



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 | ☐ N18.9 | ☐ R53.83 |
| ☐ CBC With Differential | ☐ D64.9 | ☐ D50.9 |
| ☐ Celiac Disease Antibody Panel | ☐ K90.0 | ☐ K90.49 |
| ☐ Celiac Disease Genetics Typing
(HLA DQ2/DQ8) | ☐ K90.0 | ☐ K90.49 |
| ☐ Coagulation (PT/INR/APTT) | ☐ I48.91 | ☐ R00.00 |
| ☐ Comprehensive Metabolic Panel
(Chem-14) | ☐ R53.83 | ☐ E13.8 |
| ☐ Genesis Food Allergy Panel | ☐ L27.2 | ☐ R05.3 |
| ☐ Hepatitis Panel | ☐ K74.60 | ☐ R94.5 |
| ☐ Inflammatory Bowel Diseases Panel | ☐ K50.90 | ☐ K50.911 |
| ☐ Lipid Panel | ☐ E78.5 | ☐ E78.2 |
| ☐ Liver/Hepatic Panel | ☐ K76.89 | ☐ R94.5 |
| ☐ Renal Function Panel | ☐ N18.9 | |
| ☐ Thyroid Panel | ☐ E03.9 | ☐ R53.83 |

Individual Tests

- | | |
|---|----------------------------------|
| ☐ AFP | ☐ R93.89 |
| ☐ Albumin | ☐ K76.9 |
| ☐ ANA | ☐ D75.839 |
| ☐ Amylase | ☐ K86.9 |
| ☐ ASCA | ☐ K50.90 |
| ☐ aTG | ☐ E07.9 |
| ☐ aTPO | ☐ E07.9 |
| ☐ pANCA | ☐ I77.82 |
| ☐ Bilirubin (Direct) | ☐ R53.83 |
| ☐ Bilirubin (Total) | ☐ R53.83 |
| ☐ BNP | ☐ R06.9 |
| ☐ BUN | ☐ R10.9 |
| ☐ Calcium | ☐ M89.9 |
| ☐ CA 125 | ☐ R97.8 |
| ☐ CA 19-9 | ☐ R97.8 |
| ☐ CEA | ☐ R97.0 |
| ☐ CRP | ☐ E78.00 |
| ☐ Chloride | ☐ I10 |
| ☐ Cortisol | ☐ E27.8 |
| ☐ CO2 Enzymatic | ☐ I10 |
| ☐ D-Dimer | ☐ R79.1 |
| ☐ Digoxin | ☐ Z79.899 |
| ☐ ELF | ☐ K74.00 |

- | | |
|---|---------------------------------|
| ☐ ESR | ☐ R63.4 |
| ☐ Ferritin | ☐ D50.9 |
| ☐ FSH | ☐ E28.8 |
| ☐ Folate (Serum) | ☐ D52.9 |
| ☐ Glucose | ☐ R53.1 |
| ☐ Hgb A1C | ☐ R73.09 |
| ☐ HIV | ☐ B20 |
| ☐ HLA | ☐ K90.0 |
| ☐ IgE | ☐ R06.89 |
| ☐ PTH | ☐ E20.8 |
| ☐ Iron | ☐ D50.9 |
| ☐ TIBC | ☐ D50.9 |
| ☐ LDH | ☐ K74.69 |
| ☐ LH | ☐ E28.8 |
| ☐ Lipase | ☐ K52.9 |
| ☐ Magnesium | ☐ K90.89 |
| ☐ PCT | ☐ B37.9 |
| ☐ Phosphorus | ☐ E83.30 |
| ☐ PSA | ☐ R97.20 |
| ☐ Potassium | ☐ I10 |
| ☐ Prealbumin | ☐ E46 |
| ☐ Progesterone | ☐ O20.0 |
| ☐ Prolactin | ☐ E22.8 |
| ☐ PT/INR/APTT | ☐ R79.1 |

