



BILL TO:
 MY ACCOUNT
 PATIENT
 MEDICARE
 RAILROAD MEDICARE
 MEDICAID
 Lab Card/Select
 OTHER INSURANCE

PRINT PATIENT NAME (LAST, FIRST, MIDDLE) _____
 REGISTRATION # (IF APPLICABLE) _____ DATE OF BIRTH: M / M / D / D / YEAR _____ SEX _____
 PATIENT SOCIAL SECURITY # _____ OFFICE / PATIENT ID # _____
 ROOM # _____ LAB REFERENCE # _____ PATIENT PHONE # () _____
 PRINT NAME OF INSURED/RESPONSIBLE PARTY (LAST, FIRST, MIDDLE) - IF OTHER THAN PATIENT _____
 PATIENT STREET ADDRESS (OR INSURED/RESPONSIBLE PARTY) APT. # _____ KEY # _____
 CITY _____ STATE _____ ZIP _____
 MEDICARE NUMBER _____ SUFFIX _____

DID YOU KNOW
 Panel Components Are Listed On The Back.
 Reflex Tests Are Performed At An Additional Charge.
 PSC Appointment Website And Telephone Number Information Listed On The Back.
 Each Sample Should Be Labeled With At Least Two Patient Identifiers At Time Of Collection.

ACCOUNT NAME: _____ ADDRESS: CITY, STATE, ZIP _____ TELEPHONE # _____
 DATE COLLECTED: _____ TIME: AM PM TOTAL VOL./HRS. _____ ML _____ HR _____
 Fasting Non Fasting

NPI/UPIN ORDERING/SUPERVISING PHYSICIAN AND/OR PAYORS (MUST BE INDICATED)
 () _____

ADDIT'L PHYS.: Dr. _____ NPI/UPIN _____
 NON-PHYSICIAN PROVIDER: NAME _____ I.D.# _____
 Fax Results to: () _____
 Send Duplicate Report to: Client # OR NAME: _____ ADDRESS: _____ CITY: _____ STATE _____ ZIP _____

PRIMARY INSURANCE
 MEDICAID NUMBER _____ STATE _____
 RELATIONSHIP TO INSURED: SELF SPOUSE DEPENDENT
 PRIMARY INSURANCE CO. NAME _____ MEMBER / INSURED ID # _____ GROUP # _____
 INSURANCE ADDRESS _____ CITY _____ STATE _____ ZIP _____
 EMPLOYER NAME/EMPLOYER # _____ INSURED SOCIAL SECURITY # (if not patient) _____

Medicare Limited Coverage Tests
 @ = May not be covered for the reported diagnosis.
 F = Has prescribed frequency rules for coverage.
 & = A test or service performed with research/experimental kit.
 B = Has both diagnosis and frequency-related coverage limitations.
Provide signed ABN when necessary

ICD9 Codes (enter all that apply)

Panel Components on back

ADRENAL/REPRODUCTIVE

30543	<input type="checkbox"/>	11-Deoxycortisol, LC/MS/MS	FSR
8352	<input type="checkbox"/>	17-Hydroxypregnenolone, LC/MS/MS	RSR
17180	<input type="checkbox"/>	17-Hydroxyprogesterone, LC/MS/MS	FSR
211	<input type="checkbox"/>	Adrenocorticotrophic Hormone (ACTH)	1
17181	<input type="checkbox"/>	Aldosterone, LC/MS/MS	RSR
17182	<input type="checkbox"/>	Androstenedione, LC/MS/MS	SR
15269	<input type="checkbox"/>	CAH Panel 1	FSR
10299	<input type="checkbox"/>	CAH Panel 6b	FSR
15280	<input type="checkbox"/>	CAH Panel 9	FSR
6547	<input type="checkbox"/>	Corticosterone, LC/MS/MS	RSR
11281	<input type="checkbox"/>	Cortisol, LC/MS/MS	FSR
6559	<input type="checkbox"/>	Deoxycorticosterone	RS
19894	<input type="checkbox"/>	DHEA, LC/MS/MS	SR
402	<input type="checkbox"/>	DHEA-S (Dehydroepiandrosterone Sulfate)	S
204	<input type="checkbox"/>	Dihydrotestosterone 4ml	RSR
30289	<input type="checkbox"/>	Estradiol, Ultrasensitive, LC/MS/MS	RSR
36169	<input type="checkbox"/>	Estradiol Free, LC/MS/MS	RSR
36087	<input type="checkbox"/>	FSH (Follicle Stimulating Hormone), Pediatrics	RS
34445	<input type="checkbox"/>	Inhibin B	FS
31493	<input type="checkbox"/>	Pregnenolone, LC/MS/MS	RSR
17183	<input type="checkbox"/>	Progesterone, LC/MS/MS	RSR
746	<input type="checkbox"/>	Prolactin	S
30740	<input type="checkbox"/>	Sex Hormone Binding Globulin (SHBG)	S
36170	<input type="checkbox"/>	Testosterone, Free and Total, LC/MS/MS	RSR
15983	<input type="checkbox"/>	Testosterone, Total, LC/MS/MS	RSR

