



## 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**

Ordering Physicians  \_\_\_\_\_ Address \_\_\_\_\_

\_\_\_\_\_  \_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_  \_\_\_\_\_ Fax \_\_\_\_\_

### Patient and Insurance Information

(Currently Not Accepting Medicaid or Managed Medicaid Plans - Contract Pending)

Name \_\_\_\_\_ Cell/Home Phone\* \_\_\_\_\_ Date of Birth \_\_\_\_\_

Full Address \_\_\_\_\_ Email \_\_\_\_\_

Gender\* \_\_\_\_\_ Gender ID\* \_\_\_\_\_ Race\* \_\_\_\_\_ Ethnicity\* \_\_\_\_\_ Sexual Orientation\* \_\_\_\_\_

Insured's Name \_\_\_\_\_ Relationship to Patient \_\_\_\_\_ Social Security # \_\_\_\_\_

Cell/Home Phone \_\_\_\_\_ Date of Birth \_\_\_\_\_ Gender \_\_\_\_\_

Primary Insurance \_\_\_\_\_ Secondary Insurance \_\_\_\_\_

Group # \_\_\_\_\_ ID# \_\_\_\_\_ Group # \_\_\_\_\_ ID# \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

### Panels and Individual Tests

**Panels**

- Basic Metabolic Panel
- CBC With Differential
- Celiac Disease Antibody Panel
- Celiac Disease Genetics Typing (HLA DQ2/DQ8)
- Coagulation (PT/INR/APTT)
- Comprehensive Metabolic Panel (Chem-14)
- Genesis Food Allergy Panel
- Hepatitis Panel
- Inflammatory Bowel Diseases Panel
- Lipid Panel
- Liver/Hepatic Panel
- Renal Function Panel
- Thyroid Panel

- N18.9
- D64.9
- K90.0
- K90.0
- I48.91
- R53.83
- L27.2
- K74.60
- K50.90
- E78.5
- K76.89
- N18.9
- E03.9
- R53.83
- D50.9
- D50.9
- K90.49
- K90.49
- K79.1
- E13.8
- R05.3
- R94.5
- K50.911
- E78.2
- R94.5

**Individual Tests**

- AFP
- Albumin
- ANA
- Amylase
- ASCA
- aTG
- aTPO
- pANCA
- Bilirubin (Direct)
- Bilirubin (Total)
- BNP
- BUN
- Calcium
- CA 125
- CA 19-9
- CEA
- CRP
- Chloride
- Cortisol
- CO2 Enzymatic
- D-Dimer
- Digoxin
- ELF

- R93.89
- K76.9
- D75.839
- K86.9
- K50.90
- E07.9
- E07.9
- I77.82
- R53.83
- R53.83
- R06.9
- R10.9
- M89.9
- R97.8
- R97.8
- R97.0
- E78.00
- I10
- E27.8
- I10
- R79.1
- Z79.899
- K74.00

- ESR
- Ferritin
- FSH
- Folate (Serum)
- Glucose
- Hgb A1C
- HIV
- HLA
- IgE
- PTH
- Iron
- TIBC
- LDH
- LH
- Lipase
- Magnesium
- PCT
- Phosphorus
- PSA
- Potassium
- Prealbumin
- Progesterone
- Prolactin
- PT/INR/APTT

- R63.4
- D50.9
- E28.8
- D52.9
- R53.1
- R73.09
- B20
- K90.0
- R06.89
- E20.8
- D50.9
- D50.9
- K74.69
- E28.8
- K52.9
- K90.89
- B379
- E83.30
- R97.20
- I10
- E46
- O20.0
- E22.8
- R79.1

- QuantiFERON-TB Gold Plus
- Rheumatoid Factor
- SHBG
- Sodium
- Syphilis
- T3
- T4
- FT3
- FT4
- TSH
- Total Testosterone
- Transferrin
- Uric Acid
- Valproic Acid
- Vitamin B12
- Vitamin D
- HIV-1 (RNA Quant)
- HBV (DNA Quant)
- HCV (RNA Quant)
- Other \_\_\_\_\_
- Other \_\_\_\_\_
- Other \_\_\_\_\_

Please note that panel details, additional ICD-10 codes, and descriptions can be found on reverse side of this form.

