



# LABORATORY TEST REQUISITION

Please Place Barcode Label Here

Specimen Information	
Collected By _____	
Date Collected _____	Time Collected _____
Fasting? <input type="checkbox"/> Yes <input type="checkbox"/> No	

475 Knollcrest Drive Redding, CA 96002 • Phone: (877) 319-7222 • Fax: (530) 319-7225

Patient's Legal Name (Last, First, MI)		Sex	Date of Birth	
Patient's Address		Phone		
City	State	Zip		
Responsible Party Legal Name (Last, First, MI) - <i>if different from patient</i>				
Responsible Party Address		Phone		
City	State	Zip		

Primary Insurance	Secondary Insurance
Insurance	Insurance
ID #	ID #
Group #	Group #
Insurance Address	Insurance Address
Insurance Phone #	Insurance Phone #
Name of Insured Person	Name of Insured Person
Relationship to Patient	Relationship to Patient
Employer Name	Employer Name

Diagnosis Code(s)	Physician's Name	
	Physician's NPI #	Physician's Phone
	Physician/Authorized Signature	Physician's Fax

Notes from Physician:

HEMATOLOGY	CHEMISTRY	DIABETES	REPRODUCTIVE ENDOCRINOLOGY	
CBC w/Auto Diff CBCY	<b>Basic Metabolic Panel</b> BMP <i>Lytes, Gluc, BUN, Creat, Ca</i>	Hemoglobin A1C A1C	DHEA-Sulfate DHEAS	
CBC w/o Diff CBCN	<b>Comp Metabolic Panel</b> CMP <i>BMP, Alb, TP, ALP, ALT, AST, Tbil</i>	Microalbumin, Random Ur MALB	Estradiol eE2	
Hematocrit HCT	<b>Electrolyte Panel</b> LYTES <i>Na+, K+, CL-, CO2</i>	Microalbumin, 24 Hr. Urine MAL24	Follicle Stimulating Hormone FSH	
Hemoglobin HGB	<b>Hepatic Function Panel</b> LIVER <i>Tbil, Dbil, TP, Alb, ALT, AST, ALP</i>	2 Hour GlucTolerance Test HTT2P	Free Androgen Index FAI	
Platelet Count PLT	<b>Lipid Panel</b> LIPID <i>CHOL, TRIG, LDL, HDL</i>	<b>HEPATITIS/HIV</b>		
RBC Count RBCH	<b>Renal Function Panel</b> RENAL <i>Lytes, Alb, Ca, BUN, Creat, Gluc, Phosl</i>	<b>Acute Hepatitis Panel</b> AHEP <i>HAVM, HBCM, HBSAG, HCV</i>	hCG, Quant LHCG	
Sedimentation Rate ESR	Alanine Amino Transferase ALTI	Hepatitis A, IgM HAVM	Luteinizing Hormone LH	
WBC Count WBCH	Albumin ALB	Hepatitis A, Total HAV	Progesterone PRGE	
<b>COAGULATION</b>		Hepatitis B Surface Antibody HBSAB	Prolactin PRL	
aPTT APTT	Alkaline Phosphatase ALPI	Hepatitis B Core, IgM HBCM	Testosterone TSTII	
Fibrinogen FIB	Amylase AMY	Hepatitis B Core, Total HBC	<b>THERAPEUTIC DRUG LEVEL MONITORING</b>	
PT/INR INR	Aspartate Amino Transferase AST	Hepatitis B Surface Antigen HBCM	Carbamazepine CARBA	
<b>URINALYSIS</b>		Hepatitis C Antibody, Total HCV	Digoxin DIG	
Urine analysis w/rflx to Micro UMAC	Blood Urea Nitrogen BUN	HIV Ag/Ab Combo EHIV	Lithium LI	
Urinalysis/Cult if indicated UACIF	Calcium CA	<b>ONCOLOGY</b>		
Urine Pregnancy UPRG	Chloride CL	Alphafeto Protein AFP	Phenobarbital PHNO	
<b>LIPID CHEMISTRY</b>		Carcinoembryonic Antigen CEA	Phenytoin PTN	
Cholesterol CHOL	CO2 ECO2	CA 15-3 CA153	Salicylate SAL	
HDL Cholesterol AHDL	Creatinine CRE2	CA 19-9 CA199	Valproic Acid VALPR	
LDL Cholesterol ALDL	Creatinine Kinase CKI	CA 125 CA125	Vancomycin Peak VANCP	
Triglyceride TGL	CRP, Cardiophase HS CCRP	PSA, Total TPSA	Vancomycin Random VANCR	
<b>ANEMIA</b>		<b>THYROID ENDOCRINOLOGY</b>		
Ferritin FER	CRP, Extended Range RCRP	TSH w/Auto Reflex Free T4 TSHT4		
Folate FOL	Direct Bilirubin DBI	TSH, 3rd Generation TSHL		
Homocysteine HCY	Gamma Glutamyl Transferase GGT	Free T3 FT3		
Iron IRON	Glucose GLUC	Total T3 T3		
Iron Saturation IBCT	Lactate Dehydrogenase LDI	Free T4 FT4		
Vitamin B12 VB12	Lipase LIPL	Total T4 T4		
Vitamin B12 and Folate V12F	Magnesium MG	<b>Clinical Information/Comments:</b>		
<b>CARDIAC</b>				
BNP BNP	Phosphorus PHOS			
CCRP CCRP	Potassium K			
RCRP RCRP	Sodium NA			
<b>URINE CHEMISTRY</b>				
Amylase, 24 Hr Urine AM24P	Total Bilirubin TBI			
Calcium, 24 Hr Urine CA24P	Total Protein TP			
Creatinine, Random Urine CREU	Triglyceride TGL			
Creatinine, 24 Hr Urine CR24P	Uric Acid URCA			
Magnesium, 24Hr Urine MG24P	<b>BONE METABOLISM</b>			
Phosphorus, 24 Hr Urine PHO24P	Vitamin D, 25(OH) VITD			
Urea Nitrogen, 24 Hr Urine UUN24P	Intact PTH IPTH	<b>IMMUNOLOGY</b>		
		H. Pylori Antigen HPYL		
		Mononucleosis Screen MONO		
		Rheumatoid Factor RF		
		RPR Screen RPR		

Medicare and Medicaid will only pay for tests that are medically reasonable and necessary based on the clinical condition of each patient. Medical Providers should only order tests that are medically necessary for the diagnosis or treatment or the patient.