

General Test Requisition		Patient Information		
ACCT:		Last Name	First Name	MI
		<input type="checkbox"/> Male <input type="checkbox"/> Female	D.O.B.	/ /
		Address (Street)		Apt # Floor Room#
		City	State	Zip Telephone #
<input type="checkbox"/> Call results to: ( ) _____ <input type="checkbox"/> Fax results to: ( ) _____		Responsible Party/Subscriber	Social Security #	Client Chart/Pt. ID#

Billing information*	<input type="checkbox"/> Bill Patient	<input type="checkbox"/> Bill Client	<input type="checkbox"/> Bill Medicare	<input type="checkbox"/> Bill Medicaid	<input type="checkbox"/> Bill Insurance	<input type="checkbox"/> SELF	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> CHILD	<input type="checkbox"/> OTHER
Medicare # (Include Prefix/Suffix)	Medicaid #			State					

<b>INSURANCE</b>	Insurance Company Name		Telephone #		<b>ICD 10 DIAGNOSIS CODE(S) FOR TESTS ORDERED</b> <small>DIAGNOSIS/SIGNS SYMPTOM IN ICD-10 FORMAT (Highest Specificity)</small>	
	Subscriber Member #	Location	Group #	<b>MEDICARE ADVANCE BENEFICIARY NOTICE (ABN)</b>		
	Insurance Address		Physician's Provider			I have read the ABN on the reverse. If Medicare denies payment, I agree to pay for the identified test(s).
	City	State	Zip	<b>X</b>		

Patient's Signature		Date	24-HOUR URINE VOLUME IN ML	FASTING <input type="checkbox"/> YES <input type="checkbox"/> NO	<b>STAT</b>
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A.M.A. PANELS	OTHER PANELS
<b>10</b> <input type="checkbox"/> <b>ELECTROLYTES</b> Na, K, Cl, CO <sub>2</sub> <b>SS</b> <b>11</b> <input type="checkbox"/> <b>BASIC METABOLIC</b> Na, K, Cl, Co <sub>2</sub> , Glu, BUN, Cr, Ca <b>SS</b> <b>12</b> <input type="checkbox"/> <b>COMPREHENSIVE METABOLIC</b> Na,K,Cl, Glu, BUN, Cr,Ca,TP, Alb, TBil AP, AST, ALT, CO <sub>2</sub> <b>SS</b> <b>27</b> <input type="checkbox"/> <b>HEPATIC FUNCTION</b> Alb, TBil, DBil, AP, AST, ALT, TP <b>SS</b> <b>38</b> <input type="checkbox"/> <b>LIPID PROFILE</b> Trig, Chol, HDL, LDL calc, VLDL calc, Ratios <b>SS</b>	<b>29</b> <input type="checkbox"/> <b>THYROID 1:</b> T4, T3Uptake, FTI, TSH <b>SST</b> <b>62</b> <input type="checkbox"/> <b>THYROID PROFILE:</b> T3p,T4, FTI, T3, FT4, TSH <b>SST</b> <b>39</b> <input type="checkbox"/> <b>B12 + FOLATE DEFICIENCY:</b> B12, FOL <b>SST</b> <b>GTT2</b> <input type="checkbox"/> <b>GLUCOSE TOLERANCE</b> 2 hrs <b>3GY</b> <b>24</b> <input type="checkbox"/> <b>DIABETIC PROFILE:</b> GLU, HGB A1C <b>GY, LV</b> <b>31</b> <input type="checkbox"/> <b>ARTHRITIS:</b> CBC, ANA, ASO, CRP, RF, ESR, URIC ACID <b>SS, LV</b>

<b>P20</b> <input type="checkbox"/> <b>ANEMIA PROFILE:</b> CBC,B12,FOLATE,IRON,TIBC/UIBC/SAT%,RETIC <b>SS, LV</b>	<b>2254</b> <input type="checkbox"/> <b>HEPATITIS PANEL:</b> HBsAG, HBsAB, HBcAB, Hav, HCV <b>SS</b>
<b>P123</b> <input type="checkbox"/> <b>PSA FREE &amp; TOTAL</b> <b>SS</b>	<b>S842</b> <input type="checkbox"/> <b>PLACK Black/Yellow (Medicare)</b>
	<b>S842</b> <input type="checkbox"/> <b>NMR Black/Yellow</b>

