

COLLECTION DATE _____ TIME _____

 STAT

Phone/Fax: _____

| | | | | | | |
|---|--|--|----------------------------------|---|-----------------------------------|--|
| BILL TO: | | <input type="checkbox"/> CLIENT/CLINIC | <input type="checkbox"/> PATIENT | <input type="checkbox"/> MEDICARE | <input type="checkbox"/> MEDICAID | <input type="checkbox"/> INSURANCE/HMO/PPO |
| Patient Name (Last) | | (First) | (MI) | Patient Telephone | | Sex |
| Date of Birth | | Patient SS # | | Fasting | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Patient Address | | | City | State | Zip | Medicare/Medicaid # |
| PATIENT'S RELATIONSHIP TO RESPONSIBLE PARTY | | | | | | |
| <input type="checkbox"/> 1-SELF <input type="checkbox"/> 2-SPOUSE <input type="checkbox"/> 3-CHILD <input type="checkbox"/> 4-OTHER | | | | | | |
| Insurance Address | | | Primary Care Physician # | | | |
| City | | State | | Zip | | |
| Subscriber/Member # | | Location | | Group | | |
| Employer's Name or Number | | Insured SS ## (If Not a Patient) | | Worker's Comp <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Advance Beneficiary Notice (ABN): I have been informed that Medicare will only pay for services that it determines to be reasonable and necessary under action 1862(a)(1) of the Medicare law. I have been notified on the date indicated that Medicare is likely to deny payment for the test(s) denoted (*) and/or because: *Medicare usually does not pay for this service for my condition + Medicare does not pay for tests using Research/Experimental kits not approved by the FDA. If Medicare denies payment, I agree to be personally and fully responsible for payment. | | | | | | Signature (Medicare Beneficiary) _____ Date _____ |
| I hereby authorize the release of medical information related to the service described herein and authorize payment directly to Medical Health Laboratory. | | | | | | Patient's Signature _____ Date _____ |
| When ordering test for Medicare and Medicaid patients, please select only those tests which are medically necessary for the diagnosis or treatment of the patient. Medicare does not pay for routine screening test. | | | | | | |

