p>	<p>PREGS <input type="checkbox"/> Pregnancy-serum</p> <p>PROLAC <input type="checkbox"/> Prolactin</p> <p>PTINR <input type="checkbox"/> Prottime (PT) / INR+</p> <p>PSADG <input type="checkbox"/> PSA, diagnostic+</p> <p>PSADG <input type="checkbox"/> PSA, screening (Z12.5)+</p> <p>APTT <input type="checkbox"/> PTT, activated+</p> <p>RETIC <input type="checkbox"/> Reticulocyte count +</p> <p>ESR <input type="checkbox"/> Sedimentation rate</p> <p>T4FREE <input type="checkbox"/> T4 free+</p> <p>T4 <input type="checkbox"/> T4 total+</p> <p>FTEST <input type="checkbox"/> Testosterone, free and total</p> <p>TESTOST <input type="checkbox"/> Testosterone, total</p> <p>TSH <input type="checkbox"/> TSH+</p> <p>TYPE <input type="checkbox"/> Type (ABO &amp; Rh)</p> <p>TS <input type="checkbox"/> Type and screen</p> <p>UA <input type="checkbox"/> Urinalysis (microscopic if ind)</p> <p>UACS <input type="checkbox"/> Urinalysis (microscopic and C&amp;S if indicated)+ (DX: R82.90 abnormal findings on UA)  <input type="checkbox"/> Cath <input type="checkbox"/> Clean catch</p> <p>UAMIC <input type="checkbox"/> Urinalysis w/microscopic</p> <p>UAMCS <input type="checkbox"/> Urinalysis w/microscopic (C&amp;S if indicated)+ (R82.90 abnormal findings on UA)  <input type="checkbox"/> Cath <input type="checkbox"/> Clean catch</p> <p>B12 <input type="checkbox"/> Vitamin B12</p> <p>TVITD <input type="checkbox"/> Vitamin D+</p>
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Additional Tests: \_\_\_\_\_  
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Where you need us most!