

# LAB REQUEST FORM

**Express Medical Experts**  
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**LABEL – LAB ONLY**

## PRACTICE INFORMATION

<b>Facility/Clinic Name:</b>	<b>Ordering Physician:</b>	<b>NPI#</b>
<b>Address:</b>	<b>City:</b>	<b>State:</b>
		<b>Zip Code:</b>

## PATIENT INFORMATION: Please attached medication list & patient demographic sheet or complete the following section.

<b>First Name:</b>	<b>Last Name:</b>	<b>DOB:(MM/DD/YYYY)</b>	<b>Sex: __F __M</b>
<b>Phone Number:</b>	<b>Address:</b>	<b>City/State/Zip:</b>	

**SPECIMEN INFORMATION:** Date Collected : \_\_\_\_/\_\_\_\_/\_\_\_\_ Time: \_\_\_\_:\_\_\_\_ am pm Fasting: \_\_ Yes \_\_ No

**BILLING INFORMATION:** Please attached patient demographic sheet & copy of insurance card \_\_ Medicare \_\_ Commercial \_\_ Self-Pay

## PANELS AND PROFILES:

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Basic Metabolic Panel <b>SST</b>      | <input type="checkbox"/> Comprehensive Metabolic Panel (CMP) <b>SST</b> | <input type="checkbox"/> Lipid Profile <b>SST</b> |
| <input type="checkbox"/> RenalPanel <b>SST</b>                 | <input type="checkbox"/> Electrolytes Panel <b>SST</b>                  | <input type="checkbox"/> Thyroid Panel <b>SST</b> |
| <input type="checkbox"/> Complete Blood Count (CBC) <b>LAV</b> | <input type="checkbox"/> Hepatic Function Panel <b>SST</b>              |   |

## INDIVIDUAL TESTS

### CHEMISTRY:

- |   |  |
|---|--|
| <input type="checkbox"/> Albumin BCP <b>SST</b><br><input type="checkbox"/> Alkaline Phosphatase <b>SST</b><br><input type="checkbox"/> ALT <b>SST</b><br><input type="checkbox"/> Amylase <b>SST</b><br><input type="checkbox"/> Anti-Tg <b>SST</b><br><input type="checkbox"/> Anti-TPO <b>SST</b><br><input type="checkbox"/> Apolipoprotein B <b>SST</b><br><input type="checkbox"/> AST <b>SST</b><br><input type="checkbox"/> B-12 & Folate <b>SST</b><br><input type="checkbox"/> Bilirubin (Direct) <b>SST</b><br><input type="checkbox"/> Bilirubin (Total) <b>SST</b><br><input type="checkbox"/> BUN (Urea Nitrogen) <b>SST</b><br><input type="checkbox"/> Kt/V and URR <b>SST</b><br><input type="checkbox"/> Calcium <b>SST</b><br><input type="checkbox"/> Carbon Dioxide <b>SST</b><br><input type="checkbox"/> Chloride <b>SST</b><br><input type="checkbox"/> Cholesterol, Total <b>SST</b><br><input type="checkbox"/> CK, Total(Creatinine Kinase) <b>SST</b><br><input type="checkbox"/> C-peptide, serum <b>SST</b><br><input type="checkbox"/> CRP (C-reactive Protein) <b>SST</b><br><input type="checkbox"/> Direct LDL (DLDL) <b>SST</b><br><input type="checkbox"/> Ferritin <b>SST</b><br><input type="checkbox"/> Folate <b>SST</b><br><input type="checkbox"/> Glucose <b>SST</b><br><input type="checkbox"/> HCG, Quant <b>SST</b><br><input type="checkbox"/> Hemoglobin A1c <b>SST</b><br><input type="checkbox"/> Hep A antibody, IgM <b>SST</b><br><input type="checkbox"/> Hep B surface antibody <b>SST</b><br><input type="checkbox"/> Hep A surface antigen <b>SST</b><br><input type="checkbox"/> Hep C antibody <b>SST</b><br><input type="checkbox"/> Hep C VIRUS, QUAN,PCR <b>SST</b><br><input type="checkbox"/> HDL (Ultra) <b>SST</b><br><input type="checkbox"/> HIV ½ Antibodies <b>SST</b><br><input type="checkbox"/> Homocysteine <b>SST</b> | <input type="checkbox"/> Insulin <b>SST</b><br><input type="checkbox"/> Iron <b>SST</b><br><input type="checkbox"/> TIBC (Total Iron Binding Capacity) <b>SST</b><br><input type="checkbox"/> LDH (Lactate Dehydrogenase) <b>SST</b><br><input type="checkbox"/> Lipoprotein (a) <b>SST</b><br><input type="checkbox"/> Lithium <b>SST</b><br><input type="checkbox"/> Magnesium <b>SST</b><br><input type="checkbox"/> Phosphorus <b>SST</b><br><input type="checkbox"/> Potassium <b>SST</b><br><input type="checkbox"/> Prealbumin <b>SST</b><br><input type="checkbox"/> Total Protein <b>SST</b><br><input type="checkbox"/> PTH (Parathyroid Hormone) <b>LAV</b><br><input type="checkbox"/> Rheumatoid Factor (RF) <b>SST</b><br><input type="checkbox"/> Sodium <b>SST</b><br><input type="checkbox"/> T3-Uptake <b>SST</b><br><input type="checkbox"/> T3-Free <b>SST</b><br><input type="checkbox"/> T3-Total <b>SST</b><br><input type="checkbox"/> T4-Total <b>SST</b><br><input type="checkbox"/> T4-Free <b>SST</b><br><input type="checkbox"/> Testosterone Free <b>SST</b><br><input type="checkbox"/> Testosterone Total <b>SST</b><br><input type="checkbox"/> Triglycerides <b>SST</b><br><input type="checkbox"/> TSH <b>SST</b><br><input type="checkbox"/> Uric Acid <b>SST</b><br><input type="checkbox"/> Valproic Acid <b>SST</b><br><input type="checkbox"/> Vitamin B12 <b>SST</b><br><input type="checkbox"/> Vitamin D <b>SST</b> |
|---|--|
- Additional tests:**  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