INDIVIDUAL PANELS

| Commonly Ordered Panels | | | Other Tests (con't.) | | | Special Chemistry Tests (con't.) | | | Thyroid Profile | | |
|-------------------------------|---|-------------|--------------------------------|-------------------------|-----|----------------------------------|-----------------------------|-----------------|-------------------------------|-------------------------------------|--|
| <input type="checkbox"/> 2020 | Basic Metabolic Panel | SST | <input type="checkbox"/> 2054 | Glucose, Plasma Fasting | SST | <input type="checkbox"/> 2082 | CA19-9 | SST | <input type="checkbox"/> 3140 | T3 | SST |
| <input type="checkbox"/> 2030 | Comprehensive Metabolic Panel | SST | <input type="checkbox"/> 2092 | Amylase | SST | <input type="checkbox"/> 2094 | AFP | SST | <input type="checkbox"/> 3150 | T4 | SST |
| <input type="checkbox"/> 2019 | Lipid Panel | SST | <input type="checkbox"/> 2330 | Uric Acid | SST | <input type="checkbox"/> 1995 | Testosterone Free | SST | <input type="checkbox"/> 3110 | TSH | SST |
| <input type="checkbox"/> 2010 | Electrolyte Panel | SST | <input type="checkbox"/> 2360 | Magnesium | SST | <input type="checkbox"/> 1994 | Testosterone Free and Total | SST | <input type="checkbox"/> 3120 | FT3 | SST |
| <input type="checkbox"/> 2002 | Renal Panel | SST | <input type="checkbox"/> 2210 | Calcium level, total | SST | <input type="checkbox"/> 1993 | Testosterone Total | SST | <input type="checkbox"/> 3130 | FT4 | SST |
| <input type="checkbox"/> 6090 | Comprehensive Heart Health Baseline Profile | LAV and SST | <input type="checkbox"/> 2021 | Iron and TIBC | SST | <input type="checkbox"/> 1979 | LH | SST | <input type="checkbox"/> 1984 | TSH 3rd Gen | SST |
| <input type="checkbox"/> 3010 | Comprehensive Thyroid Panel | SST | <input type="checkbox"/> 2350 | CRP | SST | <input type="checkbox"/> 2009 | Progesterone | SST | Molecular/Microbiology | | |
| <input type="checkbox"/> 6100 | Heart Health Baseline | LAV and SST | <input type="checkbox"/> 2035 | hsCRP | SST | <input type="checkbox"/> 2008 | Prolactin | SST | <input type="checkbox"/> 9470 | STD Panel - ABR | Swab/UTM |
| <input type="checkbox"/> 6110 | Heart Health Follow-up | LAV and SST | Special Chemistry Tests | | | <input type="checkbox"/> 2076 | CEA | SST | <input type="checkbox"/> 9460 | UTI Panel - ABR | Urine Tube |
| <input type="checkbox"/> 2055 | General Health Panel | LAV and SST | <input type="checkbox"/> 2097 | 25-OH Vitamin D | SST | <input type="checkbox"/> 2062 | Estradiol | SST | <input type="checkbox"/> 9490 | Womens Health Panel - ABR | Swab/UTM |
| <input type="checkbox"/> 2043 | Hepatic Function Panel | SST | <input type="checkbox"/> 2059 | Folate | SST | <input type="checkbox"/> 1999 | SHBG | SST | <input type="checkbox"/> 6180 | Respiratory Panel - ABR | Swab/UTM |
| <input type="checkbox"/> 6050 | Acute Hepatitis Panel | SST | <input type="checkbox"/> 1982 | Vitamin B-12 | SST | <input type="checkbox"/> 2058 | FSH | SST | <input type="checkbox"/> 9600 | Wound Panel - ABR | Swab/UTM |
| <input type="checkbox"/> 6200 | Anemia Profile | LAV and SST | <input type="checkbox"/> 3160 | Ferritin | SST | <input type="checkbox"/> 2061 | Estrogen | SST | <input type="checkbox"/> 6020 | G.I Panel - Molecular - ABR | Swab/Container |
| <input type="checkbox"/> 6120 | Food Allergy Panel (25 Allergens) | SST | <input type="checkbox"/> 2340 | CK | SST | <input type="checkbox"/> 1978 | IgA | SST | <input type="checkbox"/> 9510 | Pharyngitis Panel - ABR | Swab/UTM |
| <input type="checkbox"/> 6130 | Inhallerent Allergy Panel (36 Allergens) | SST | <input type="checkbox"/> 2073 | CKMB | SST | <input type="checkbox"/> 2029 | IgE | SST | <input type="checkbox"/> 2014 | Nail (Fungal) Panel - ABR | Swab/UTM |
