

Patient Last, First Name, M.I. (Required)			Date of birth (Required)		<input type="checkbox"/> Male <input type="checkbox"/> Female	Mail results to: (Required) P.O. #
Collection date	Collection time	Patient ID	Diagnosis (ICD-9) code			
Referring physician and specialty			Physician UPIN#	Physician NPI#		
Secure fax # for lab results		Physician phone #		Facility phone #		

****COMPLETE SECTION BELOW ONLY IF BILLING ADDRESS IS DIFFERENT FROM THE 'MAIL RESULTS TO' ADDRESS****

Please Bill: <input type="checkbox"/> Medicare <input type="checkbox"/> Colorado Medicaid <input type="checkbox"/> Patient (Pre-Pay) <input type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> AMEX <input type="checkbox"/> Discover Name on Card _____ Credit Card # _____ Exp. Date _____ CVV Code _____	Responsible Party (Last, First,):			Medicare (HIC) #
	Street Address:			Colorado Medicaid ID #
	City	State	Zip	Social Security #
	Telephone #			Patient bills must be prepaid or accompany specimen

CHEMISTRY PANELS

- ___ BMPX Basic metabolic panel
- ___ CMPX Comprehensive metabolic panel
- ___ HFPX Hepatic function panel
- ___ LIPANX Lipid panel
- ___ ELPLX Electrolyte panel
- ___ RNFPX Renal function panel

CHEMISTRY TESTS

- ___ ALBX Albumin
- ___ ALKX Alkaline phosphatase
- ___ AAMYL Amylase
- ___ ASTX Aspartate transaminase
- ___ BUNX Urea nitrogen
- ___ CAX Calcium
- ___ CO2X Carbon dioxide
- ___ CLX Chloride
- ___ CHOLX Cholesterol
- ___ CPKX Creatine phosphokinase
- ___ NJCKMB CPKMB quantitation
- ___ CRET X Creatinine
- ___ DBILIX Direct bilirubin
- ___ FEX Iron
- ___ FEIBX Iron & iron binding
- ___ AFERRI Ferritin
- ___ GGTX Gamma glutamyl transferase
- ___ GLUCX Glucose, random
- ___ GLUF X Glucose, fasting
- ___ HDLCX HDL cholesterol
- ___ HBA1CX Hemoglobin A1C
- ___ LDHX Lactate dehydrogenase
- ___ MGX Magnesium
- ___ PHOSX Phosphorus
- ___ KX Potassium
- ___ NAX Sodium
- ___ TBILIX Total bilirubin
- ___ ATHYX Thyroxine (T4)
- ___ ATSH Thyroid stimulating hormone
- ___ AFET4 Free thyroxine (free T4)
- ___ TPX Total protein
- ___ TRIGX Triglycerides
- ___ NJTROP Troponin
- ___ ATUPT T3-Uptake
- ___ URICX Uric acid

PROTEIN ELECTROPHORESIS

- ___ PELE Protein electrophoresis, Hi Res
- ___ UPELE Urine protein electrophoresis

HEMATOLOGY

- ___ HCBC CBC with automated diff
- ___ CEOS Circulating eosinophils
- ___ ESR Erythrocyte sedimentation rate
- ___ ARETIC Reticulocytes
- ___ SNAS Nasal eosinophils
- ___ SPU Sputum eosinophils

COAGULATION

- ___ APTT Act. partial thromboplastin time
- ___ NJDIME D-dimer
- ___ APROTC Protein C activity
- ___ APROTS Protein S activity
- ___ PTIME Prothrombin time
- ___ ARVV Dilute russell viper venom time

THERAPEUTIC MONITORING

- ___ CAR Carbamazepine (Tegretol)
- ___ ADIG Digoxin (Lanoxin)
- ___ PHNY Phenytoin (Dilantin)
- ___ GENT Gentamicin (Garamycin)
- ___ NOR Nortryptiline (Aventyl, Pamelor)
- ___ THEO Theophylline
- ___ ATOBR Tobramycin
- ___ AVALPA Valproic acid (Depacote, Depakene)
- ___ AVANC Vancomycin

URINALYSIS

- Random 24 Hr. Collection
- ___ AUA Urinalysis
 - ___ MT Urine 5-hydroxyindoleacetic acid
 - ___ UHCG Urine beta hCG
 - ___ UCAX Urine calcium
 - ___ UCLX Urine chloride
 - ___ UCREAX Urine creatinine
 - ___ UDRGS Urine drug abuse screen
 - ___ MT Urine metanephries
 - ___ MT Urine N-Telopeptide (NTX)
 - ___ UKX Urine potassium
 - ___ UPHOX Urine phosphorus
 - ___ UNAX Urine sodium
 - ___ MTPX Urine total protein
 - ___ UUNX Urine urea nitrogen
 - ___ UURCX Urine uric acid
 - ___ MT Urine vanillylmandelic acid

BODY FLUID ANALYSIS

- CSF Synovial Other _____
- ___ CSFCT CSF cell count
- ___ CGLUX CSF glucose
- ___ CTPX CSF protein
- ___ BFC Body fluid cell count

MISCELLANEOUS TESTING

- ___ AAGCE Angiotensin converting enzyme
- ___ AALDO Aldolase
- ___ AALST Aldosterone
- ___ ABETA Beta 2 glycoprotein 1 Ab
- ___ BHCGQ Beta hCG, quantitative, serum
- ___ AEBVP EBV Ab panel
- ___ SLEUK Fecal leukocytes
- ___ MT Lyme disease Ab
- ___ AMPGM Mycoplasma pneumoniae Ab
- ___ SBLD Occult blood
- ___ PARV Parvovirus Ab B19 IgG/IgM
- ___ 19DNA Parvovirus B19 DNA by PCR
- ___ PCAT Plasma catecholamines
- ___ BHCG Beta hCG, qualitative serum
- ___ APROSA Prostatic specific Ag
- ___ SSAB/SSBB Sjögrens Ab
- ___ SWT Sweat test
- ___ TES Testosterone
- ___ AVITA Vitamin A
- ___ AVTB12 Vitamin B12
- ___ ACLTR Vitamin D, 1, 25-Dihydroxy
- ___ AVD25 Vitamin D, 25-Hydroxy
- ___ AVITE Vitamin E

COMMENTS: _____