Fasting  Non-Fasting

### ICD-10 Codes

### Other Diagnosis

- D50.9 Iron deficiency anemia, unspecified
- D64.9 Anemia, unspecified
- E03.9 Hypothyroidism, unspecified
- E11.65 Type 2 diabetes with hyperglycemia
- E11.9 Type 2 diabetes without complications
- E53.8 Deficiency of other specified B group vitamins
- E55.9 Vitamin D deficiency, unspecified
- E78.00 Pure hypercholesterolemia, unspecified
- E78.2 Mixed hyperlipidemia
- E78.5 Hyperlipidemia, unspecified
- H10.45 Other chronic allergic conjunctivitis
- I10 Essential (primary) hypertension
- I25.10 Atherosclerotic heart disease of native coronary artery without angina pectoris
- I48.91 Unspecified atrial fibrillation
- J30.89 Other allergic rhinitis
- J45.998 Other asthma
- K50.90 Crohn's disease, unspecified, without complications
- K76.9 Liver disease, unspecified
- K90.0 Celiac disease
- L50.8 Other urticaria
- N18.30 Chronic kidney disease, stage 3 unspecified
- N18.4 Chronic kidney disease, stage 4 (severe)
- N39.0 Urinary tract infection, site not specified
- R10.9 Unspecified abdominal pain
- R53.1 Weakness
- R53.83 Other fatigue
- R63.4 Abnormal weight loss

- R73.01 Impaired fasting glucose
- R73.03 Prediabetes
- R73.09 Other abnormal glucose
- R73.9 Hyperglycemia, unspecified
- R79.89 Other specified abnormal findings of blood chemistry
- R97.8 Other abnormal tumor marker
- R79.9 Abnormal finding of blood chemistry, unspecified
- T78.40X Allergy, unspecified
- T78.49X Other Allergy \_\_\_\_\_
- Z02.83 Encounter for blood-alcohol and blood-drug test
- Z13.6 Encounter for screening for cardiovascular disorders
- Z79.899 Other long term (current) drug therapy
- Z91.01 Allergy to \_\_\_\_\_
- Z91.018 Allergy to other foods
- 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.