| <input type="checkbox"/> 2140 | Allergens IgE 61 Allergens | SST | <input type="checkbox"/> 2006 | PSA Total | SST | <input type="checkbox"/> 2028 | IgG | SST | <input type="checkbox"/> 9480 | Antibody Resistant Panel | Swab/UTM |
| <input type="checkbox"/> 2018 | Lipoprotein | SST | <input type="checkbox"/> 2005 | PSA Total with Reflex | SST | <input type="checkbox"/> 2027 | IgM | SST | <input type="checkbox"/> 2052 | Gonorrhea | Swab/Vial |
| <input type="checkbox"/> 2095 | Advanced Lipid/Inflam Panel | SST | <input type="checkbox"/> 2004 | RA Factor | SST | <input type="checkbox"/> 2069 | Cystatic C | SST | <input type="checkbox"/> 2075 | Chlamydia | Swab/Vial |
| <input type="checkbox"/> 4010 | SARS COV2 IgG and IgM - Antigen | SST | <input type="checkbox"/> 2091 | ANA | SST | <input type="checkbox"/> 2050 | HbsAg | SST | <input type="checkbox"/> 2057 | Gardnerella | Swab/Vial |
| Hematology | | | <input type="checkbox"/> 1981 | BHcg | SST | <input type="checkbox"/> 2093 | Aldosterone | SST | <input type="checkbox"/> 2081 | Cadida | Swab/Vial |
| <input type="checkbox"/> 1010 | CBC | LAV | <input type="checkbox"/> 1997 | Syphilis | SST | <input type="checkbox"/> 1980 | Pregnancy HCG Quantitative | SST | <input type="checkbox"/> 1988 | Trichomonas (AFFIRM) | Swab/Vial |
| <input type="checkbox"/> 1210 | ESR | LAV | <input type="checkbox"/> 2090 | Anti HCV | SST | <input type="checkbox"/> 2064 | dsDNA | SST | <input type="checkbox"/> 1987 | Trichomonas (APTIMA) | Swab/Vial |
| <input type="checkbox"/> 2088 | Blood Group, Rh Type | LAV | <input type="checkbox"/> 2049 | HEP. A Ab., TOTAL | SST | <input type="checkbox"/> 2065 | Drug Screen 8 | Urine Container | Urine Tests | | |
| <input type="checkbox"/> 2068 | D Dimer | Blue Top | <input type="checkbox"/> 2048 | HEP. B CORE Ab. TOTAL | SST | <input type="checkbox"/> 2086 | BNP | LAV | <input type="checkbox"/> 5110 | Urinalysis | Urine Container |
| <input type="checkbox"/> 2051 | HbA1c | LAV | <input type="checkbox"/> 2047 | HEP. B SURF. Ab. | SST | <input type="checkbox"/> 2036 | Hpylori Antibody | SST | <input type="checkbox"/> 1983 | Urine Microalbumin/Creatinine Ratio | Urine Container |
| Other Tests | | | <input type="checkbox"/> 2046 | HEP. B SURF. Ag | SST | <input type="checkbox"/> 5001 | GGT | SST | Histology/Cytology | | |
| <input type="checkbox"/> 2320 | HDL Cholesterol | SST | <input type="checkbox"/> 2045 | HEP. Be Ab. | SST | <input type="checkbox"/> 5002 | ACTH, Plasma | LAV | <input type="checkbox"/> 0001 | Biopsy | Bx Vial/Container |
| <input type="checkbox"/> 2300 | Cholesterol | SST | <input type="checkbox"/> 2044 | HEP. Be Ag. | SST | <input type="checkbox"/> 5003 | Cortisol, Total | SST | Specimen Type: _____ | | |
| <input type="checkbox"/> 2310 | Triglycerides | SST | <input type="checkbox"/> 2039 | HIV combo | SST | <input type="checkbox"/> 5004 | Quantiferon TB | GR-SST, 4 Tubes | <input type="checkbox"/> 0002 | Cytology - Pap Smear | Cyto/Vial Container |
| <input type="checkbox"/> 2260 | Bilirubin Total | SST | <input type="checkbox"/> 2038 | HIV Qual | SST | | | | <input type="checkbox"/> | Pap Smear | <input type="checkbox"/> VAG <input type="checkbox"/> CERV |
| <input type="checkbox"/> 2265 | Bilirubin, Direct, Serum | SST | <input type="checkbox"/> 2084 | C-Peptide II | SST | | | | <input type="checkbox"/> | Other: | |
| <input type="checkbox"/> 2130 | Creatinine | SST | <input type="checkbox"/> 2025 | Insulin | SST | | | | LMP Date: _____ | | |
| <input type="checkbox"/> 2085 | BUN/Creatinine Ratio | SST | <input type="checkbox"/> 2024 | intact PTH | SST | | | | | | |
| <input type="checkbox"/> 2110 | Glucose | SST | <input type="checkbox"/> 2083 | CA-125 | SST | | | | | | |

