

Clinical Chemistry Requisition

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

Laboratory Use Only
Accession Number _____ Date Received _____ Time Received _____

Practice Name _____ Practice ID _____ **Practice Contact Information**
Address _____
City, State, Zip _____
Phone _____
Fax _____

Ordering Physicians _____

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

First Name _____ Last Name _____ Middle Initial _____ Gender* _____
Address Line 1 _____ Address Line 2 _____ City _____ State _____ Zip _____
DOB _____ Cell/Home Phone* _____ Email _____
Gender Identity* _____ Race* _____ Ethnicity* _____ Sexual Orientation* _____
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 Tests

Panels		Individual Tests		<input type="checkbox"/> Folate (Serum)	<input type="checkbox"/> D52.9	<input type="checkbox"/> SHBG	<input type="checkbox"/> N97.0	
<input type="checkbox"/> Basic Metabolic Panel	<input type="checkbox"/> N18.9	<input type="checkbox"/> R53.83	<input type="checkbox"/> AFP	<input type="checkbox"/> R93.89	<input type="checkbox"/> Glucose	<input type="checkbox"/> R53.1	<input type="checkbox"/> Syphilis	<input type="checkbox"/> A53.9
<input type="checkbox"/> CBC With Differential	<input type="checkbox"/> D64.9	<input type="checkbox"/> D50.9	<input type="checkbox"/> Albumin	<input type="checkbox"/> K76.9	<input type="checkbox"/> Hgb A1C	<input type="checkbox"/> R73.09	<input type="checkbox"/> T3	<input type="checkbox"/> E03.9
<input type="checkbox"/> Comprehensive Metabolic Panel (Chem-14)	<input type="checkbox"/> R53.83	<input type="checkbox"/> E13.8	<input type="checkbox"/> ANA	<input type="checkbox"/> D75.839	<input type="checkbox"/> HIV	<input type="checkbox"/> B20	<input type="checkbox"/> T4	<input type="checkbox"/> E03.9
<input type="checkbox"/> Hepatitis Panel	<input type="checkbox"/> K74.60	<input type="checkbox"/> R94.5	<input type="checkbox"/> Amylase	<input type="checkbox"/> K86.9	<input type="checkbox"/> HLA	<input type="checkbox"/> K90.0	<input type="checkbox"/> FT3	<input type="checkbox"/> E03.9
<input type="checkbox"/> Lipid Panel	<input type="checkbox"/> E78.5	<input type="checkbox"/> E78.2	<input type="checkbox"/> ASCA	<input type="checkbox"/> K50.90	<input type="checkbox"/> IgE	<input type="checkbox"/> R06.89	<input type="checkbox"/> FT4	<input type="checkbox"/> E03.9
<input type="checkbox"/> Liver/Hepatic Panel	<input type="checkbox"/> K76.89	<input type="checkbox"/> R94.5	<input type="checkbox"/> aTG	<input type="checkbox"/> E07.9	<input type="checkbox"/> PTH	<input type="checkbox"/> E20.8	<input type="checkbox"/> TSH	<input type="checkbox"/> E03.9
<input type="checkbox"/> Thyroid Panel	<input type="checkbox"/> E03.9	<input type="checkbox"/> R53.83	<input type="checkbox"/> aTPO	<input type="checkbox"/> E07.9	<input type="checkbox"/> Iron	<input type="checkbox"/> D50.9	<input type="checkbox"/> Total Testosterone	<input type="checkbox"/> N52.9
<input type="checkbox"/> TORCH Panel	<input type="checkbox"/> B58.9	<input type="checkbox"/> B28.9	<input type="checkbox"/> pANCA	<input type="checkbox"/> I77.82	<input type="checkbox"/> TIBC	<input type="checkbox"/> D50.9	<input type="checkbox"/> Transferrin	<input type="checkbox"/> D64.9
