



Clinical Chemistry Services

Date Specimen Collected: _____ **Time Specimen Collected:** _____ **STAT** _____

Laboratory Use Only

Accession Number _____ Date Received _____ Time Received _____

Group/Practice Name _____ **Practice Contact Information**

Ordering Physicians _____ Address Line 1 _____ Phone _____
 _____ Address Line 2 _____ Fax _____
 _____ City, State, Zip _____ Other _____

Patient and Insurance Information
(Currently Not Accepting Medicaid or Managed Medicaid Plans - Contract Pending)

First Name _____ Last Name _____ MI _____ DOB _____ Gender _____

Address Line 1 _____ Address Line 2 _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ Race* _____ Ethnicity* _____

Insured's Name _____ Relationship to Patient _____ Social Security # _____

Home Phone _____ Cell Phone _____ DOB _____ Gender _____

Primary Insurance _____ Secondary Insurance _____

Group # _____ ID# _____ Group # _____ ID# _____

Address _____ Address _____

City _____ State _____ Zip _____ City _____ State _____ Zip _____

Panels and Individual Testing

Panels	Miscellaneous	
Basic Metabolic Panel (SST)	AFP (SST)	FSH (Follicle Stimulating Hormone-SST)
CBC With Differential (Lavender)	Albumin (SST)	Fibrinogen (Light Blue)
Comprehensive Metabolic Profile (Chem-14) (SST)	Amylase (SST)	Folate (SST)
Viral Hepatitis Panel (SST)	B-HCG (SST)	FT3 (SST)
Lipid Panel (SST)	Bilirubin (Direct) (SST)	FT4 (SST)
Liver or Hepatic Profile (SST)	Bilirubin (Total) (SST)	Glucose (SST)
Thyroid Panel (SST)	BNP (Lavender)	Hgb A1C (Lavender)
Tumor Marker Panel (SST)	CA (SST)	IgE (SST)
Urine Drug Screen (Urine Cup)	CA 125 (SST)	IPTH (SST)
TORCH Panel ("Toxoplasma, Rubella, and Cytomegalovirus Antibodies") (SST)	CA 19-9 (SST)	LDH (SST)
	CEA (SST)	LH (Luteinizing Hormone) (SST)
	CHIV (SST)	Lipase (SST)
	CRP (SST)	Magnesium (SST)
	Cortisol (SST)	Phosphorus (SST)
	D-Dimer (Light Blue)	PSA (SST)
	Digoxin (SST)	Progesterone (SST)
	ELF (Elevated Liver Fibrosis)	Prolactin (SST)
	ESR (Lavender)	PT/INR/APTT (Light Blue)
	Ferritin/Iron/IBCT (SST)	QuantIFERON-TB Gold Plus (Green)
		Syphilis (SST)
		T3 (SST)
		T4 (SST)
		TSH (SST)
		Total Testosterone (SST)
		Troponin (SST) *Frozen
		Uric Acid (SST)
		Valproic Acid (SST)
		Vancomycin (SST)
		Vitamin B12 (SST)
		Vitamin D (SST)
		HIV-1 (Quant) (PPT™ or Lavender)
		HBV (Quant) (SST or PPT™ or Lavender)
		HCV (Quant) (SST or PPT™ or Lavender)
		SARS-CoV-2 Total (IgM and IgG) (SST)
		SARS-CoV-2 IgG (Semi Quant) (SST)
		Fasting Non-Fasting

SST = Serum separated tube
PPT™ = Plasma preparation tube

*Please note that panel details can be found on reverse side of this form

ICD-10 Codes

Remarks

E00-E07 Disorders of thyroid gland	E03.9 Hypothyroidism, unspecified	_____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____
E08-E13 Diabetes Mellitus	E06 Thyroiditis	
Z00.00-Encounter for general adult medical examination without abnormal findings	E06.9 Thyroiditis, unspecified	
Z13.0-Encounter for screening for diseases of the blood and blood-forming organs	E07.9 Disorder of thyroid, unspecified	
Z02.83-Encounter for blood-alcohol and blood-drug test	E08 Diabetes mellitus due to underlying condition	
Z51.81-Encounter for therapeutic drug level, monitoring	E09 Drug or chemical induced diabetes mellitus	
E00.9 Congenital iodine-deficiency syndrome, unspecified	E10 Type 1 diabetes mellitus	
E01 Iodine-deficiency related thyroid disorders	E11 Type 2 diabetes mellitus	
E03 Other thyroidism	E13 Other specified diabetes mellitus	
	Z01.84 Encounter for antibody response examination	
	OTHER: _____	

This test is medically necessary for the diagnosis or detection of a disease, illness, impairment, symptom, syndrome or disorder. The results will determine my patient's medical management and treatment decisions. The person listed as the ordering provider is authorized by law to order the test(s) requested herein.

Signature of Physician or Other Authorized NPI Provider (REQUIRED) _____ Accessioner Initials 1 _____ 2 _____ Tech Initials 1 _____

Hepatitis Panel	Coagulation	Thyroid Panel
Anti-HBcT Anti-HBs2 Anti-HCV HAV Total HBc IgM HbsAg II	PT APTT D-Dimer Fibrinogen	Thyroid Stimulating Hormone Free Triiodothyronine Total Triiodothyronine Free Thyroxine Total Thyroxine
COVID-19 Antibodies	Comprehensive Metabolic Panel (CHEM-14)	Tumor Marker Panel
SARS-CoV-2 IgM and IgG Total SARS-CoV-2 IgG (Semi-Quantitative)	AST Albumin Alkaline Phosphatase ALT BUN Calcium Chloride	AFP CA 125 CA 19-9 CEA PSA
Basic Metabolic Panel	Lipid Panel	Infectious Diseases
Calcium CO2 Enzymatic Chloride Creatinine Glucose Potassium Sodium Urea Nitrogen (BUN)	Total Cholesterol High Density Lipoprotein Cholesterol Low Density Lipoprotein Cholesterol Triglyceride	(Quantitative PCR) HIV-1 HBV HCV
CBC (Including DIFF/PLT)	Liver or Hepatic Panel	Urine Drug Screen
WBC RBC Hemoglobin MCV MCHC Total Neutrophils Monocytes Basophils Total Lymphocytes Eosinophils Hematocrit MCH RDW	Albumin Alkaline Phosphatase ALT AST Bilirubin (Direct) Bilirubin (Total) Total Protein	Amphetamines Barbiturates Benzodiazepines Cannabinoid (THC) Cocaine Ecstasy Fentanyl Methadone Opiates Oxycodone PCP
		**TORCH Panel
		CMV IgG Rubella IgG Rubella IgM Toxo IgG Toxo IgM

**TORCH Panel

TORCH panel is a group of blood tests to screen for infectious diseases that cause illness in pregnant women and may cause birth defects in their newborns. It detects the presence of antibodies that are produced by the immune system.