

PATIENT INFORMATION – Screened information is required

Last name _____ First name _____ MI _____
Social Security Number _____ ACC# _____ Patient ID _____
Sex: M F _____ Date of Birth _____ Age _____

BILLING INSTRUCTIONS – Must complete Sections A–E or client will be billed

BILL TO: Client Patient Medicare Medicaid Other Insurance

A Patient address: _____
City, State, Zip: _____
Responsible Party/Policy holder: _____ Relation: _____
Telephone: (_____) _____

B Copy Insurance Card, front and back

C This section required if B is not provided Primary Ins. Secondary Ins.
Medicare No.: _____
Ohio Medicaid No.: _____
Insurance Name: _____
ID No.: _____ Group No.: _____

Address: _____
City, State, Zip: _____
Worker's Comp Claim No.: _____ Date of Injury: _____

D Diagnosis Code required: 1. _____ 2. _____
3. _____ 4. _____

E Referring physician: _____
NPI No. _____ UPIN: _____

Date collected: ____/____/____ Time: _____

Collected by: _____

Specimen Type Serum Plasma

Urine – volume _____ # hours _____

Whole blood

Other (specify) _____

Fasting: _____ hours non-fasting

Call results to: _____

Phone No.: (_____) _____

Fax report to (_____) _____

Send additional report

Physician: _____

Address: _____

City, State, Zip: _____

MEDICAL NECESSITY NOTICE

When ordering tests for which Medicare reimbursement will be sought, physicians (or other individuals authorized by law to order tests) should only order tests that are medically necessary for the diagnosis or treatment of a patient, rather than for screening purposes.

INDICATE TESTS REQUESTED (PANEL/PROFILE COMPONENTS ON REVERSE OF BACK COPY)

AFC	AFB Culture and Stain*	DNAAB	DNA Antibody	AHCV	Hepatitis C Antibody	ANCA	Neutrophil Cytoplasmic Antibody Pnl (F)
QIDAFB	AFB Organism ID	EBVG	EBV IgG Antibody	HCQPCR	Hepatitis C Quant RNA by PCR (F)	OVAP	Ova and Parasites Exam*
AFP	AFP (Tumor Marker)	EBVM	EBV IgM Antibody	VHSV	Herpes Simplex Culture*	PLTAB1	Platelet Antibodies Heparin*
ALB	Albumin	ENAID	ENA Antibody Panel	HIVRNA	HIV Quant RNA by PCR*	PROG	Progesterone (F)
ALD	Aldolase (F)	E2	Estradiol (F)	HIV12	HIV 1&2 Antibody	PROL	Prolactin
ACE	Angiotensin Converting Enzyme	FERR	Ferritin	HOMCYS	Homocysteine, Serum (F)	PSAS1	Prostate Specific Ag Screen
CARDIO	Anticardiolipin Antibody (F)	FK506	FK506 (L)	HCYPL	Homocysteine, Plasma (F)	PSA	Prostate Specific Ag Diagnostic
ANAS	Antinuclear Antibody (ANA)	SERFOL	Folate, Serum (F)	HPVDNA	HPV DNA Assay*	SEPG	Protein Electrophoresis, Serum †
CRP	C-Reactive Protein	RBCFOL	Folate, RBC*	IGE	IGE	UTP24	Protein, Urine, 24 Hr*
C3COMP	C3 Complement (F)	FSH	Follicle Stimulating Hormone	IGG	IgG	PTHI	PTH, Intact (F)
C4COMP	C4 Complement (F)	GAST	Gastrin (F)	IGGSUB	IgG Subclasses	RF	Rheumatoid Factor
CA153	CA 15-3 (F)	GC	GC Amplification*	AB68KD	Inner Ear 68KD Ab	RPR	RPR
CA199	CA 19-9 (F)	GCCT	GC/Chlamydia Amplification*	IMMDEF	Immunodeficiency Panel (CDC)*	RUBQNT	Rubella Ab IgG
CA125	CA-125 (F)	HPYLRI	H. Pylori Antibody IgG	IRON	Iron/TIBC	XSSAB	Sjogren Antibody/SSA & SSB
CEA	CEA Antigen	HAMTST	Ham Test*	KSANP	Kidney Stone Analysis (no photo)*	SMOOTH	Smooth Muscle Antibody
CT	Chlamydia Trachomatis Amplification*	HAPTO	Haptoglobin	LEGUAG	Legionella Urinary Antigen (U)	T3	T3
CTRACH	Chlamydia Culture*	HCGQT	HCG, Quantitative	LEGAB	Legionella Antibody (EIA)	T4FTI	T4/FTI
CHOL	Cholesterol, Total	HBSCN	Hemoglobin Electrophoresis Screen (L)	LIPB	Lipid Panel †	TESTO	Testosterone
CACLA	Circulating Anticoagulant (P) (F)	HBA1C	Hemoglobin A1C (L)	LPA	Lipoprotein (a) (F)	FTESTO	Testosterone, Free †
CDIFEI	Clostridium Difficile EIA*	HACUTP	Hepatitis Acute Panel †	LIPOEL	Lipoprotein Electrophoresis	TOXG	Toxoplasmosis Antibody, IgG
CMVG	CMV IgG EIA Antibody	AHAVM	Hepatitis A Antibody (IgM)	LYMEGM	Lyme Antibodies	TOXMAB	Toxoplasmosis Antibody, IgM
CMVMAB	CMV IgM Antibody, Serum	AHBCM	Hepatitis B Core Antibody (IgM)	MEASLG	Measles IgG Antibody	TRANSF	Transferrin
COMPDF	Complement Deficiency Assay (F)	HBSAG	Hepatitis B Surface Antigen	MMA	Methylmalonic Acid (F)	TSH	TSH
COR	Cortisol	AHBSAG	Hepatitis B Surface Antibody	MICRO	Microsomal/TPO	VDRLCF	VDRL-CSF*
CRET	Creatinine, Serum	AHBCOT	Hepatitis B Core Antibody	MITO	Mitochondrial Antibody	B12	Vitamin B12 (F)
CRYOOT	Cryoglobulins, Quant (F)	AHBSQ	Hepatitis B Surface Antibody, Quant	MPASRM	Monoclonal Protein, Serum	XB12F	Vitamin B12 and Folate (F)*
CYCLO	Cyclosporine (L)	AHBE	Hepatitis BE Antibody	MYCOM	Mycoplasma Pneum IgM Ab	VZVG	Varicella Zoster IgG
DHEAS	DHEA-S (F)	HBEAG	Hepatitis BE Antigen	MYCOG	Mycoplasma IgG Antibody		

Additional tests: _____

LEGEND: NOTE: Test requires serum unless noted.

(F) Frozen (L) Lavender (P) Plasma (U) Urine (WB) Whole blood

*Requires special handling, see test directory †See back for components