

## MOBILE PHLEBOTOMY FORM

### PATIENT INFORMATION

Last Name	First Name	SSN	D.O.B.	M <input type="checkbox"/>	F <input type="checkbox"/>
Street Address	Apt#	City	State	ZIP	Phone

### SPECIMEN INFORMATION

Date of order:     /     /

Requested start date:     /     /

Date Collected:     /     /

Time Collected: \_\_\_\_\_

Frequency: \_\_\_\_\_

Ordering Physician: \_\_\_\_\_

NPI: \_\_\_\_\_

Address: \_\_\_\_\_

Phone#: \_\_\_\_\_

Fax#: \_\_\_\_\_

### INSURANCE INFORMATION

Insurance Name \_\_\_\_\_ I.D.# \_\_\_\_\_

Bill Medicare    Bill Medicaid    Bill Patient    Bill Client

Duplicate report to: \_\_\_\_\_

Duplicate to Phone#: \_\_\_\_\_

Duplicate to Fax#: \_\_\_\_\_

Fasting:  Yes  No

STAT:

### ICD10 CODES

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It is the ordering party's responsibility to order only those tests medically necessary for the diagnosis and treatment of the patient.

<input type="checkbox"/> AFP (Tumor Marker) SST <input type="checkbox"/> Albumin (Alb) SST <input type="checkbox"/> Alkaline Phosphatase (ALP) SST <input type="checkbox"/> ALT (SGPT) SST <input type="checkbox"/> Ammonia, Plasma L <input type="checkbox"/> Amylase Serum SST <input type="checkbox"/> ANA Screen SST <input type="checkbox"/> <b>ANA Profile</b> SST <input type="checkbox"/> Anti-TPO Ab SST <input type="checkbox"/> Anti-TG Ab SST <input type="checkbox"/> Apolipoprotein A1 SST <input type="checkbox"/> Apolipoprotein B SST <input type="checkbox"/> AST (SGOT) SST <input type="checkbox"/> ASO SST <input type="checkbox"/> <b>Basic Metabolic Panel</b> SST <input type="checkbox"/> Beta HCG - Serum SST <input type="checkbox"/> Bilirubin Direct (Dbili) SST <input type="checkbox"/> Bilirubin Total (Tbili) SST <input type="checkbox"/> BNP L <input type="checkbox"/> BUN / Creatinine Ratio SST <input type="checkbox"/> BUN (Urea Nitrogen) S SST <input type="checkbox"/> BUN (Urea Nitrogen) U <input type="checkbox"/> Complement C3 SST <input type="checkbox"/> Complement C4 SST <input type="checkbox"/> CA 15.3 SST <input type="checkbox"/> CA - 19.9 SST <input type="checkbox"/> CA - 125 SST <input type="checkbox"/> Calcium Serum SST <input type="checkbox"/> Calcium Urine U <input type="checkbox"/> Carbamazepine or Tegretol R <input type="checkbox"/> Cardio C- Reactive Protein SST <input type="checkbox"/> CBC (w/diff & platelet count) L <input type="checkbox"/> CEA SST <input type="checkbox"/> Centromere B SST <input type="checkbox"/> Chloride SST <input type="checkbox"/> Cholesterol SST <input type="checkbox"/> CMV IgG SST <input type="checkbox"/> CO2 SST <input type="checkbox"/> <b>Comp Metabolic Panel</b> SST <input type="checkbox"/> Cortisol SST <input type="checkbox"/> C-Peptide SST <input type="checkbox"/> C-Reactive Protein (CRP) SST <input type="checkbox"/> Creatinine with eGFR SST	<input type="checkbox"/> Creatinine Urine U <input type="checkbox"/> Creatinine Kinase SST <input type="checkbox"/> dsDNA Autoantibodies SST <input type="checkbox"/> DHEA-SO4 SST <input type="checkbox"/> Digoxin R <input type="checkbox"/> EBV VCA IgM SST <input type="checkbox"/> EBV VCA IgG SST <input type="checkbox"/> EBV Early Antigen SST <input type="checkbox"/> EBV Nuclear Antigen SST <input type="checkbox"/> <b>Electrolyte Panel</b> SST <input type="checkbox"/> ESR or Sedimentation Rate L <input type="checkbox"/> Estradiol SST <input type="checkbox"/> Fasting Blood Sugar GR <input type="checkbox"/> Ferritin SST <input type="checkbox"/> Folate SST <input type="checkbox"/> Fructosamine SST <input type="checkbox"/> FSH SST <input type="checkbox"/> GGT SST <input type="checkbox"/> Glucose Serum SST <input type="checkbox"/> Glucose Urine U <input type="checkbox"/> Glyco Hgb A1c L <input type="checkbox"/> HDL SST <input type="checkbox"/> H.Pylori IgG SST <input type="checkbox"/> Hemoglobin/Hematocrit L <input type="checkbox"/> <b>Hepatic Function Panel</b> SST <input type="checkbox"/> Hepatitis A IgM Ab SST <input type="checkbox"/> Hepatitis A Total Ab SST <input