CUSTOM PROFILES/ADDITIONAL TESTS:

<b>TESTS</b>	<b>110</b> <input type="checkbox"/> CPK <b>SS</b>	<b>A701</b> <input type="checkbox"/> Hep C Ab <b>SS</b>	<b>X597</b> <input type="checkbox"/> PHENOBARBITAL <b>RE</b>	<b>IRIB</b> <input type="checkbox"/> IRON/TIBC <b>SS</b>
<b>S665</b> <input type="checkbox"/> ABO group & RH <b>LV/RE</b>	<b>112</b> <input type="checkbox"/> CREATININE <b>SS</b>	<b>108</b> <input type="checkbox"/> HDL Cholesterol <b>SS</b>	<b>127</b> <input type="checkbox"/> PHOSPHORUS <b>SS</b>	<b>Q518</b> <input type="checkbox"/> THYROGLOBULIN AB <b>SS</b>
<b>197</b> <input type="checkbox"/> AFP Tumor marker <b>SS</b>	<b>1536</b> <input type="checkbox"/> CRP QUANT <b>SS</b>	<b>657</b> <input type="checkbox"/> HSV I IgG <b>SS</b>	<b>134</b> <input type="checkbox"/> POTASSIUM <b>SS</b>	<b>1078</b> <input type="checkbox"/> THYROID PEROXIDASE AB (TPO) <b>SS</b>
<b>101</b> <input type="checkbox"/> ALBUMIN <b>SS</b>	<b>2007</b> <input type="checkbox"/> CRP CARDIO (HS) <b>SS</b>	<b>658</b> <input type="checkbox"/> HSV II IgG <b>SS</b>	<b>A134</b> <input type="checkbox"/> PROGESTERONE <b>SS</b>	<b>132</b> <input type="checkbox"/> TRIGLYCERIDES <b>SS</b>
<b>102</b> <input type="checkbox"/> ALK. PHOSPHATASE <b>SS</b>	<b>CF60</b> <input type="checkbox"/> Cystic Fibrosis, 60 mut <b>LV</b>	<b>747</b> <input type="checkbox"/> HEMOGLOBIN ELECTROPH. <b>LV</b>	<b>181</b> <input type="checkbox"/> PROLACTIN <b>SS</b>	<b>146N</b> <input type="checkbox"/> TSH <b>SS</b>
<b>106</b> <input type="checkbox"/> ALT (SGPT) <b>SS</b>	<b>148</b> <input type="checkbox"/> DIGOXIN <b>SS/RE</b>	<b>303</b> <input type="checkbox"/> HETEROPHILE Scr (MONO) <b>SS</b>	<b>131</b> <input type="checkbox"/> PROTEIN Total <b>SS</b>	<b>137</b> <input type="checkbox"/> URIC ACID <b>SS</b>
<b>105</b> <input type="checkbox"/> AMYLASE <b>SS</b>	<b>X987</b> <input type="checkbox"/> DILANTIN <b>RE</b>	<b>0985</b> <input type="checkbox"/> HIV-1/2 AB <b>SS</b>	<b>603</b> <input type="checkbox"/> PROT. ELECT. PH./SPEP <b>SST</b>	<b>030</b> <input type="checkbox"/> URINALYSIS <b>UA</b>
<b>0301</b> <input type="checkbox"/> ANA Screen/w reflex <b>SS</b>	<b>1076</b> <input type="checkbox"/> DNA DS, IgG IFA <b>SS</b>	<b>HPYG</b> <input type="checkbox"/> H. PYLORI Ab IgG <b>SS</b>	<b>S123</b> <input type="checkbox"/> PSA FREE <b>SS</b>	<b>X658</b> <input type="checkbox"/> VALPROIC ACID DEPAKENE <b>RE</b>
