

Date: _____

FOR MEDICARE / MEDICAID PATIENTS

Physician:		Send Copy of Report to Dr.:	
Physician's Signature: (Mandatory for Medicaid Patients)			
Patient Name: (Last)		(First)	(MI)
		DOB:	
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Social Security No.:		Guarantor's Name:
Address: (Number, Street)		(City)	(State) (Zip)
Specific Diagnosis / ICD 10 Code:			
Comments:			
SPECIMEN INFORMATION: Date Drawn:		Time Drawn:	Collected By: <input type="checkbox"/> Fasting <input type="checkbox"/> Non-Fasting
INSURANCE INFORMATION:		Policy No.:	Group No.:
<input type="checkbox"/> BCBS <input type="checkbox"/> BCEP <input type="checkbox"/> Medicare <input type="checkbox"/> PHP <input type="checkbox"/> Medicaid		Subscriber Name / Relation to Patient:	
<input type="checkbox"/> Other:		Employer / Company Name:	

HEMATOLOGY		HEPATITIS		INDIV. CHEM. TESTS		PREGNANCY TESTING	
CBCD	CBC w/ Electronic Diff	HBSAG	Hepatitis B Surface AG	(Must Be Ordered Individually if Required in Addition to or in Place of Tests on Profiles)		BHCG	Quant Serum Pregnancy (HCG)
HEMO/CBC	Hemogram/CBC no diff	HBSAB	Hepatitis B Surface AB				
HH	Hemoglobin / Hematocrit	HCABM	Hepatitis B Core AB	GLU	Glucose		
PLT	Platelet Count	HAAB1	Hepatitis A (Total)	BUN	BUN		
RETIC	Reticulocyte Count	HAIGM	Hepatitis A (IGM)	CREA	Creatinine		
SED	Sedimentation Rate (ESR)	HCV	Hepatitis C AB	NA	Na		
COAGULATION		HEPACUTE	Hepatitis - Acute	K	K	SPECIAL CHEMISTRY	
Patient on: <input type="checkbox"/> Heparin <input type="checkbox"/> Coumadin				CL	Cl	B12	B12
PT	Prothrombin Time			CO2	CO ₂	CORT	Cortisol
PTT	Partial Thromboplastin Time	PRENATAL		CA	Calcium	HA1C	Hemoglobin A1C
URINALYSIS		GCCHL	GC / Chlamydia by DNA Probe	PHOS	Phosphorus	ICA	Ionized Calcium
UA	Routine Urine Screen	1HPP	One Hour PP Glucose	MG	Magnesium	PTH1	Parathormone Intact
SEROLOGY			Prenatal I Comprehensive	URIC	Uric Acid	BNP	Brain Natriuretic Peptide
ANA	ANA	SEE BACK OF FORM	Prenatal II Comprehensive	CHOL	Cholesterol		
MONO	Heterophile (Mono Screen) Monospot		Prenatal I Profile	TRIG	Triglyceride		
RF	Rheumatoid Factor		Prenatal II Profile	HDL	HDL Cholesterol		
ASO	Anti-Streptolysin O	ABO	Type and RH	ALB	Albumin		
CRP	C Reactive Protein	RPR	Rep: Plasma Reagin	TP	Total Protein		
DRUG MONITORING		MICROBIOLOGY		ALP	Alkaline Phosphatase		
Date of Last Dose:		OP	Ova & Parasite Exam	ALT	ALT (GPT)	MARKERS	
TEG	Carbamazepine (Tegretol)	SPCS	Sputum Culture & Sens	AST	AST (GOT)	AFPTM	AFP
DIG	Digoxin	STC	Stool Culture	GGTP	GAMMA GT	CA15	CA 15 - 3
DILANTIN	Dilantin (Phenytoin)	TBS	Throat, Beta Strep	LDH	LDH	CA125	CA 125
LI	Lithium	URCS	* Urine Culture & Sens	BILI	Total Bilirubin	CA2729	CA 27.29
PHENO	Phenobarbital	WNDCS	Wound Culture & Sens	TDBILI	Direct Bilirubin	CEA	CEA
THEO	Theophylline	MRSA	Source:	CPK	CK	PSA	PSA (Prostate Specific AG) Screening
THYROID / ENDOCRINOLOGY		CHEMISTRY PANELS		AMY	Amylase		
EST	Estradiol	(See Reverse for Profile Constituents)		LIP	Lipase	PSAD	PSA (Prostate Specific AG) Diagnostic
FSH	FSH	LYTES	Electrolyte Panel	FE	Serum Iron		
LH	LH	BMP	Basic Metabolic Panel	TIBC	TIBC includes FE		
PROL	Prolactin	CMP	Comprehensive Metabolic Panel	FER	Ferritin		
TSH	TSH	LIVER	Liver Function Panel	FOL	Folate	CORD BLOOD / MATERNAL	
FT4	Free Thyroxine (Free T4)	ARTHRITIS	Arthritis Panel	RUMALB	Random urine microalbumin	NEOBB	ABO/Rh & DAT
T4	Total Thyroxine (T4)	LIPID	Lipid Panel	CRCL	Creatinine Clearance	FS	Fetal Screen
T3	Triiodothyroxine	RENAL	Renal Panel	24UTP	24 hr urine for total protein	FHS	Fetal Hemoglobin Stain
				VD25	Vitamin D25OH	TS	Type & Screen