Basic Metabolic Panel		CBC (Including DIFF/PLT)			Celiac Disease Antibody Panel			
<i>Blood Urea Nitrogen (BUN)</i> <i>Calcium</i> <i>Chloride</i> <i>CO2 Enzymatic</i>	<i>Creatinine</i> <i>Glucose</i> <i>Potassium</i> <i>Sodium</i>	<i>Basophils</i> <i>Eosinophils</i> <i>Hematocrit</i> <i>Hemoglobin</i> <i>MCH</i>	<i>MCHC</i> <i>MCV</i> <i>Monocytes</i> <i>RBC</i>	<i>RDW</i> <i>Total Lymphocytes</i> <i>Total Neutrophils</i> <i>WBC</i>	<i>Anti-Tissue Transglutaminase ELISA (IgG)</i> <i>Anti-Tissue Transglutaminase ELISA (IgA)</i> <i>Anti-Gliadin (GAF-3X) ELISA (IgA)</i> <i>Anti-Gliadin (GAF-3X) ELISA (IgG)</i>			
<input type="checkbox"/> E13.8 Other specified diabetes with unspecified complications <input type="checkbox"/> E13.9 Other specified diabetes without complications <input type="checkbox"/> E87.8 Electrolyte imbalance <input type="checkbox"/> I11.0 Hypertensive heart disease with heart failure		<input type="checkbox"/> E11.9 Type 2 diabetes without complications <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						
Celiac Disease Genetics Typing		Coagulation (PT/INR/APTT)			Comprehensive Metabolic Panel (CHEM-14)			
<i>HLA - DQ 2.2</i> <i>HLA - DQ 2.5</i> <i>HLA - DQ 8</i> <i>β Subunit HLA DQ 2.2/DQ 2.5</i>		<i>Prothrombin Time (PT)</i> <i>Activated Partial Thromboplastin Time (APTT)</i>			<i>Alanine Transaminase (ALT)</i> <i>Albumin</i> <i>Alkaline Phosphatase (ALP)</i> <i>Aspartate Transferase (AST)</i> <i>Blood Urea Nitrogen (BUN)</i> <i>Calcium</i> <i>Chloride</i>			
		<input type="checkbox"/> D68.9 Coagulation defect, unspecified <input type="checkbox"/> I48.20 Chronic atrial fibrillation, unspecified <input type="checkbox"/> R06.02 Shortness of breath <input type="checkbox"/> R10.9 Unspecified abdominal pain <input type="checkbox"/> Z51.81 Encounter for therapeutic drug level monitoring			<i>CO2 Enzymatic</i> <i>Creatinine</i> <i>Glucose</i> <i>Potassium</i> <i>Sodium</i> <i>Total Bilirubin</i> <i>Total Protein</i> <input type="checkbox"/> E08.9 Diabetes due to underlying condition without complications <input type="checkbox"/> E55.9 Vitamin D deficiency, unspecified <input type="checkbox"/> I11.0 Hypertensive heart disease with heart failure <input type="checkbox"/> K50.90 Crohn's disease, unspecified, without complications <input type="checkbox"/> K76.9 Liver disease, unspecified			
Genesis Food Allergy Panel		Hepatitis Panel			Inflammatory Bowel Diseases			
<i>Almond</i> <i>Apple</i> <i>Avocado</i> <i>Baker's Yeast</i> <i>Banana</i> <i>Beef</i> <i>Cashew Nuts</i> <i>Celery</i> <i>Chicken</i> <i>Codfish</i> <i>Cow's Milk</i>	<i>nBos d8 (Cow's Milk)</i> <i>Crab</i> <i>Egg White</i> <i>Egg Yolk</i> <i>Garlic</i> <i>Goat's Milk</i> <i>Hazelnut</i> <i>Kiwi</i> <i>Maize Flour</i> <i>Mustard</i> <i>Onion</i>	<i>Peas</i> <i>Peach</i> <i>Peanut</i> <i>Pork</i> <i>Rice</i> <i>Sesame</i> <i>Shrimp/Prawn</i> <i>Soybean</i> <i>Tomato</i> <i>Tuna</i> <i>Wheat Flour</i>	<i>Hepatitis A Total Antibodies (HAVT)</i> <i>Hepatitis B Core Antigen IgM Antibodies (aHBCM)</i> <i>Hepatitis B Core Antigen Total Antibodies (Anti-HBcT)</i> <i>Hepatitis B Surface Antigen Antibodies (aHBs2)</i> <i>Hepatitis B Surface Antigen II (HBsII)</i> <i>Hepatitis C IgG Antibodies (aHCV)</i>			<i>Anti-Saccharomyces Cerevisiae Antibodies (IgA)</i> <i>Anti-Saccharomyces Cerevisiae Antibodies (IgG)</i> <i>Antineutrophil Cytoplasmic Antibodies (IgA)</i> <i>Antineutrophil Cytoplasmic Antibodies (IgG)</i>		
<input type="checkbox"/> J45.998 Other asthma <input type="checkbox"/> L20.89 Other atopic dermatitis <input type="checkbox"/> L27.2 Dermatitis due to ingested food <input type="checkbox"/> R05.3 Chronic 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		<input type="checkbox"/> K74.60 Unspecified cirrhosis of liver <input type="checkbox"/> K75.9 Inflammatory liver disease, unspecified <input type="checkbox"/> R17 Unspecified jaundice <input type="checkbox"/> R53.1 Weakness <input type="checkbox"/> R63.4 Abnormal weight loss			<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	
Lipid Panel		Liver/Hepatic Panel			Renal Function Panel			
<i>High-Density Lipoprotein Cholesterol</i> <i>Low-Density Lipoprotein Cholesterol</i>	<i>Total Cholesterol</i> <i>Triglyceride</i>	<i>Alanine Transaminase (ALT)</i> <i>Albumin</i> <i>Alkaline Phosphatase (ALP)</i> <i>Aspartate Transferase (AST)</i>			<i>Albumin</i> <i>Blood Urea Nitrogen (BUN)</i> <i>Calcium</i> <i>Chloride</i> <i>CO2 Enzymatic</i>			
<input type="checkbox"/> E11.9 Type 2 diabetes without complications <input type="checkbox"/> I11.9 Hypertensive heart disease without heart failure <input type="checkbox"/> I25.10 Atherosclerotic heart disease of native coronary artery without angina pectoris <input type="checkbox"/> R79.9 Abnormal finding of blood chemistry, unspecified <input type="checkbox"/> Z13.6 Encounter for screening for cardiovascular disorders		<input type="checkbox"/> R10.13 Epigastric pain <input type="checkbox"/> R17 Unspecified jaundice <input type="checkbox"/> R53.83 Other fatigue <input type="checkbox"/> R74.8 Abnormal levels of other serum enzymes <input type="checkbox"/> Z79.899 Other long term (current) drug therapy			<i>Bilirubin (Direct)</i> <i>Bilirubin (Total)</i> <i>Total Protein</i> <i>Creatinine</i> <i>Glucose</i> <i>Phosphorus</i> <i>Potassium</i> <i>Sodium</i>			
Thyroid Panel		Additional ICD-10 Code Descriptions						
<i>Free Thyroxine</i> <i>Free Triiodothyronine</i> <i>Thyroid Stimulating Hormone</i> <i>Total Thyroxine</i> <i>Total Triiodothyronine</i>	<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"/> E11.9 Type 2 diabetes without complications <input type="checkbox"/> E78.00 Pure hypercholesterolemia, unspecified <input type="checkbox"/> Z79.899 Other long term (current) drug therapy		<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						

\*Gender, Cell/Home Phone, Gender Identity, Race, Ethnicity, and Sexual Orientation are required by certain states and/or the CDC. 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.