<input type="checkbox"/> Celiac Disease Antibody Panel	<input type="checkbox"/> K90.0	<input type="checkbox"/> K90.49	<input type="checkbox"/> B-HCG	<input type="checkbox"/> N94.89	<input type="checkbox"/> LDH	<input type="checkbox"/> K74.69	<input type="checkbox"/> Troponin	<input type="checkbox"/> I20.0
<input type="checkbox"/> Celiac Disease Genetics (HLA DQ2/DQ8)	<input type="checkbox"/> K90.0	<input type="checkbox"/> K90.49	<input type="checkbox"/> Bilirubin (Direct)	<input type="checkbox"/> R53.83	<input type="checkbox"/> LH	<input type="checkbox"/> E28.8	(Frozen sample)	
<input type="checkbox"/> Genesis Food Allergy Panel	<input type="checkbox"/> R21	<input type="checkbox"/> R06.89	<input type="checkbox"/> Bilirubin (Total)	<input type="checkbox"/> R53.83	<input type="checkbox"/> Lipase	<input type="checkbox"/> K52.9	<input type="checkbox"/> Uric Acid	<input type="checkbox"/> E87.20
<input type="checkbox"/> Inflammatory Bowel Diseases Panel	<input type="checkbox"/> K50.90	<input type="checkbox"/> K50.911	<input type="checkbox"/> BNP	<input type="checkbox"/> R06.9	<input type="checkbox"/> Magnesium	<input type="checkbox"/> K90.89	<input type="checkbox"/> Valproic Acid	<input type="checkbox"/> G43.019
<input type="checkbox"/> Coagulation (PT/INR/APTT)	<input type="checkbox"/> I48.91	<input type="checkbox"/> K79.1	<input type="checkbox"/> Calcium	<input type="checkbox"/> M89.9	<input type="checkbox"/> PCT	<input type="checkbox"/> B37.9	<input type="checkbox"/> Vancomycin	<input type="checkbox"/> Z16.21
<input type="checkbox"/> Renal Function Panel	<input type="checkbox"/> N18.9		<input type="checkbox"/> CA 125	<input type="checkbox"/> R97.8	<input type="checkbox"/> Phosphorus	<input type="checkbox"/> E83.30	<input type="checkbox"/> Vitamin B12	<input type="checkbox"/> D51.9
Please note that panel details, additional ICD-10 codes, and descriptions can be found on reverse side of this form.			<input type="checkbox"/> CA 19-9	<input type="checkbox"/> R97.8	<input type="checkbox"/> PSA	<input type="checkbox"/> R97.20	<input type="checkbox"/> Vitamin D	<input type="checkbox"/> E55.9
<input type="checkbox"/> Fasting	<input type="checkbox"/> Non-Fasting		<input type="checkbox"/> CEA	<input type="checkbox"/> R97.0	<input type="checkbox"/> Prealbumin	<input type="checkbox"/> E46	<input type="checkbox"/> HIV-1 (RNA Quant)	<input type="checkbox"/> Z21
			<input type="checkbox"/> CRP	<input type="checkbox"/> E78.00	<input type="checkbox"/> Progesterone	<input type="checkbox"/> O20.0	<input type="checkbox"/> HBV (DNA Quant)	<input type="checkbox"/> B19.10
			<input type="checkbox"/> Cortisol	<input type="checkbox"/> E27.8	<input type="checkbox"/> Prolactin	<input type="checkbox"/> E22.8	<input type="checkbox"/> HCV (RNA Quant)	<input type="checkbox"/> B19.20
			<input type="checkbox"/> Digoxin	<input type="checkbox"/> Z79.899	<input type="checkbox"/> PT/INR/APTT	<input type="checkbox"/> R79.1	<input type="checkbox"/> Hemochromatosis (Genetics)	
			<input type="checkbox"/> ELF	<input type="checkbox"/> K74.00	<input type="checkbox"/> QuantiFERON-TB Gold Plus	<input type="checkbox"/> A15.8	<input type="checkbox"/> Other _____	
			<input type="checkbox"/> ESR	<input type="checkbox"/> R63.4	<input type="checkbox"/> Rheumatoid Factor	<input type="checkbox"/> D75.839		
			<input type="checkbox"/> Ferritin	<input type="checkbox"/> D50.9				
			<input type="checkbox"/> FSH	<input type="checkbox"/> E28.8				

