



PATIENT'S INFORMATION
LAST NAME, FIRST NAME, MIDDLE INITIAL, DATE OF BIRTH, SEX, DATE COLLECTED, TIME COLLECTED, ADDRESS, CITY, STATE, ZIP, PATIENT'S PHONE No., FAX / CALL RESULTS TO, MILES TRAVELED, BILLING INFORMATION, PHYSICIAN'S NAME, NPI, PHYSICIAN'S SIGNATURE, ADVANCE BENEFICIARY NOTICE, ASSIGNMENT OF BENEFITS, APPEAL AUTHORIZATION, ICD-10 CODE(S) / DX / SYMPTOMS, PATIENT'S SIGNATURE

MARK FOR PROFILE REQUESTED (See back for components)
921 Acute Hepatitis Panel SST, 907 Basic Metabolic Panel SST, 904 Electrolytes Panel SST, 912 Comprehensive Metabolic Panel SST, 1085 Urine Drug Screen Panel UR, 1020 Urine Drug Scrn w/Alcohol Panel UR, 913 Hepatic Function Panel SST, P175 Hepatitis ABC Panel SST, P169 Arthritis Panel SST/LV, 915 Lipid Panel SST, 916 Obstetric Panel LV+R, 917 Renal Function Panel SST, A100 Food Allergy Panel SST, A200 Respiratory Allergy Panel SST, 7225 Lupus Assessment Panel SST, 7190 Vaginosis Panel SW

MARK FOR INDIVIDUAL TEST(S) REQUESTED
3435 ABO & RH LV, 2030 AFP (NON-PREGNANT) SST, 110 AMMONIA LV, 173 AMYLASE, 143 LIPASE SST, 7219 ANA SCREEN SST, 402 ASO SCREEN SST, 640 BHCQ QUANT. (Pregnancy) SST, 114 BILIRUBIN (TOTAL) SST, 9910 BNP, 1013 NT PROBNP LV, 822 CA 125 SST, 821 CA 19-9, 820 CA 15-3 SST, 7170 CANDIDA SP, 7188 C.GLABRATA SW, 829 CARBAMAZEPINE / TEGRETOL R, 301 CBC W/AUTO DIFF. 302 M DIFF. LV, 162 CCP ANTIBODY SST, 211 CEA SST, 124 CHOLESTEROL SST, 7228 CELIAC PANEL IgA, 7236 IgG SST, 6990 CK-MB LV, 125 CK, TOTAL SST, 7060 COVID-19, PCR SW, 1262 CRP HS, 1265 CRP QT SST, 7605 D-DIMER LV, 827 DIGOXIN, 828 DILANTIN R, 319 ESR LV, 6571 ESTRADIOL SST, 659 FERRITIN SST, 7251 FLU A + B w/ RSV PCR SW, 7275 FLUVID (FLU A+B and COVID) SW, 660 FOLATE SST, 134 GLUCOSE FASTING, 135 RANDOM GR, 2731 GLYCOHGB A1C, HPLC LV, 731 H. PYLORI, IgG AB Screen SST, 237 HDL SST, 676 HEP A IgG, 678 HEP A IgM SST, 670 HEP B Surf Ag, 671 HBS Ab SST, 672 HEP B Core Ab Tot, 680 Core IgM SST, 9224 HEP B DNA, Quant. (NAAT) SST, 677 HEP C Antibody (HCV) SST, 9222 HEP C Virus RNA Quant. SST, 7199 HERPES 1 & 2 (NAAT) SW/TP, 0209 HSV I, IgG, 0210 HSV II, IgG SST, 469 HIV Ag + HIV Ab 1 & 2 Screen SST, 7075 HIV CONFIRMATION SST, 2161 HOMOCYSTEINE SST, 174 IRON, 140A TIBC, 140B UIBC SST, TX44 KEPBRA SST, 5004 LEAD RB, 665 LH, 661 FSH SST, 1451 LITHIUM SST/R, 146 MAGNESIUM SST, 1531 MICROALBUMIN/CREA PROFILE UR, 7177 MMR SST, 7206 MYCOPLASMA UR/TP, 312 PT, 310 PTT BL, 5011 PHENOBARBITAL R, 1032 PREALBUMIN SST, 605 PREGNANCY Qual. (S), 604 (U) SST/UR, 246 PROGESTERONE SST, 255 PROLACTIN SST, 2701 PSA TOTAL, 2801 PSA FREE SST, 150 POTASSIUM SST, 40 PTH INTACT SST, 6113 QUANTIFERON TB Gold GRN, 4011 RA Latex / Rheumatoid Factor SST, 314A RETICULOCYTE COUNT LV, 415 RPR SST, 4140 RUBELLA, IgG SST, 1003 SYPHILIS TOTAL SST, 346 T-3 FREE, 668 T-3 TOTAL SST, 192 T-3 UPTAKE SST, 342 T-4 FREE, 166 T-4 TOTAL SST, 1684 T-CELL LYMPH ENUM LV, 601 TESTOSTERONE TOTAL, 6013 FREE SST, 4382 TROPONIN I LV, 663 TSH (Ultra Sensitive) SST, 168 URIC ACID SST, 171 URINALYSIS, 715A REFLEX UR, 3392 URINE PROT RNDM, 3393 24 HR UR, 7442 VANCOMYCIN PEAK, 7441 TROUGH R, 7440 VANCOMYCIN RANDOM R, 826 VALPROIC ACID (DEPAKENE) R, 7175 VARICELLA, IGG AB SST, 651 VITAMIN B-12 SST, 7088 VITAMIN D-25 HYDROXY SST