SPECIAL INSTRUCTIONS FOR THE TESTS

 ICD Diagnosis Codes
(Enter all that apply)

PATIENT'S SIGNATURE _____

STAFF SIGNATURE _____

ORDERING PHYSICIAN _____

DUPLICATE REPORT FAX TO # _____

PROFILE/PANEL COMPONENTS

| AMA GOVERNMENT APPROVAL PANELS | | | | | |
|--------------------------------|-----------------------|------|-------------------------------|------|------------------------------------|
| 2019 | BASIC LIPID PANEL | | Urea Nitrogen (BUN) | | Glucose |
| | Cholesterol, Total | 2030 | COMPREHENSIVE METABOLIC PANEL | | Potassium |
| | HDL Cholesterol | | A/G Ratio | | Protein, Total |
| | LDL, Calculated | | Albumin | | Sodium |
| | Triglycerides | | Alkaline Phosphatase | | Urea Nitrogen (BUN) |
| 2020 | BASIC METABOLIC PANEL | | ALT (SGPT) | 2055 | GENERAL HEALTH PANEL |
| | Calcium | | AST (SGOT) | | Comprehensive Metabolic Panel |
| | Carbon Dioxide (CO2) | | Bilirubin, Total | | CBC w/Diff & Platelets |
| | Chloride | | Calcium | | Thyroid Stimulating Hormone (TSH) |
| | Creatinine | | Carbon Dioxide (CO2) | 2043 | HEPATIC FUNCTION PANEL/LIVER PANEL |
| | Glucose | | Chloride | | Albumin |
| | Potassium | | Creatinine | | Alkaline Phosphatase |
| | Sodium | | Globulin | | ALT (SGPT) |

| COMMONLY ORDERED PANELS | | | | | |
|-------------------------|---|------|-----------------------------------|------|------------------------------|
| 6200 | ANEMIA PROFILE - EXPANDED | | T4, Total | | Methadone |
| | B12 | | T3, Total | | Creatinine, DAU Screen |
| | CBC w/Diff & Platelets | | T4, Free | 2036 | H. PYLORI PROFILE |
| | Ferritin | | Thyroid Stimulating Hormone (TSH) | | H. Pylori, IgA |
| | Folate | | T3, Free | | H. Pylori, IgG |
| | Iron | 2065 | DRUG SCREEN 8 PROFILE | | H. Pylori, IgM |
| | Iron, % Sat. | | Amphetamines | 6050 | HEPATITIS SCREEN |
| | TIBC | | Barbiturates | | Hepatitis A Ab/Total |
| 6080 | ARTHRITIS PROFILE - EXPANDED | | Opiates | | Hepatitis B Surface Antibody |
| | Antinuclear Antibody (ANA) | | Cannabinoids | | Hepatitis B Surface Antigen |
| | Anti-CCP | | Cocaine | | Hepatitis C Antibody |
| 3010 | COMPREHENSIVE THROID PROFILE - EXPANDED | | PCP | | |
| | T3 Uptake (T3U) | | Benzodiazepines | | |