<b>1365</b> <input type="checkbox"/> APOLIPOPROTEIN B <b>SS</b>	<b>1125</b> <input type="checkbox"/> DRUG SCREEN 10 PANEL/CONF <b>UA</b>	<b>7110</b> <input type="checkbox"/> H. PYLORI Ab IgM <b>SS</b>	<b>196</b> <input type="checkbox"/> PSA <b>SS</b>	<b>VAP</b> <input type="checkbox"/> VAP <b>SS</b>
<b>302S</b> <input type="checkbox"/> ASO (Quant) <b>SS</b>	<b>1798</b> <input type="checkbox"/> EBV Evaluation <b>SS</b>	<b>7110</b> <input type="checkbox"/> H. PYLORI Ab IgM <b>SS</b>	<b>036</b> <input type="checkbox"/> PT/INR <b>BL</b>	<b>S402</b> <input type="checkbox"/> VARICELLA Ab IGG <b>SS</b>
<b>107</b> <input type="checkbox"/> AST (SGOT) <b>SS</b>	<b>185</b> <input type="checkbox"/> ESTRADIOL <b>SS</b>	<b>677</b> <input type="checkbox"/> HOMOCYSTEINE <b>SS</b>	<b>037</b> <input type="checkbox"/> PTT <b>BL</b>	<b>162</b> <input type="checkbox"/> VITAMIN B12 <b>SS</b>
<b>129</b> <input type="checkbox"/> BILIRUBIN, Total <b>SS</b>	<b>115</b> <input type="checkbox"/> FERRITIN <b>SS</b>	<b>BLPB</b> <input type="checkbox"/> LEAD (NOT NY) <b>LV</b>	<b>247</b> <input type="checkbox"/> RETICULOCYTE cnt <b>LV</b>	<b>995</b> <input type="checkbox"/> VITAMIN D-25 HYDROXY <b>SS</b>
<b>113</b> <input type="checkbox"/> BILIRUBIN, Direct <b>SS</b>	<b>163</b> <input type="checkbox"/> FOLATE <b>SS</b>	<b>123</b> <input type="checkbox"/> LDH <b>SS</b>	<b>304</b> <input type="checkbox"/> RF (Rheumatoid) <b>SS</b>	<b>BFCG</b> <input type="checkbox"/> CULT. BODY FLUID <b>FL</b>
<b>0712</b> <input type="checkbox"/> BNP <b>LV</b>	<b>139</b> <input type="checkbox"/> FSH <b>SS</b>	<b>0987</b> <input type="checkbox"/> LDL Direct <b>SS</b>	<b>311</b> <input type="checkbox"/> RUBELLA IgG Ab <b>SS</b>	<b>GENC</b> <input type="checkbox"/> CULTURE GENITAL <b>SW</b>
<b>S204</b> <input type="checkbox"/> BNP-NT pro Screen <b>SS</b>	<b>116</b> <input type="checkbox"/> GGT (GGTP) <b>SS</b>	<b>140</b> <input type="checkbox"/> LH <b>SS</b>	<b>305</b> <input type="checkbox"/> RPR <b>SS</b>	<b>STCU</b> <input type="checkbox"/> CULTURE STOOL <b>ST</b>
<b>136</b> <input type="checkbox"/> BUN <b>SS</b>	<b>177G</b> <input type="checkbox"/> GLUCOSE fasting <b>SS/GY</b>	<b>3369</b> <input type="checkbox"/> LIPASE <b>SS</b>	<b>246</b> <input type="checkbox"/> SED RATE (ESR) <b>LV</b>	<b>THAB</b> <input type="checkbox"/> CULT. THROAT (Strep A, B) <b>SW</b>
