

ACCOUNT INFORMATION

PATIENT INFORMATION

BILLING INFORMATION

Last Name _____ First Name _____ MI _____ Insurance Name _____ Policy # _____ Group # _____
D.O.B _____ SEX: M F SS #: _____ Phone Number: _____
Address: _____ City, State, Zip Code: _____

SPECIMEN COLLECTION

Date (mm/dd/yyyy): _____ Time: _____ AM PM Collector: _____ Fasting: Yes No

ICD-10 DIAGNOSIS CODE(S)

TEST PROFILES - Collection Tube: RED or GOLD (Separate Serum)

Electrolyte Panel	Lipid Panel*	Thyroid Panel(TSH, FT4, FT3, T3)*
Hepatitis Acute Panel*	Basic Metabolic Panel	General Health Panel(CMP, Lipid, TSH, CBC w/diff, UA)*
Comprehensive Metabolic Panel	Renal Function Panel	Anemia (CMP, CBC w/diff, Ret, Iron, UIBC, Ferritin, B12)

HEMATOLOGY - Collection Tube: LAVENDER EDTA (Whole Blood - Do Not Spin)

CBC w/ differential*	Erythrocyte Sed Rate	Hgb & Hct	Reticulocyte
CBC w/o differential*	Hemoglobin A1c*	Lead	_____

COAGULATION - Collection Tube: BLUE SODIUM CITRATE (aPTT/Fib Spin and Freeze Plasma w/in 4 hrs.)

Prothrombin time	D-Dimer	Anticoagulant taken: _____
Fibrinogen	aPTT*	Dose: _____

URINALYSIS - Urine Container (Collect a clean catch midstream specimen in sterile urine container. Refrigerate)

UA Dip (macroscopic)	UA Dip w/microscopic	Urine HCG Qual
UA w/ Culture*	UA culture only	Drug Screening Qual

MICROBIOLOGY : S = Stool, SW = Swab, U = Urine

Routine Culture (SW)	Trichomonas (SW)	Chlamydia/GC DNA AMP (SW)	C. Difficile (S)
Source: _____	Source: _____	Source: _____	Fungal Culture
Stool Culture (S)	Occult Blood Screen (S)*	Chlamydia/ GC DNA AMP (U)	Influenza A & B (S)
Ova & Parasites Exam (S)	Occult Blood Diagnostic (S)*	MRSA Culture Screening (S)	_____

ROUTINE CHEMISTRY/IMMUNOASSAY - Collection Tube: RED OR GOLD (Separate Serum)

Albumin	CA-125	FSH	LDL Direct	Testosterone, Total
ALP	CEA	GGTP	LDH	T3, Free
ALT	CK	Glucose*	Lipase	T3, Total
Amylase	CK W/MB if Indicated	HCG Quant	Magnesium	T4, Free
ANA, Screen	CO2	HDL	Phenytoin (Dilantin)	T4, Total
AST	Creatinine	Hep B Ab	Phosphorus	Triglycerides
Bilirubin, Direct	CRP, hs	HBs Ag	Protein, Total	Troponin
Bilirubin, Newborn	CRP	HCV Ab	PSA, Free*	TSH*
Bilirubin, Total	Digoxin	HIV Ag/Ab 4th	PSA, Total*	Uric Acid
BNP (Spin EDTA)	Estradiol	Gen w/conf*	Rheumatoid Factor	Valporic Acid (Depakene)
BUN	Ferritin	Iron	RPR	Vit B12
Calcium	Folate	UIBC	Testosterone, Free	Vit D 25-Hydroxy

OTHER TESTING REQUESTS - Please check specimen collection and storage requirements prior to collection

Physician Signature _____ Date _____ Patient Signature _____ Date _____