

Accession Number	Requisition Number	Collection Date	Collection Type <input type="checkbox"/> AM <input type="checkbox"/> PM
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SAMPLE

Patient Name (Last) (First) (MI)		Patient Id#	Sex	Date of Birth	Patient SS#
Patient Address			City	State	Zip
Patient /Resp. Party Phone#		Referring Physician Name (Last, First)	Physician Signature	Physician NPI/UPIN	Fasting <input type="checkbox"/> Yes <input type="checkbox"/> No
Clinical Information/Physician Comments <i>Dr. will provide ins. info.</i>			Physician Id#	24 Hr. Urine Tot _____ Hrs Vol _____ mL Fl _____ m. Wt _____ lbs.	
Responsible Party/Insured's Name (Last, First)			Responsible Party/Insured's Address (If Different From Patient)		
INSURANCE 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 Medicare # (include Prefix/Suffix) Medicaid #/AHCCCS# State Insurance Company Name Plan Carrier Code Insurance Address Primary Care Physician # City State Zip Subscriber/Member# Location Group # Employer's Name or Number Insured SS# (If Not Patient)					

I hereby authorize the release of medical information related to the service described herein and authorize payment directly to LabCorp. I agree to assume responsibility for payment of charges for laboratory services that are not covered by my healthcare insurer.

Use a separate ABN when ordering tests which require an ABN. Refer to the back of this form for more information.

@ = Subject to Medicare medical necessity guidelines
% = Subject to Medicare frequency guidelines
= Medicare deems investigational

<input type="checkbox"/> STAT 270466	<input type="checkbox"/> VENIPUNCTURE 998085	<input type="checkbox"/> NON LABCORP 998239	<input type="checkbox"/> VERBAL ORDER 998250	<input type="checkbox"/> CHART ORDER 998261	<input type="checkbox"/> FAX REPORT 100874
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TRAVEL LOG ID		
PST HR#	DATE	LOG#

Diagnosis / Signs / Symptoms / in ICD-9 Format (Highest Specificity)

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|---|---|
| <ul style="list-style-type: none"> [] 322758 Basic Metabolic Panel (8) [] 322000 Comp. Metabolic Panel (14) @ [] 322744 Hepatitis Panel (4) [] 214486 HFP7 @ [] 303756 Lipid Panel [] 330655 LP+14AC+CBC/D/P1t+TSH # [] 871873 C. pneumoniae IgG/M/A X [] 827653 Coxsackie B Virus Antibodies [] 001362 Creatine Kinase, Total, Serum @ [] 006627 C-Reactive Protein, Quant [] 054262 EBVCA (IgG/M) X [] 827662 Echovirus Antibodies [] 834010 Enterovirus RNA, Qual., RT-PCR [] 138230 Epstein-Barr DNA PCR Real Time [] 138479 Human Herpes Virus 6 DNA Det. # [] 138529 Human Herpes Virus Type 6 IGM # [] 161075 HHV-6, IgG Antibodies, Quant [] 213884 HSV IgG+HSV IGM [] 005215 Sedimentation Rate-Westergren @ [] 878587 Natural Killer Cell Fun. Assay [] 225920 Protein Elec + Interp, Serum [] 209601 IgG, Subclasses (1-4) [] 001784 Immunoglobulin A, Qn, Serum @ [] 102525 Hgb A1c with MDC Estimation [] 149997 Microalbumin, Random Urine ALPHA TESTS [] 164855 Antinuclear Antibodies Direct [] 001396 Amylase, Serum @ [] 005009 CBC With Differential/Platelet @ [] 002139 CEA | <ul style="list-style-type: none"> [] 138693 CMV PCR [] 006494 Cytomegalovirus (CMV) Ab, IgG [] 096727 Cytomegalovirus (CMV) Ab, IgM [] 138396 Coccidioides immitis Abs @ [] 007385 Digoxin (Lanoxin), Serum @ [] 004598 Ferritin, Serum [] 162289 H. pylori IgG, Abs [] 289090 HIV 1 & 2 AB, RFX WB @ [] 551325 Extended Range Quant [] 083824 HIV-1 w/Confirm [] 006072 RPR [] 506105 T-Lymph Help/Supp-Short [] 004226 Testosterone, Serum @ [] 001149 Thyroxine (T4) [] 006478 Toxoplasma gondii Ab, IgG, Qn [] 096651 Toxoplasma gondii Ab, IgM, Qn @ [] 004259 TSH [] 003772 Urinalysis, Complete [] 000810 Vitamin B12 and Folate MICROBIOLOGY [] 008649 Aerobic Bacterial Culture [] 182675 AFB Cult/Smear, Broth, Suscep [] 164160 Chlamydia/GC, DNA Probe w/RFlx [] 008334 Genital Culture, Routine [] 186072 HSV Culture Without Typing [] 008623 Ova+Parasites Exam, Routine [] 008144 Stool Culture [] 377200 UA with Culture Reflexes @ [] 008847 Urine Culture, Routine |
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OTHER _____