BASIC METABOLIC/HEPATIC (continued)

285	<input type="checkbox"/>	Bilirubin, Direct (DBili)	S
287	<input type="checkbox"/>	Bilirubin, Total (TBili)	S
310	<input type="checkbox"/>	Carbon Dioxide (CO2)	BX
330	<input type="checkbox"/>	Chloride (Cl)	S
10231	<input type="checkbox"/>	Comprehensive Metabolic Panel w/eGFR	S
375	<input type="checkbox"/>	Creatinine (Cr) w/eGFR	S
34392	<input type="checkbox"/>	Electrolyte Panel	S
733	<input type="checkbox"/>	Potassium (K)	S
754	<input type="checkbox"/>	Protein, Total (TP)	S
836	<input type="checkbox"/>	Sodium (Na)	S
294	<input type="checkbox"/>	Urea Nitrogen (BUN)	S

CARDIOVASCULAR

B 8293	<input type="checkbox"/>	Direct LDL	S
B 334	<input type="checkbox"/>	Cholesterol, Total (TChol)	S
B 608	<input type="checkbox"/>	HDL	S
B 7600	<input type="checkbox"/>	Lipid Panel	S
B 14852	<input type="checkbox"/>	Lipid Panel w/Reflex LDL	S
B 896	<input type="checkbox"/>	Triglycerides (Trig)	S
10537	<input type="checkbox"/>	Plasma Renin Activity	1

DIABETES MELLITUS

8340	<input type="checkbox"/>	Fructosamine	S
B 484	<input type="checkbox"/>	Glucose, Plasma	GY
B 8917	<input type="checkbox"/>	Glucose Plasma, Random	GY
34878	<input type="checkbox"/>	Glutamic Acid Decarboxylase-65 Autoantibody	RS
19599	<input type="checkbox"/>	GlycoMark ^{®1}	RS
B 496	<input type="checkbox"/>	Hemoglobin A1c	L
B 16802	<input type="checkbox"/>	Hemoglobin A1c w/Reflex to eAG	L
B 16715	<input type="checkbox"/>	Hemoglobin A1c w/Reflex to GlycoMark ^{®1}	L
36178	<input type="checkbox"/>	Insulin Antibody	FSR
36741	<input type="checkbox"/>	Islet Cell Antibody Screen with Reflex to Titer	RSR
36177	<input type="checkbox"/>	Islet Cell Antigen 512 Autoantibodies	RSR
37109	<input type="checkbox"/>	Leptin	RSR
760	<input type="checkbox"/>	Proinsulin	FSR

GENETICS

14755	<input type="checkbox"/>	CAH (21-Hydroxylase Deficiency) Common Mutations	L
16072	<input type="checkbox"/>	CAH (21-Hydroxylase Deficiency) Rare Mutations	L

GH, IGF, IGFBP

521	<input type="checkbox"/>	Human Growth Hormone (HGH)	S
34458	<input type="checkbox"/>	IGF Binding Protein-3 (IGFBP-3)	RSR
839	<input type="checkbox"/>	Insulin-Like Growth Factor I (IGF-I)	FS

HEMATOLOGY

@509	<input type="checkbox"/>	Hematocrit	L
@510	<input type="checkbox"/>	Hemoglobin	L
@1759	<input type="checkbox"/>	CBC (Hgb, Hct, RBC, WBC, Plt)	L
@6399	<input type="checkbox"/>	CBC w/Diff (Hgb, Hct, RBC, WBC, Plt, Diff)	L