- | | |
|--|----------------------------------|
| ☐ QuantiFERON-TB
Gold Plus | ☐ A15.8 |
| ☐ Rheumatoid Factor | ☐ D75.839 |
| ☐ SHBG | ☐ N97.0 |
| ☐ Sodium | ☐ I10 |
| ☐ Syphilis | ☐ A53.9 |
| ☐ T3 | ☐ E03.9 |
| ☐ T4 | ☐ E03.9 |
| ☐ FT3 | ☐ E03.9 |
| ☐ FT4 | ☐ E03.9 |
| ☐ TSH | ☐ E03.9 |
| ☐ Total Testosterone | ☐ N52.9 |
| ☐ Transferrin | ☐ D64.9 |
| ☐ Uric Acid | ☐ E87.20 |
| ☐ Valproic Acid | ☐ G43.019 |
| ☐ Vitamin B12 | ☐ D51.9 |
| ☐ Vitamin D | ☐ E55.9 |
| ☐ HIV-1 (RNA Quant) | ☐ Z21 |
| ☐ HBV (DNA Quant) | ☐ B19.10 |
| ☐ HCV (RNA Quant) | ☐ B19.20 |
| ☐ 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 | ☐ J30.89 Other allergic rhinitis | ☐ R73.01 Impaired fasting glucose |
| ☐ D64.9 Anemia, unspecified | ☐ J45.998 Other asthma | ☐ R73.03 Prediabetes |
| ☐ E03.9 Hypothyroidism, unspecified | ☐ K50.90 Crohn's disease, unspecified, without complications | ☐ R73.09 Other abnormal glucose |
| ☐ E11.65 Type 2 diabetes with hyperglycemia | ☐ K76.9 Liver disease, unspecified | ☐ R73.9 Hyperglycemia, unspecified |
| ☐ E11.9 Type 2 diabetes without complications | ☐ K90.0 Celiac disease | ☐ R79.89 Other specified abnormal findings of blood chemistry |
| ☐ E53.8 Deficiency of other specified B group vitamins | ☐ L50.8 Other urticaria | ☐ R97.8 Other abnormal tumor marker |
| ☐ E55.9 Vitamin D deficiency, unspecified | ☐ N18.30 Chronic kidney disease, stage 3 unspecified | ☐ R79.9 Abnormal finding of blood chemistry, unspecified |
| ☐ E78.00 Pure hypercholesterolemia, unspecified | ☐ N18.4 Chronic kidney disease, stage 4 (severe) | ☐ T78.40X Allergy, unspecified |
| ☐ E78.2 Mixed hyperlipidemia | ☐ N39.0 Urinary tract infection, site not specified | ☐ T78.49X Other Allergy |
| ☐ E78.5 Hyperlipidemia, unspecified | ☐ R10.9 Unspecified abdominal pain | ☐ Z02.83 Encounter for blood-alcohol and blood-drug test |
| ☐ H10.45 Other chronic allergic conjunctivitis | ☐ R53.1 Weakness | ☐ Z13.6 Encounter for screening for cardiovascular disorders |
| ☐ I10 Essential (primary) hypertension | ☐ R53.83 Other fatigue | ☐ Z79.899 Other long term (current) drug therapy |
| ☐ I25.10 Atherosclerotic heart disease of native coronary artery without angina pectoris | ☐ R63.4 Abnormal weight loss | ☐ Z91.01 Allergy to _____ |
| ☐ I48.91 Unspecified atrial fibrillation | | ☐ 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.