ICD-10 Codes

Other Diagnosis

<input type="checkbox"/> D50.9 Iron deficiency anemia, unspecified	<input type="checkbox"/> J30.89 Other allergic rhinitis	<input type="checkbox"/> R73.01 Impaired fasting glucose
<input type="checkbox"/> D64.9 Anemia, unspecified	<input type="checkbox"/> J45.998 Other asthma	<input type="checkbox"/> R73.03 Prediabetes
<input type="checkbox"/> E03.9 Hypothyroidism, unspecified	<input type="checkbox"/> K50.90 Crohn's disease, unspecified, without complications	<input type="checkbox"/> R73.09 Other abnormal glucose
<input type="checkbox"/> E11.65 Type 2 diabetes with hyperglycemia	<input type="checkbox"/> K76.9 Liver disease, unspecified	<input type="checkbox"/> R73.9 Hyperglycemia, unspecified
<input type="checkbox"/> E11.9 Type 2 diabetes without complications	<input type="checkbox"/> K90.0 Celiac disease	<input type="checkbox"/> R79.89 Other specified abnormal findings of blood chemistry
<input type="checkbox"/> E53.8 Deficiency of other specified B group vitamins	<input type="checkbox"/> L50.8 Other urticaria	<input type="checkbox"/> R97.8 Other abnormal tumor marker
<input type="checkbox"/> E55.9 Vitamin D deficiency, unspecified	<input type="checkbox"/> N18.30 Chronic kidney disease, stage 3 unspecified	<input type="checkbox"/> R79.9 Abnormal finding of blood chemistry, unspecified
<input type="checkbox"/> E78.00 Pure hypercholesterolemia, unspecified	<input type="checkbox"/> N18.4 Chronic kidney disease, stage 4 (severe)	<input type="checkbox"/> T78.40X Allergy, unspecified
<input type="checkbox"/> E78.2 Mixed hyperlipidemia	<input type="checkbox"/> N39.0 Urinary tract infection, site not specified	<input type="checkbox"/> T78.49X Other Allergy _____
<input type="checkbox"/> E78.5 Hyperlipidemia, unspecified	<input type="checkbox"/> R10.9 Unspecified abdominal pain	<input type="checkbox"/> Z02.83 Encounter for blood-alcohol and blood-drug test
<input type="checkbox"/> H10.45 Other chronic allergic conjunctivitis	<input type="checkbox"/> R53.1 Weakness	<input type="checkbox"/> Z13.6 Encounter for screening for cardiovascular disorders
<input type="checkbox"/> I10 Essential (primary) hypertension	<input type="checkbox"/> R53.83 Other fatigue	<input type="checkbox"/> Z79.899 Other long term (current) drug therapy
<input type="checkbox"/> I25.10 Atherosclerotic heart disease of native coronary artery without angina pectoris	<input type="checkbox"/> R63.4 Abnormal weight loss	<input type="checkbox"/> Z91.01 Allergy to _____
<input type="checkbox"/> I48.91 Unspecified atrial fibrillation		<input type="checkbox"/> Z91.018 Allergy to other foods
		<input type="checkbox"/> 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) _____ Date _____ Accessioner Initials 1 _____ 2 _____ Tech Initials 1 _____

For specimen pick up please call our Courier Line at 732-508-9154.