MINERAL, SKELETAL

29498	<input type="checkbox"/>	Alkaline Phosphatase, Bone Specific	FS
@303	<input type="checkbox"/>	Calcium (Ca)	S
@306	<input type="checkbox"/>	Calcium, Ionized	BX
@622	<input type="checkbox"/>	Magnesium	S
5586	<input type="checkbox"/>	Osteocalcin, Bone Gla Protein (BGP)	FSR
@718	<input type="checkbox"/>	Phosphate	S
B 8837	<input type="checkbox"/>	PTH, Intact and Calcium	FS
34478	<input type="checkbox"/>	PTH-Related Protein (PTH-rP)	1
4729	<input type="checkbox"/>	Vitamin D, 1, 25-Dihydroxy	FSR
17306	<input type="checkbox"/>	Vitamin D, 25 Hydroxy, LC/MS/MS	SR

NEUROENDOCRINE MARKERS

30742	<input type="checkbox"/>	Calcitonin	FSR
314	<input type="checkbox"/>	Catecholamines, Fractionated and Total, Plasma	FPGN
34468	<input type="checkbox"/>	Chromogranin A	RS
478	<input type="checkbox"/>	Gastrin	FSR
519	<input type="checkbox"/>	Glucagon	PL

NEUROENDOCRINE MARKERS

36587	<input type="checkbox"/>	MEN2	L
19548	<input type="checkbox"/>	Metanephrines, Fractionated, LC/MS/MS, Plasma	1

THYROID

967	<input type="checkbox"/>	T3, Reverse	RS
859	<input type="checkbox"/>	T3, Total	S
B 861	<input type="checkbox"/>	T3, Uptake	S
B 867	<input type="checkbox"/>	T4 (Thyroxine), Total	S
B 35167	<input type="checkbox"/>	T4, Free, Direct Dialysis	S
267	<input type="checkbox"/>	Thyroglobulin Antibodies	S
5081	<input type="checkbox"/>	Thyroid Peroxidase Antibodies (TPO)	S
B 899	<input type="checkbox"/>	TSH	S
870	<input type="checkbox"/>	Thyroxine Binding Globulin (TBG)	S
30551	<input type="checkbox"/>	TSI (Thyroid Stimulating Immunoglobulin)	RS

VASOPRESSIN, WATER METABOLISM

252	<input type="checkbox"/>	Arginine Vasopressin (AVP, Antidiuretic Hormone)	S
677	<input type="checkbox"/>	Osmolality, Serum	S

URINE TESTS

10046	<input type="checkbox"/>	CAH Panel 11, Neonatal, Random	1
@ 11216	<input type="checkbox"/>	Calcium*, Pediatric, Random	1
318	<input type="checkbox"/>	Catecholamines, Fractionated, 24-Hour	1
11280	<input type="checkbox"/>	Cortisol*, Free, 24-Hour, LC/MS/MS	1
381	<input type="checkbox"/>	Creatinine, 24-Hour	1
8459	<input type="checkbox"/>	Creatinine, Random	1
14962	<input type="checkbox"/>	Metanephrines, Fractionated, LC/MS/MS, 24-Hour	1
4555	<input type="checkbox"/>	Microalbumin, 24 Hour Urine w/o Creat	1
6517	<input type="checkbox"/>	Microalbumin, Random Urine w/Creat	1
678	<input type="checkbox"/>	Osmolality	U
6448	<input type="checkbox"/>	UA, Dipstick only	U
7909	<input type="checkbox"/>	UA Dipstick w/reflex Microscopic	U
5463	<input type="checkbox"/>	UA, Complete (Dipstick and Microscopic)	U

*Includes Creatinine

ADDITIONAL TESTS: (MUST INCLUDE COMPLETE TEST NAME AND ORDER CODE. REFER TO DIRECTORY OF SERVICES.)
 () @ 6881 GLUC, FAST + POST 2HR () 599 LEAD, BLOOD
 () 561 INSULIN () 5738 TBII

COMMENTS, CLINICAL INFORMATION: _____ TOTAL TESTS ORDERED _____

¹ Physician Signature (Required for PA, NY, NJ & MA) _____
For any patient of any payor (including Medicare and Medicaid), only order those tests which are medically necessary for the diagnosis and treatment of the patient.