Revised 08/12/26

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>		
☐ E13.8 Other specified diabetes with unspecified complications ☐ E13.9 Other specified diabetes without complications ☐ E87.8 Electrolyte imbalance ☐ I11.0 Hypertensive heart disease with heart failure			☐ E11.9 Type 2 diabetes without complications ☐ I10 Essential (primary) hypertension ☐ R53.83 Other fatigue ☐ 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> ☐ D68.9 Coagulation defect, unspecified ☐ I48.20 Chronic atrial fibrillation, unspecified ☐ R06.02 Shortness of breath ☐ R10.9 Unspecified abdominal pain ☐ Z51.81 Encounter for therapeutic drug level monitoring			<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> <i>CO2 Enzymatic</i> <i>Creatinine</i> <i>Glucose</i> <i>Potassium</i> <i>Sodium</i> <i>Total Bilirubin</i> <i>Total Protein</i> ☐ E08.9 Diabetes due to underlying condition without complications ☐ E55.9 Vitamin D deficiency, unspecified ☐ I11.0 Hypertensive heart disease with heart failure ☐ K50.90 Crohn's disease, unspecified, without complications ☐ 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>	☐ J45.998 Other asthma ☐ L20.89 Other atopic dermatitis ☐ L27.2 Dermatitis due to ingested food ☐ R05.3 Chronic cough ☐ R06.2 Wheezing ☐ Z91.010 Allergy to peanuts ☐ Z91.011 Allergy to milk products ☐ Z91.012 Allergy to eggs ☐ Z91.013 Allergy to seafood ☐ Z91.018 Allergy to other foods			<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> ☐ K74.60 Unspecified cirrhosis of liver ☐ K75.9 Inflammatory liver disease, unspecified ☐ R17 Unspecified jaundice ☐ R53.1 Weakness ☐ R63.4 Abnormal weight loss			<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> ☐ K50.80 Crohn's disease of both small and large intestine without complications ☐ 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>Bilirubin (Direct)</i> <i>Bilirubin (Total)</i> <i>Total Protein</i>	<i>Albumin</i> <i>Blood Urea Nitrogen (BUN)</i> <i>Calcium</i> <i>Chloride</i> <i>CO2 Enzymatic</i>		<i>Creatinine</i> <i>Glucose</i> <i>Phosphorus</i> <i>Potassium</i> <i>Sodium</i>	
☐ E11.9 Type 2 diabetes without complications ☐ I11.9 Hypertensive heart disease without heart failure ☐ I25.10 Atherosclerotic heart disease of native coronary artery without angina pectoris ☐ R79.9 Abnormal finding of blood chemistry, unspecified ☐ Z13.6 Encounter for screening for cardiovascular disorders			☐ R10.13 Epigastric pain ☐ R17 Unspecified jaundice ☐ R53.83 Other fatigue ☐ R74.8 Abnormal levels of other serum enzymes ☐ Z79.899 Other long term (current) drug therapy					
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> ☐ E11.9 Type 2 diabetes without complications ☐ E78.00 Pure hypercholesterolemia, unspecified ☐ Z79.899 Other long term (current) drug therapy			☐ A15.8 Other respiratory tuberculosis ☐ A53.9 Syphilis, unspecified ☐ B19.10 Unspecified viral hepatitis B without hepatic coma ☐ B19.20 Unspecified viral hepatitis C without hepatic coma ☐ B20 Human immunodeficiency virus [HIV] disease ☐ D51.9 Vitamin B12 deficiency anemia, unspecified ☐ E20.8 Other hypoparathyroidism ☐ E22.8 Other hyperfunction of pituitary gland ☐ E27.8 Other specified disorders of adrenal gland ☐ E28.8 Other ovarian dysfunction ☐ E83.30 Disorder of phosphorus metabolism, unspecified ☐ E87.20 Acidosis, unspecified ☐ G43.019 Migraine without aura, intractable, without status migrainosus ☐ I20.0 Unstable angina ☐ K52.9 Noninfective gastroenteritis and colitis, unspecified ☐ K74.00 Hepatic fibrosis, unspecified ☐ K74.69 Other cirrhosis of liver ☐ K86.9 Disease of pancreas, unspecified ☐ K90.41 Non-celiac gluten sensitivity ☐ K90.89 Other intestinal malabsorption ☐ M89.9 Disorder of bone, unspecified ☐ N52.9 Male erectile dysfunction, unspecified ☐ N94.89 Other specified conditions associated with female genital organs and menstrual cycle ☐ O20.0 Threatened abortion ☐ R06.9 Unspecified abnormalities of breathing ☐ R79.1 Abnormal coagulation profile ☐ R93.89 Abnormal findings on diagnostic imaging of other specified body structures ☐ R97.0 Elevated carcinoembryonic antigen [CEA] ☐ R97.20 Elevated prostate specific antigen [PSA] ☐ 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.*