| CUSTOM DIAGNOSTIC PROFILES | | | | | |
|----------------------------|--|------|-------------------------------------|------|------------------------------|
| 6090 | COMP. HEART HEALTH BASELINE | 6100 | HEART HEALTH BASELINE (con't.) | | Sodium (Na) |
| | Basic Lipid | | LDL Direct | 2002 | RENAL FUNCTION PANEL W/ EGFR |
| | CBC w/Diff & Platelets | | Lp(a) | | Albumin (Alb) |
| | CMP | | LPP Lipoprotein Particle Evaluation | | Calcium (Ca) |
| | Hemoglobin A1c | 6110 | HEART HEALTH FOLLOW-UP | | Carbon Dioxide (CO2) |
| 6090 | COMP. HEART HEALTH BASELINE (con't.) | | Basic Lipid | | Chloride (Cl) |
| | hs-CRP | | Hemoglobin A1c | | Creatinine (Cr) w/eGFR |
| | LDL Direct | | hs-CRP | | Glucose, Serum (Glu) |
| | Lp(a) | | LDL Direct | | Phosphorus |
| | LPP Lipoprotein Particle Evaluation | | LPP Lipoprotein Particle Evaluation | | Potassium (K) |
| 6100 | HEART HEALTH BASELINE | 2010 | ELECTROLYTE PANEL | | Sodium (Na) |
| | Basic Lipid | | Carbon Dioxide (CO2) | | Urea Nitrogen (BUN) |
| | Hemoglobin A1c | | Chloride (Cl) | | |
| | hs-CRP | | Potassium (K) | | |
| 2018 | LPP Lipoprotein Particle Profile includes testing for: VLDL Particles, Total LDL Particles, Total HDL Particles, Non-HDL Particles, Remnant Lipoprotein, LDL III, LDL IV, HDL 2b | | | | |

| IMMUNOCAP SPECIFIC | | | OTHER | | | SPECIMEN COLLECTION KEY CODE |
|--------------------|---------------------------|------|----------------------|------|---------------------------------------|------------------------------|
| 6130 | CHILDHOOD ALLERGY PROFILE | 6120 | FOOD ALLERGY PROFILE | 6180 | COMPREHENSIVE RESPIRATORY PANEL (PCR) | |
| | Alternaria Tenuis Mold | | Almond | | Rhino/Enterovirus | ES = E-Swab |
| | Cat dander | | Cashew | | Influenza B | GR = Green Top |
| | Cladosporium herbarum | | Cod fish | | Para 1 (PIV1) Virus | GY = Grey Top |
| | Cockroach | | Cow's milk | | Para 3 (PIV3) Virus | LV = Lavender Top |
| | Cod fish | | Egg white | | RSV Virus | LB = Light Blue Top |
| | D. farinae | | Hazelnut | | Mycoplasma | O&P = Ova and Parasite Kit |
| | Dog dander | | Peanut | | Para 2 (PIV2) Virus | P = Pink Top |
| | D. pteronyssinus | | Salmon | | Para 4 (PIV4) Virus | R = Red Top |
| | Milk | | Scallop | | Adenovirus | RB = Royal Blue |
| | Mouse urine | | Sesame | | B. paraptussis | ST = Serum Separator Top |
| | Peanut | | Shrimp | | C. pneumoniae | T = Tan Top |
| | Shrimp | | Soybean | | Coronavirus HKU1 | UA = Urinalysis Tube Yellow |
| | Soybean | | Total IgE | | Coronavirus OC43 | ULCR = BD Urine Tube |
| | Total IgE | | Tuna | | B pertussis | USC = Urine Sterile Cup |
| | Egg white | | Walnut | | Coronavirus 229E | Y = Yellow Top |
| | Walnut | | Wheat | | Coronavirus NL63 | 24 = 24 Hour Urine |
| | Wheat | | | | Metapneumovirus | |

PATIENT ACKNOWLEDGMENT AND IRREVOCABLE ASSIGNMENT OF BENEFITS

The information provided on this form and on the label affixed to the specimen is accurate. The specimen identified on the form is my own. I have not adulterated in any way. I am voluntarily submitting this specimen for analysis by my healthcare provider and/ or third party lab. I authorized the lab to release the results of this test to an ordering healthcare provider. The lab is authorized to bill my insurance provider, or any payer, whether fully insured or self-insured, and I will irrevocably assign my any payment of benefits, claims, rights and interests related to the services my healthcare provider performed against any payer. I further authorize the lab and my healthcare provider to release to my insurance provider any medical information necessary to process the claim.

I acknowledge that PUC may be an out of network facility/provider. I am responsible for any amounts not covered by my insurance including any deductibles and co-payments/ co-insurance.