



Patient Name - Last First M.I. 253931
Patient I.D. Room # Daytime Phone/Add'l ID
Date of Birth required Sex Date Collected Time Collected AM PM
Requesting Physician Fasting Urine Volume STAT CALL Same Day
CHN INFECTIOUS DISEASE
5207 HERITAGE AVE
COLLEYVILLE, TX 76034
BULLARD
23965 SEE BELOW FOR RESULTS FAX #

BILL TO: MEDICARE ACCOUNT ST GY PE U UC SC OP 920 Venipuncture CPL 925 Finger / Heel Stick PSC ID
MEDICAID PATIENT L GR SE CU SW VT F 919 Venipuncture 922 Ur Vol Meas
HMO PPO / POS B PR Froz AP OT 997 Verbal Diagnosis 996 Standing Order Phleb ID
9999 Verbal Order ABN Attachments
989 Pt Decline 998 Multiple Orders

PLEASE COMPLETE INFORMATION BELOW

Policy Holder Name Address City, State, Zip Evening Phone

PATIENT DEMOGRAPHICS ATTACHED
REQUIRED Medicare Number (Include Prefix/Suffix) Medicaid Number State Ordering Physician NPI
REQUIRED REQUIRED REQUIRED REQUIRED PHYSICIAN'S SIGNATURE

PATIENT INSURANCE ATTACHED
REQUIRED Primary Insurance Name Member I.D. Group Date of Injury or Onset of Illness
R 22 Rev 2019

Primary Insurance Address City, State, Zip Phone Authorization #

Secondary Insurance Name Member I.D. Group Secondary Insurance Address City, State, Zip Phone

Table with 8 columns: ICD Code, ICD Code, ICD Code, ICD Code, ICD Code, ICD Code, ICD Code, ICD Code

Physicians (or other individuals authorized by law to order tests) should only order tests that are medically necessary for the diagnosis or treatment of the patient.
*Reflex testing may be performed with additional charge (see reverse for details) @ Medicare Limited Coverage # Medicare Frequency Limit + Not Covered by Medicare > More than one CPT code will be billed

AMA PANELS See reverse for components
9325 Acute Hepatitis Panel *@ ST
142 Basic Metabolic Panel ST
9179 Comprehensive Metabolic Panel ST
115 Electrolyte Panel ST
9329 General Health Panel + L, ST
9175 Hepatic Function Panel ST
173 Lipid Panel @# ST
518 Obstetric Panel w/ HIV * 2L, ST
9324 Renal Function Panel ST
TESTS Specimen Type & Temp
3800 ABO/Rh Type > L
4895 Albumin/Creat Ratio, random > U
3550 ANA * reflex titer ST
3810 Antibody Screen * 2L
2025 Amylase ST
2209 Calcium ST
1000 CBC w/auto diff w/ plts @ L
1041 CBC w/out diff w/ plts @ L
2075 CK (Creatine Kinase) ST
3545 CRP (C-Reactive Protein) ST
5083 CRP, High Sensitivity @# ST
2214 Creatinine ST
4225 DHEA Sulfate ST
3254 Drug Abuse Scrn 10*@# rfx conf @# CU
2675 Estradiol ST
2090 Ferritin @ ST
2695 Folic Acid @# ST
2700 FSH ST
2216 GGT @ ST
2217 Glucose @ GY or ST
2714 HCG, Qualitative ST
2713 HCG, Quantitative @ ST
2725 Hepatitis A Ab, Total * ST
2737 Hepatitis B Surface Ab ST
2739 Hepatitis B Surface Ag *@# ST
4675 Hepatitis C Ab ST
2708 Hemoglobin A1c @# L
3540 HIV 1/2 4th Gen*@#, rfx conf@ ST
4288 Homocysteine @# ST
4592 Herpes simplex 1/2 IgG > ST
2760 Insulin ST
2222 Iron @ ST
2118 Iron @ and IBC @> ST
2224 LDH ST
2776 LH ST
2124 Lipase ST
2130 Magnesium ST
3510 Mono Screen ST
7017 Occult Bld, Guaiaic, Diag (1-3) @ HC
7015 Occult Bld, Guaiaic, Scrn (1-3) # HC
7008 Occult Bld, IA Diag FB
7009 Occult Bld, IA MC Scrn # ST
2228 Potassium ST
2790 Progesterone ST
2800 Prolactin ST
2606 PSA, Total Diagnostic @ ST
2608 PSA, Total Medicare Screen # ST
1425 PT (Prothrombin Time) @ [B] ST
2814 PTH, Intact ST
1430 PTT @ [B] L
1050 Reticulocyte Count L
3505 RF (Rheumatoid Factor), Quant ST
3503 RPR *@# reflex TP-PA @# ST
4600 Rubella Ab ST
1055 Sedimentation Rate (ESR) L
2830 Testosterone ST
4937 Testosterone Fr/Tot w/ SHBG> ST
4273 T3, Free ST
2823 T4, Free @# ST
117 Thyroid I Profile (TU, T4, FTI) @#> ST
4513 Thyroid Peroxidase Ab (TPO) ST
2835 TSH @# ST
2834 TSH *@# reflex Free T4 @# ST
2233 Uric Acid ST
1501 Urinalysis * reflex microscopic U
6051 Urinalysis * Culture @ if indicated U, UC
2840 Vitamin B12 @# ST
4958 Vitamin D, 25 Hydroxy @# ST