Revised 01/08/25

Hepatitis Panel	Coagulation (PT/INR/APTT)	Thyroid Panel
Hepatitis A Total Antibodies (HAVT) Hepatitis B Core Antigen Total Antibodies (Anti-HBcT) Hepatitis B Core Antigen IgM Antibodies (aHBCM) Hepatitis B Surface Antigen II (HBsII) Hepatitis B Surface Antigen Antibodies (aHBs2) Hepatitis C IgG Antibodies (aHCV) <input type="checkbox"/> R17 Unspecified jaundice <input type="checkbox"/> R53.1 Weakness <input type="checkbox"/> R63.4 Abnormal weight loss <input type="checkbox"/> K75.9 Inflammatory liver disease, unspecified <input type="checkbox"/> K74.60 Unspecified cirrhosis of liver	Prothrombin time (PT) Activated partial thromboplastin time (APTT) <input type="checkbox"/> D68.9 Coagulation defect, unspecified <input type="checkbox"/> I48.20 Chronic atrial fibrillation, unspecified <input type="checkbox"/> R10.9 Unspecified abdominal pain <input type="checkbox"/> R06.02 Shortness of breath <input type="checkbox"/> Z51.81 Encounter for therapeutic drug level monitoring	Thyroid Stimulating Hormone Free Triiodothyronine Total Triiodothyronine Free Thyroxine Total Thyroxine <input type="checkbox"/> Z79.899 Other long term (current) drug therapy <input type="checkbox"/> E78.00 Pure hypercholesterolemia, unspecified <input type="checkbox"/> E11.9 Type 2 diabetes without complications
Basic Metabolic Panel	Comprehensive Metabolic Panel (CHEM-14)	Inflammatory Bowel Diseases
Calcium CO2 Enzymatic Chloride Creatinine Glucose Potassium Sodium Blood Urea Nitrogen (BUN) <input type="checkbox"/> E13.8 Other specified diabetes with unspecified complications <input type="checkbox"/> I11.0 Hypertensive heart disease with heart failure <input type="checkbox"/> E87.8 Electrolyte imbalance <input type="checkbox"/> E13.9 Other specified diabetes without complications	Aspartate transferase (AST) Albumin Alkaline Phosphatase (ALP) Alanine transaminase (ALT) Blood Urea Nitrogen (BUN) Calcium Chloride <input type="checkbox"/> E55.9 Vitamin D deficiency, unspecified <input type="checkbox"/> K76.9 Liver disease, unspecified <input type="checkbox"/> K50.90 Crohn's disease, unspecified, without complications <input type="checkbox"/> I11.0 Hypertensive heart disease with heart failure <input type="checkbox"/> E08.9 Diabetes due to underlying condition without complications	Creatinine CO2 Enzymatic Glucose Total Protein Bilirubin (Total) Potassium Sodium <input type="checkbox"/> K50.80 Crohn's disease of both small and large intestine without complications <input type="checkbox"/> K50.811 Crohn's disease of both small and large intestine with rectal bleeding
CBC (Including DIFF/PLT)	Lipid Panel	**TORCH Panel
WBC RBC Hemoglobin MCV MCHC Total Neutrophils Monocytes <input type="checkbox"/> I10 Essential (primary) hypertension <input type="checkbox"/> E11.9 Type 2 diabetes without complications <input type="checkbox"/> R53.83 Other fatigue <input type="checkbox"/> Z79.899 Other long term (current) drug therapy	Basophils Total Lymphocytes Eosinophils Hematocrit MCH RDW <input type="checkbox"/> I10 Essential (primary) hypertension <input type="checkbox"/> E11.9 Type 2 diabetes without complications <input type="checkbox"/> R53.83 Other fatigue <input type="checkbox"/> Z79.899 Other long term (current) drug therapy	Total Cholesterol High Density Lipoprotein Cholesterol Low Density Lipoprotein Cholesterol Triglyceride <input type="checkbox"/> E11.9 Type 2 diabetes without complications <input type="checkbox"/> I25.10 Atherosclerotic heart disease of native coronary artery without angina pectoris <input type="checkbox"/> I11.9 Hypertensive heart disease without heart failure <input type="checkbox"/> R79.9 Abnormal finding of blood chemistry, unspecified <input type="checkbox"/> Z13.6 Encounter for screening for cardiovascular disorders
Liver/Hepatic Panel	Genesis Food Allergy Panel	Celiac Disease Antibody Panel