MICROBIOLOGY (CULTURES & SENSITIVITY)
SENSITIVITIES & IDS WILL BE PERFORMED IF INDICATED SOURCE:
718 BETA STREP SW/C, 705 BLOOD CULTURE CALL, 1007 CANDIDA AURIS CULTURE SW, 7272 C. DIFFICILE ST, 740 CULTURE, ROUTINE SW/C, 732 CHLAMYDIA AMP: U | T | R SW/UR, 7247 FLU A+B w/ RSV SCREEN SW/UR, 7003 FLU A+B SCREEN SW, 7004 GBS PANEL SW, 734 GC AMP: U | T | R SW, 7005 GI PCR SW, 723 OCCULT BLOOD - STOOL FOBT/ST, 7261 OVA & PARASITES ST, 7246 RSV SCREEN SW, 713 STOOL CULTURE ST, 7245 STREP A SCREEN SW, 712 SPUTUM CULTURE S, 714 THROAT CULTURE SW/C, 7164 TRICHOMONAS VAGINALIS UR/SW/KOH, 715 URINE CULTURE UR, 716 VAGINAL CULTURE SW/C, 722 WET MOUNT KOH/SW, 717 WOUND CULTURE SW

CYTOLOGY
801 PAP SMEAR, 4522 HPV, 8011 PAP W/ HPV IF Ascus, 5061 URINE CYTOLOGY, 3994 ANAL PAP, 3995 FNA (source), OTHER:
SOURCE: C | V | E LMP
CLINICAL HISTORY:
PREGNANT, POSTMENOPAUSAL, IUD, POST PARTUM, LIQUID BASE PAP, BCP, HYSTERECTOMY, HORMONAL, OTHER

805 BIOPSY
Source Site(s):
1)
2)
CLINICAL HISTORY:
DIAGNOSIS:

PE (Presumptive Eligibility)
732 Chlamydia, DNA DNA SW/UR, 734 GC, DNA DNA SW/UR, 1085 Drug Screen, Urine UR, 1361 1-hour GTT, Post Gluc. Dose GR, 469 HIV Ag + HIV Ab 1 & 2 Screen SST, 801 Pap Smear I CP/SL/SP/TP, 605 Pregnancy Test Qual UR/SST, 640 Pregnancy Test Quant SST, 415 RPR SST, 715 Urine Culture, Bacterial Screening Only for Single Organism UR

SPECIAL DIAGNOSIS AND ADDITIONAL TEST REQUESTS | COMMENTS INSTRUCTIONS
For any patient of any major insurance (including Medicaid and Medicare), only order test that are MEDICALLY NECESSARY for the DIAGNOSIS or TREATMENT of the PATIENT.

SST, LV, GR, BL, UR, BX, R, ST, SW, C, TP, 24U, SL, S, DS, PK, KOH, GRN, RB, SP, CP, OTHERS:
SERUM SEP LAVENDER GRAY BLUE URINE BIOPSY RED STOOL SWAB CULTURETTE THIN PREP 24 HR URINE SLIDE SPUTUM DNASWAB PINK KOH GREEN RYL BLU w/EDTA SURE PATH CLEAR PREP

FORM: GRAL-REQ-V23*GW