### COAGULATION:

- |  |  |
|--|--|
| <input type="checkbox"/> PT <b>BLU</b> | <input type="checkbox"/> INR <b>BLU</b>            |
| <input type="checkbox"/> TT <b>BLU</b> | <input type="checkbox"/> Platelet Count <b>LAV</b> |

### HORMONES:

- |  |  |
|--|--|
| <input type="checkbox"/> Testosterone, Free & Total w/ SHBG <b>SST</b> | <input type="checkbox"/> IGF-1 <b>SST</b>        |
| <input type="checkbox"/> Estradiol (E2) <b>SST</b>                     | <input type="checkbox"/> Progesterone <b>SST</b> |
| <input type="checkbox"/> dhea-sulfate <b>SST</b>                       | <input type="checkbox"/> Cortisol <b>SST</b>     |
| <input type="checkbox"/> Prolactin <b>SST</b>                          |  |

### PANELS:

- |   |  |
|---|--|
| <input type="checkbox"/> <b>2781 - Female Hormone A Panel</b><br><b>Requires – 1 SST</b><br>Testosterone, Free & Total w/SHBG<br>Estradiol (E2)<br>DHEA-Sulfate<br>Cortisol<br>Progesterone | <input type="checkbox"/> <b>2780 - Male Hormone A Panel</b><br><b>Requires – 1 SST</b><br>Testosterone, Free & Total w/SHBG<br>Estradiol (E2)<br>DHEA-Sulfate<br>Cortisol                    |
| <input type="checkbox"/> <b>907B - Female Wellness Panel</b><br><b>Requires – 1 SST, 1 LAV</b><br>CBC, CMP, LIPID Panel<br>T3, Total, T4, Total,<br>Vitamin D, Total                        | <input type="checkbox"/> <b>908B -Male Wellness Panel</b><br><b>Requires – 1 SST, 1 LAV</b><br>CBC, CMP, Lipid Panel, TSH,<br>T3, Total, T4 Total, PSA,<br>Testosterone Free & Total w/ SHBG |

### Diagnosis codes:

- |  |   |
|--|---|
| <input type="checkbox"/> Fatigue R53.83                | <input type="checkbox"/> Diabetes II, uncontrolled E11.65 |
| <input type="checkbox"/> Fever R50.9                   | <input type="checkbox"/> Iron Deficiency D50.9            |
| <input type="checkbox"/> Gout, unspec. M10.9           | <input type="checkbox"/> Routine/Annual Health Z00.00     |
| <input type="checkbox"/> Hypertension I10              | <input type="checkbox"/> Nausea with vomiting R11.2       |
| <input type="checkbox"/> Hyperlipidemia, unspec E78.5  | <input type="checkbox"/> Shortness of breath R06.02       |
| <input type="checkbox"/> Diabetes II, controlled E11.9 | <input type="checkbox"/> Gerd/Reflux K21.9                |
| <input type="checkbox"/> Iron Deficiency D50.9         | <input type="checkbox"/> Vitamin D Deficiencies E55.9     |

Other: \_\_\_\_\_

**Ordering Physician (Print)** \_\_\_\_\_

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

I attest that the requested testing is medically necessary and appropriate based on the patient's diagnosis and treatment plan. I have personally completed the diagnosis codes above to indicate the accurate diagnosis for this patient.