Albumin Alkaline Phosphatase (ALP) Alanine transaminase (ALT) Aspartate transferase (AST) Bilirubin (Direct) Bilirubin (Total) Total Protein <input type="checkbox"/> R74.8 Abnormal levels of other serum enzymes <input type="checkbox"/> R17 Unspecified jaundice <input type="checkbox"/> R10.13 Epigastric pain <input type="checkbox"/> R53.83 Other fatigue <input type="checkbox"/> Z79.899 Other long term (current) drug therapy	Peanut Hazelnut Almond Cashew Nuts Peas Soybean Mustard Avocado Tomato Garlic Onion <input type="checkbox"/> R05.1 Acute Cough <input type="checkbox"/> R06.2 Wheezing <input type="checkbox"/> Z91.010 Allergy to Peanuts <input type="checkbox"/> Z91.011 Allergy to Milk Products <input type="checkbox"/> Z91.012 Allergy to Eggs <input type="checkbox"/> Z91.013 Allergy to Seafood <input type="checkbox"/> Z91.018 Allergy to Other Foods	Celery Apple Kiwi Banana Peach Pork Beef Chicken Codfish Crab Shrimp/Prawn <input type="checkbox"/> R05.1 Acute Cough <input type="checkbox"/> R06.2 Wheezing <input type="checkbox"/> Z91.010 Allergy to Peanuts <input type="checkbox"/> Z91.011 Allergy to Milk Products <input type="checkbox"/> Z91.012 Allergy to Eggs <input type="checkbox"/> Z91.013 Allergy to Seafood <input type="checkbox"/> Z91.018 Allergy to Other Foods
Celiac Disease Genetics Typing	Additional ICD-10 Code Descriptions	
HLA - DQ 2.2 HLA - DQ 2.5 HLA - DQ 8 β Subunit HLA DQ 2.2/DQ 2.5 <input type="checkbox"/> A15.8 Other respiratory tuberculosis <input type="checkbox"/> A53.9 Syphilis, unspecified <input type="checkbox"/> B19.10 Unspecified viral hepatitis B without hepatic coma <input type="checkbox"/> B19.20 Unspecified viral hepatitis C without hepatic coma <input type="checkbox"/> B20 Human immunodeficiency virus [HIV] disease <input type="checkbox"/> D51.9 Vitamin B12 deficiency anemia, unspecified <input type="checkbox"/> E20.8 Other hypoparathyroidism <input type="checkbox"/> E22.8 Other hyperfunction of pituitary gland <input type="checkbox"/> E27.8 Other specified disorders of adrenal gland <input type="checkbox"/> E28.8 Other ovarian dysfunction <input type="checkbox"/> E83.30 Disorder of phosphorus metabolism, unspecified <input type="checkbox"/> E87.20 Acidosis, unspecified <input type="checkbox"/> G43.019 Migraine without aura, intractable, without status migrainosus <input type="checkbox"/> I20.0 Unstable angina <input type="checkbox"/> K52.9 Noninfective gastroenteritis and colitis, unspecified <input type="checkbox"/> K74.00 Hepatic fibrosis, unspecified	<input type="checkbox"/> K74.69 Other cirrhosis of liver <input type="checkbox"/> K86.9 Disease of pancreas, unspecified <input type="checkbox"/> K90.41 Non-celiac gluten sensitivity <input type="checkbox"/> K90.89 Other intestinal malabsorption <input type="checkbox"/> M89.9 Disorder of bone, unspecified <input type="checkbox"/> N52.9 Male erectile dysfunction, unspecified <input type="checkbox"/> N94.89 Other specified conditions associated with female genital organs and menstrual cycle <input type="checkbox"/> O20.0 Threatened abortion <input type="checkbox"/> R06.9 Unspecified abnormalities of breathing <input type="checkbox"/> R79.1 Abnormal coagulation profile <input type="checkbox"/> R93.89 Abnormal findings on diagnostic imaging of other specified body structures <input type="checkbox"/> R97.0 Elevated carcinoembryonic antigen [CEA] <input type="checkbox"/> R97.20 Elevated prostate specific antigen [PSA] <input type="checkbox"/> Z16.21 Resistance to vancomycin	
Renal Function Panel		
Albumin Blood Urea Nitrogen (BUN) Creatinine Calcium Chloride CO2 Enzymatic Glucose Sodium Potassium Phosphorus		

*Gender, Cell/Home Phone, Gender Identity, Race, Ethnicity, and Sexual Orientation are required by certain states and/or the CDC. **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. ICD-10 Codes are listed for information purposes only. It is the provider's responsibility to order tests that are medically necessary and in the best interest of the patient.