

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
- ___NCKMB CPKMB quantitation
- ___CRETX Creatinine
- ___DBILIX Direct bilirubin
- ___FEX Iron
- ___FEIBX Iron & iron binding
- ___AFERRI Ferritin
- ___GGTX Gamma glutamyl transferase
- ___GLUCX Glucose, random
- ___GLUFX 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

CHEMISTRY TESTS (cont)

- ___ATTGA Tissue Transglutaminase Ab, IgA
- ___ATRGLU Tissue Transglutaminase Ab, IgG

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
- ___SSPU Sputum eosinophils

COAGULATION

- ___APTT Act. partial thromboplastin time
- ___NJDIME D-dimer
- ___APROTC Protein C activity, functional
- ___APROTS Protein S activity, functional
- ___PTIME Prothrombin time
- ___ARVV Dilute russell viper venom time

THERAPEUTIC MONITORING

- ___ADIG Digoxin (Lanoxin)
- ___ANOR Nortryptiline (Aventyl, Pamelor)
- ___THEO Theophylline
- ___ATOBR Tobramycin
- ___AVALPA Valproic acid (Depacote, Depakene)
- ___AVANC Vancomycin

URINALYSIS

- Random**
- 24 Hr. Collection**
- ___AUA Urinalysis
- ___A5HIAC Urine 5-hydroxyindoleacetic acid
- ___UHCG Urine beta hCG
- ___UCAX Urine calcium
- ___UCLX Urine chloride
- ___UCREAX Urine creatinine

URINALYSIS (cont)

- ___UDRGS Urine drug abuse screen
- ___AMETU Urine metanephrines
- ___ANTX Urine N-Telopeptide (NTX)
- ___UKX Urine potassium
- ___UPHOX Urine phosphorus
- ___UNAX Urine sodium
- ___MTPX Urine total protein
- ___UUNX Urine urea nitrogen
- ___UURX Urine uric acid
- ___AVMAP Urine vanillylmandelic acid

BODY FLUID ANALYSIS

- CSF** **Synovial** **Other** _____
- ___BFC Body fluid cell count

MISCELLANEOUS TESTING

- ___AAGCE Angiotensin converting enzyme
- ___AALDO Aldolase
- ___AALST Aldosterone
- ___ABETA Beta 2 glycoprotein 1 Ab
- ___AEBVP EBV Ab panel
- ___SLEUK Fecal leukocytes
- ___ALYME Lyme disease Ab
- ___AMPGM Mycoplasma pneumoniae Ab
- ___SBLD Occult blood
- ___APARV Parvovirus Ab B19 IgG/IgM
- ___A19DNA Parvovirus B19 DNA by PCR
- ___BHCG Beta hCG, qualitative serum
- ___APROSA Prostatic specific Ag
- ___SSAB/SSBB Sjögrens Ab
- ___SWT Sweat test
- ___ATES Testosterone, total
- ___ATESF Testosterone, free
- ___AVITA Vitamin A
- ___AVTB12 Vitamin B12
- ___ACLTR Vitamin D, 1, 25-Dihydroxy
- ___AVD25 Vitamin D, 25-Hydroxy
- ___AVITE Vitamin E

COMMENTS: _____