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LAB REQUISITION

PATIENT INFORMATION

Last Name First Sex: ☐ M ☐ F
Address Birth Date
City SS #
State Zip Home Phone

ORDERING PROVIDER CONTACT

Provider Phone: _____

Provider Name: _____

Provider Signature: _____

Provider NPI# _____

☐ Call Results to phone number: (_____) _____

☐ Fax report to: (_____) _____

ICD10: _____

INDICATE TESTS REQUESTED

- | | | | |
|--|--|--|--|
| ☐ AST | ☐ Creatinine | ☐ LDH | ☐ Sed rate |
| ☐ ALT | ☐ CRP | ☐ LH | ☐ Sodium |
| ☐ ABO Group and Rh Type | ☐ Electrolyte | ☐ Lipase | ☐ Strep culture (A/B) |
| ☐ Alk Phos | ☐ Estradiol | ☐ Lipid Panel | ☐ Stool culture |
| ☐ Albumin | ☐ Ferritin | ☐ Magnesium | ☐ SHBG |
| ☐ Amylase | ☐ Free T3 | ☐ Mono screen | ☐ TSH |
| ☐ ANA Screen | ☐ Free T4 | ☐ Pregnancy, quantitative | ☐ Testosterone, free |
| ☐ Anemia panel | ☐ Fasting Insulin | ☐ Potassium | ☐ Testosterone, total |
| ☐ Bilirubin, Direct | ☐ FSH | ☐ Phosphorus | ☐ Uric acid |
| ☐ Bilirubin, Indirect | ☐ Glucose | ☐ Platelet count | ☐ Urinalysis |
| ☐ Bilirubin, total | ☐ Hematocrit | ☐ Progesterone | ☐ Urinalysis with reflex to culture |
| ☐ BMP | ☐ Hemoglobin | ☐ Protein, total | ☐ Urine culture, clean catch |
| ☐ BNP | ☐ Hemoglobin A1c | ☐ Protein, 24-hour urine | ☐ Vitamin D |
| ☐ CBC w/o | ☐ Hepatic function | ☐ PSA, diagnostic | ☐ Vitamin B12 |
| ☐ CBC w/ di | ☐ Hepatitis, Acute | ☐ PSA, screen | ☐ Wound culture (aerobic) |
| ☐ CK | ☐ Hepatitis B surface antigen | ☐ PT/INR | ☐ Wound culture (aerobic and anaerobic) |
| ☐ CMP | ☐ Hepatitis C, AB | ☐ PTT | |
| ☐ C-Di Toxin A & B | ☐ Iron | ☐ Rheumatoid factor | |
| ☐ Calcium, serum | ☐ Iron binding capacity | ☐ Renal function | |

ADDITIONAL TESTS

- ☐ _____
☐ _____
☐ _____
☐ _____

PANELS

- ☐ **YEARLY HEALTH MAINTENANCE \$150.00**
CBC, CMP, TSH, Lipid panel, Vit D
Add PSA for \$25.00? ☐ YES
- ☐ **THYROID PANEL \$50.00**
Free T3, Free T4, TSH
- ☐ **COMPREHENSIVE THYROID PANEL \$150.00**
Free T3, Free T4, TSH, TPO Antibodies, RT3, TGA Antibodies
- ☐ **STD PANEL (urine and blood collection) \$175.00**
- ☐ **GHONORHEA AND CHLAMYDIA \$85.00**
- ☐ **MALE COMPREHENSIVE PANEL \$300.00**
CBC, CMP & Lipid Panel, DHEA Sulfate, Free T3/Free T4/TSH, Hemoglobin A1C, PSA Free & Total, Testosterone Free & Total, Vitamin B12, Vitamin D-25 Hydroxy, Estradiol, Fasting Insulin, Prolactin, Ferretin
- ☐ **PCOS - PRE & PERIMENOPAUSAL FEMALE COMPREHENSIVE PANEL \$300.00**
CBC (Inc. di & plt.), CMP & Lipid Panel, DHEA Sulfate, Free T3/T4/TSH, FSH, Hemoglobin A1C, Insulin (fasting), LH, Testosterone Free & Total, Vitamin B12, Vitamin D-25 Hydroxy, Iron, Progesterone, Ferretin
- ☐ **POST MENOPAUSAL FEMALE COMPREHENSIVE PANEL \$300.00**
CBC (Inc. di & plt.), CMP & Lipid Panel, DHEA Sulfate, Free T3/T4/TSH, FSH, Hemoglobin A1C, Insulin, LH, Progesterone, Testosterone Free & Total, Vitamin B12, Vitamin D-25 Hydroxy, Estradiol, Iron, Ferretin