CONEXUS LABORATORIES

Partners in Patient Care

General Health Requistion

PATIENT FULL NAME

PATIENT DATE OF BIRTH

_____/ _____/ _____

PATIENT ADDRESS

PROVIDER NAME AND NPI

ADDRESS

INSURANCE-COMPANY NAME

PHONE AND FAX

phone

fax

MEMBER ID AND GROUP NUMBER

ORGAN (DISEASE PANELS)	DATE COLLECTED	TIME COLLECTED	ICD CODE choose all that apply
☐ Electrolyte Panel	☐ C-Reactive Protien (CRP)	☐ Iron	☐ UA, Complete Dipstick & Micro
☐ Comp Metabolic Panel	☐ CA 27,29	☐ LDH	☐ UA, Complete w/ Reflex Culture
☐ Lipid Panel	☐ CA 125	☐ Lead, Blood	☐ Urea Nitrogen (BUN)
☐ Obstetric Panel w/ Reflex	☐ Calcium	☐ LH	☐ Urinc Acid
☐ Hepatic Panel, Acute w/ Reflex	☐ CCP Ab IgG	☐ Lipase	☐ Valporic Acid
☐ Renal Function Panel	☐ CEA	☐ Lyme Disease AB w/Reflex to Blot, IgG, IgM	☐ Varicella-Zoster Virus Ab(IgG)
HEMATOLOGY	☐ Choloesrtol, Total	☐ Magnesium	☐ Vit B12/Folic Acid
☐ Hemoglobin	☐ CK, Total	☐ Microalbumin, Random Urine w/ Creat	☐ Vit B12
☐ Hematocrit	☐ Creatinine	☐ Phosporus	☐ Vit D, 25-Hydroxy, Total, Immunoassay
☐ CBC	☐ DHEA Sulfate, Immunassay	☐ Potassium	☐ Vitamin D(QuestAssureDTM for Infants)
☐ CBC w/ Diff	☐ LDL, Cholesterol, Direct	☐ Progesterone	
☐ PT With INR	☐ Estradiol	☐ Prolactin	**MICROBIOLOGY**
☐ PTT, Activated	☐ Ferritin	☐ PSA,Total	☐ Culture, Areobic Bacteria w/Gram Stain*
	☐ Folic Acid	☐ Reticulocyte Count, Automated	☐ Culture, Aerobic & Anaaerobic w/ Gram Stain*
	☐ FSH	☐ Rheumatoid Factor	☐ Culture, Group B Strep*
	☐ GGT	☐ RPR(Monitoring) w/ Reflex titer	☐ Culture, Genital*
	☐ Glucose, Gestational Screen (50g)	☐ RPR w/ Reflex Confirm	☐ Culture, Throat Strep*
OTHER TESTS	☐ Glucose, Plasma	☐ Rubella IgG	☐ Culture, Urine, Routine*
☐ ABO Groups & Rh Type	☐ Glucose, Serum	☐ Sed Rate	**STOOL PATHOGENS**
☐ AFP Tumor Marker	☐ hCG, serum, Qual	☐ Testosterone, Total, LC/MX/MS	☐ Culture, Stool, Shig toxins w/ Reflex*
☐ Albumin	☐ hCg, Serum, Quant	☐ Testosterone, Total, Male	☐ H. pylori Ag, EIA Stool
☐ Aklaline Phosphatase	☐ Hemoglobin A 1c	☐ Thyroid Perxoidase Antibodies(TPO)	☐ H. pylori Urea Breath Test
☐ ALT	☐ Hep B Surface Ab Qual	☐ Triglyceride	☐ O & P w/ Permanent Stain
☐ Amylase	☐ Heb B Surface Ag w/ Reflex Confirm	☐ TSH	
☐ ANA W/ Reflex Titer	☐ Hep C Antibody	☐ TSH w/Reflex T4, Free	*Additional Charge for ID with Susceptibilities
☐ Antibody Scr,RBC w/ reflex ID	☐ HIV 1/2 AG/AB, 4th w/ Reflex	☐ T3, Free	
☐ AST	☐ Homocysteine	☐ T3, Total	
☐ Bilirubin, Direct	☐ hs CRP	☐ T3, Uptake	
☐ Bilirubin, Total	☐ Insulin	☐ T4 (Thyroxine), Total	
	☐ Immunofixation (IFE)	☐ T4 (Thyroxine), Free	
	☐ Iron, TIBC % Sat		

ADDITIONAL TESTS

PHYSICIAN SIGNATURE