5375 QUAD Scrn @> ST Patient DOB: / / 4th Pre-existing Insulin Dependent DM: Yes No
2617 AFP-NTD @ ST Donor DOB: / / Race: CAU H AA Asian Other
Maternal Weight: Current Smoker: Yes No
Testing: Initial Repeat Number of Fetuses: L
NTD History: Yes No If Twins: Dichorionic Monochorionic
Gestational Age (G.A.) Determined by (check):
Sonogram: Date of Sonogram / /
G.A. at Sonogram wks days
LMP: / /
Family History of Down Syndrome: Yes No

MICROBIOLOGY Source REQUIRED as Indicated
6007 Culture, Routine * SW
6130 Culture, AFB w/Smear > [B]
6010 Culture, Anaerobic * [B]
6013 Culture, Blood * [B]
6077 Culture, Fungus Non-Blood or Skin * [B]
6075 Culture, Fungus Skin, Hair, Nails * [B]
6052 Culture, Genital * SW
6069 Culture, Herpes simplex VT
6040 Culture, Sputum * SP
6042 Culture, Stool > SC
6047 Culture, Strep A Screen, Throat * SW
6079 Culture, Strep B-Pregnancy * SW
6046 Culture, Throat * SW
6049 Culture, Urine *@ UC
5249 Chlamydia/Gonorrhea, TMA, Swab @#> AP
4112 Chlamydia/Gonorrhea, TMA, Urine @#> AP
6335 C. difficile GDH* reflex Toxin/PCR F
4499 H. pylori Ag, Stool F
5591 H. pylori, Breath Kit
4591 Influenza A/B Ag VT
7000 Ova and parasites > OP
6242 Parasite Ag Profile > F
7580 Quantiferon TB Gold Plus Kit
2030 Vaginal Pathogens Panel @> BD

ADDITIONAL TESTS/SPECIAL INSTRUCTIONS: MOD 062920 DALLAS

Symptomatic Healthcare Worker Asymptomatic Patient
[] 7305 COVID PCR - Swab [] 7305 COVID PCR - Swab
[] 7304 ANTI-SARS-CoV-2 (ST) [] 7304 ANTI-SARS-CoV-2 (ST)

Symptomatic Patient Ordering Provider: _____
[] 7305 COVID PCR - Swab Fax Results to: _____
[] 7304 ANTI-SARS-CoV-2 (ST)

AP=APRIMA B=BLUE TOP TUBE BC=BLOOD CULTURE BOTTLE BD=BD AFFIRM CU=URINE CUP F=FECS FB=FEPECAL BLOOD IG=GRAY TOP TUBE HC=HEMOCCULT KIT=CONTACT LAB FOR KIT LAVENDER TOP TUBE ALL SPECIMENS MUST BE LABELED
OP=OVA AND PARASITE PRESERVATIVE SC=STOOL CULTURE PRESERVATIVE SP=SPUTUM ST=SERUM SEPARATOR TUBE SW=SWAB U=URINE TUBE UC=URINE CULTURE TUBE VT=VITAL TRANSPORT [] INDICATES CRITICAL ROOM TEMP