<b>684</b> <input type="checkbox"/> CA 125 <b>SS</b>	<b>119</b> <input type="checkbox"/> GLYCO Hgb A1C <b>LV</b>	<b>S157</b> <input type="checkbox"/> LIPOPROTEIN-A <b>SS</b>	<b>056</b> <input type="checkbox"/> SICKLE Cell Monitoring <b>LV</b>	<b>URCS</b> <input type="checkbox"/> URINE CULTURE w/sens. <b>UC</b>
<b>698</b> <input type="checkbox"/> CA 15.3 <b>SS</b>	<b>GLYM</b> <input type="checkbox"/> GLYCOMARK <b>SS</b>	<b>X628</b> <input type="checkbox"/> LITHIUM <b>SS</b>	<b>133</b> <input type="checkbox"/> SODIUM <b>SS</b>	<b>WOUC</b> <input type="checkbox"/> CULTURE WOUND <b>SW</b>
<b>CA19</b> <input type="checkbox"/> CA19 <b>SS</b>	<b>147</b> <input type="checkbox"/> HCG Beta sub Quant <b>SS</b>	<b>X177</b> <input type="checkbox"/> LYME IGG/IGM w/ref W.B. <b>SS</b>	<b>252</b> <input type="checkbox"/> T4, FREE <b>SS</b>	<b>S100</b> <input type="checkbox"/> O & P STOOL <b>ST</b>
<b>CA27</b> <input type="checkbox"/> CA27 <b>SS</b>	<b>A232</b> <input type="checkbox"/> Hep A Total Ab <b>SS</b>	<b>125</b> <input type="checkbox"/> MAGNESIUM <b>SS</b>	<b>145</b> <input type="checkbox"/> T3 UPTAKE <b>SS</b>	<b>CGU</b> <input type="checkbox"/> GC & CHLAMYDIA <b>APT/UA</b>
<b>103</b> <input type="checkbox"/> CALCIUM <b>SS</b>	<b>319</b> <input type="checkbox"/> Hep B Surface Ag <b>SS</b>	<b>944</b> <input type="checkbox"/> MEASLES Ab IgG (Rubeola) <b>SS</b>	<b>980</b> <input type="checkbox"/> T3, TOTAL <b>SS</b>	<b>CDIF</b> <input type="checkbox"/> C.DIFF A&B/AG <b>ST</b>
<b>20</b> <input type="checkbox"/> CBC, DIFF, PLT <b>LV</b>	<b>320</b> <input type="checkbox"/> Hep B Surf Ab <b>SS</b>	<b>212</b> <input type="checkbox"/> MICROALBUMIN <b>UA</b>	<b>144</b> <input type="checkbox"/> T4, TOTAL <b>SS</b>	<b>770</b> <input type="checkbox"/> OCCULT BLOOD <b>ST</b>
<b>383</b> <input type="checkbox"/> CEA <b>SS</b>	<b>321</b> <input type="checkbox"/> Hep B Core Ab <b>SS</b>	<b>765</b> <input type="checkbox"/> MUMPS Ab IgG <b>SS</b>	<b>X621</b> <input type="checkbox"/> TEGRETOL (Carbarm) <b>RE</b>	<b>VPAT</b> <input type="checkbox"/> VAGINAL PATHOGENS <b>BP AFFIRM</b>
<b>135</b> <input type="checkbox"/> CHLORIDE <b>SS</b>	<b>318</b> <input type="checkbox"/> Hep B Core IgM <b>SS</b>	<b>655</b> <input type="checkbox"/> PARATHYROID Horm. Intact <b>SS</b>	<b>187</b> <input type="checkbox"/> TESTOSTERONE, Total <b>SS</b>	<b>Q099</b> <input type="checkbox"/> AFP Maternal Quad Screen <b>SS</b>
<b>109</b> <input type="checkbox"/> CHOLESTEROL <b>SS</b>			<b>S236</b> <input type="checkbox"/> TESTOSTERONE, Free & Total <b>SS</b>	
<b>712</b> <input type="checkbox"/> CK-MB <b>SS</b>				

GYN  THIN PREP    GYN  THIN PREP w/REFLEX HPV HI    GHPV  THIN PREP w/HPV HIGH RISK     CX     VG    LMP \_\_\_\_/\_\_\_\_/\_\_\_\_    NGYN  CYTOLOGY urine

**LAB USE ONLY**

**FPO FOR AFFIXED LABEL**

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### ADVANCED BENEFICIARY NOTICE

Medicare will only pay for services that it determines to be reasonable and necessary under section 1882 (a) (1) of the Medicare Law. If Medicare determines that a particular service, although it would otherwise be covered, is not reasonable and necessary under the Medicare Program standards, Medicare will deny payment for that service. Medicare usually does not pay for these tests for the reported diagnosis. By signing the Patient/Responsible Party Signature on the front of this requisition, you are confirming your agreement to assume financial responsibility for the payment of these tests.

### COMMONLY USED DIAGNOSIS CODES

D64.9	ANEMIA, UNSPECIFIED	B17.8	VIRAL HEPATITS, SPECIFIED
C22.8	MALIGNANT NEOPLASM OF LIVER	R10.9	ABNORMAL PAIN, UNSPECIFIED
Z34.90	SUPERVISION OF OTHER NORMAL PREGNANCY	K75.9	UNSPECIFIED HEPATITIS 042 HIV
110	ESSENTIAL HYPERTENSION, BENIGN	R79.89	ABNORMAL BLOOD CHEMISTRY
E88.01	$\alpha$ -1, ANTITRYPSIN DEFICIENCY	T78.40XA	UNSPECIFIED ALLERGY
K76.9	DISORDER OF LIVER, UNSPEC	D50.9	IRON DEFFICIENCY, UNSPECIFIED
Z01.419	GYNECOLOGICAL EXAM, ROUTINE	T56.0X4A	TOXIC EFFECT, LEAD, UNSPEC
J30.81	ALLERGY DUE TO ANIMALS	A69.20	LYME DISEASE
R53.81-R53.83	MALAISE AND FATIGUE	E83.49	DISORDERS OF MAGNESIUM METABOLISM
M06.9	RHEUMATOID ARTHRITIS	B05.9	MEASLES
L98.9	SKIN DISORDER, UNSPECIFIED	J30.89	ALLERGY DUE TO OTHER ALLERGENS
C56.9	MALIGNANT NEOPLASM OF OARY	J03.00, J02.0	STREPTOCOCCAL SORE THROAT
R97.8	TUMOR MARKERS, ABNORMAL	R19.5	UNSPECIFIED ABNORMAL STOOL
C79.81	MALIGNANT NEOPLASM OF BREAST	R19.7	DIARRHEA
C26.0	MALIGNANT NEOPLAS OF INSTTRACT PART, UNSPECIFIED	B97.7	HUMAN PAPILOMA VIRUM
C50.919	MALIGNANT NEOPLASM OF BREAST, UNSPECIFIED SITE	R80.9	PROTEINURIA
E07.0	DISORDERS OF THYROCALCITONIN SECRETION	N40.0	HYPERTROPY PROS W/O URINE OBST
K90.0	CELIAC DISEAS	N42.9	DISORDER OF PROSTATE, UNSPEC
E27.8	DISORDERS OF ADRENAL GLANDS, SPECIFIED	Z79.01	ENCOUNTER LONG TERM USE OF CO AG
E11.9	DIABETES	148.91	ATRIAL FIBRILLATION
110	ESSENTIAL HYPERTENSION, MALIGNANT	Z00.00	GENERAL MEDICAL EXAM, ROUTINE
R07.9	CHEST PAIN, UNSPECIFIED	A64	VENEREAL DISEASE, UNSPEC
E78.0-E78.5	MIXED HYPERLIPIDERMIA	B06.9	RUBELLA
E28.2	POLYCYSTIC OVARIES	D57.1	SICKLE-CELL DISEASE, UNSPEC
E27.9	UNSPECIFIED DISORDER OF ADRENAL GLANDS	E03.9	HYPOTHYROIDISM, UNSPECIFIED
Z79.899	ENCOUNTER LING-TERM USE OTHER MEDICINE	R31.9	HEMATURIA
B97.89	INFECTION, USPEC SITE	F19.20	DRUG DEPENDENCE, UNSPEC
J30.5	ALLERGY DUE TO FOOD	B01.9	VARICELLA
E28.2	POLYCYSTIC OVARIES	E55.9	VITAMIN D DEFICIENCY, UNSPEC
D84.9	IMMUNITY DEFICIENCY, UNSPEC	R63.4	LOSS OF WEIGHT
N76.1-N76.3	VAGINITIS, UNSPECIFIED	R31.9	HEMATURIA
R36.9	URETHRAL DISCHARGE	R42	DIZZINESS
E23.6	PITUITARY DISORDERS	R50.9	FEVER, UNSPECIFIED
K29.90	UNSPECIFIED GASTRIT	R63.5	UBNORMAL WEIGHT GAIN
E10.9	DIABETES, UNCOMPLICATED	D51.1-D51.8	VITAMIN B12 DEFICIENCY
N91.2	ABSENCE OF MENSTRUATION	Z12.11	MALIGN ANT NEOPLASM OF COLON
N94.89	UNSPEC ASSOC W/FE GENIT ORGN		