type="checkbox"/> Hepatitis B Core IgM Ab SST <input type="checkbox"/> Hepatitis B Core Total SST <input type="checkbox"/> Hepatitis Bs Ab SST <input type="checkbox"/> Hepatitis Bs Ag SST <input type="checkbox"/> Hepatitis C Total Ab SST <input type="checkbox"/> HSV Type I IgG SST <input type="checkbox"/> HSV Type II IgG SST <input type="checkbox"/> *HIV 1/2 SST <input type="checkbox"/> Homocysteine SST <input type="checkbox"/> Immunoglobulin E total SST <input type="checkbox"/> Immunoglobulins A, M, G SST <input type="checkbox"/> Insulin SST <input type="checkbox"/> Iron SST <input type="checkbox"/> Jo-1 Autoantibodies SST <input type="checkbox"/> LDH SST <input type="checkbox"/> LDL Direct SST	<input type="checkbox"/> Lead RLB <input type="checkbox"/> LH SST <input type="checkbox"/> Lipase SST <input type="checkbox"/> <b>Lipid Profile</b> SST <input type="checkbox"/> Lyme Screen IgG SST <input type="checkbox"/> Magnesium Serum SST <input type="checkbox"/> Magnesium Urine U <input type="checkbox"/> Microalbumin Urine U <input type="checkbox"/> Microalbumin/Creatinine ratio U <input type="checkbox"/> MMR + V IgG SST <input type="checkbox"/> Non-GYN Cytology, Urine U <input type="checkbox"/> Occult Blood, Feces FECES <input type="checkbox"/> Phenobarbital R <input type="checkbox"/> Phenytoin or Dilantin R <input type="checkbox"/> Phosphorus Urine U <input type="checkbox"/> Phosphorus Serum SST <input type="checkbox"/> PLAC* SST <input type="checkbox"/> Potassium (K) SST <input type="checkbox"/> Potassium, Plasma Green <input type="checkbox"/> Progesterone Total SST <input type="checkbox"/> Prolactin SST <input type="checkbox"/> Prostatic Acid Phosphatase SST <input type="checkbox"/> PSA Free SST <input type="checkbox"/> PSA Total SST <input type="checkbox"/> PT/INR B <input type="checkbox"/> PTH SST <input type="checkbox"/> PTT B <input type="checkbox"/> <b>Renal Panel</b> SST <input type="checkbox"/> Reticulocyte Count L <input type="checkbox"/> Rheumatoid Factor SST <input type="checkbox"/> RPR (VDRL) SST <input type="checkbox"/> Sci-70 IgG Autoantibodies SST <input type="checkbox"/> SHBG SST <input type="checkbox"/> SmRNP IgG Autoantibodies SST <input type="checkbox"/> Sodium (Na) SST <input type="checkbox"/> SS-A & SS-B IgG Autoantibodies SST <input type="checkbox"/> T3 Free SST <input type="checkbox"/> T3 Total SST <input type="checkbox"/> T3 Uptake SST <input type="checkbox"/> T4 Free SST <input type="checkbox"/> T4 Total - Thyroxine SST <input type="checkbox"/> TBG SST <input type="checkbox"/> Testosterone Total SST	<input type="checkbox"/> Theophylline R <input type="checkbox"/> Thyroglobulin SST <input type="checkbox"/> TIBC SST <input type="checkbox"/> Total Protein Serum SST <input type="checkbox"/> Total Protein Urine U <input type="checkbox"/> Transferrin SST <input type="checkbox"/> Triglycerides (Trig) SST <input type="checkbox"/> TSH (High Sensitivity) SST <input type="checkbox"/> Uric Acid Serum SST <input type="checkbox"/> Uric Acid Urine U <input type="checkbox"/> Urinalysis Complete (dipstick and microscopic) U <input type="checkbox"/> Valproic Acid R <input type="checkbox"/> Vitamin B12 SST <input type="checkbox"/> Vitamin D, 25 Hydroxy SST
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#### CUSTOM DIAGNOSTIC PROFILES

<input type="checkbox"/> Allergy Complete Food and Respiratory Profile (104 Specific Allergens)	<b>2SST</b>
<input type="checkbox"/> Anemia Screen	<b>L, SST</b>
<input type="checkbox"/> Cardiac Risk Panel I	<b>L, SST</b>
<input type="checkbox"/> Cardiac Risk Panel II	<b>L, 2SST</b>
<input type="checkbox"/> Diabetic Screen	<b>SST, L</b>
<input type="checkbox"/> Drug Screen with/without ethanol	<b>U</b>
<input type="checkbox"/> Epstein-Barr Virus Screen	<b>L, SST</b>
<input type="checkbox"/> Female Health Screen I	<b>1L, 3SST, 1UC</b>
<input type="checkbox"/> Female Hormone Screen	<b>2SST</b>
<input type="checkbox"/> Female Weight Loss Panel	<b>2SST, 1LT, 1UC</b>
<input type="checkbox"/> Health Screen II	<b>1L, 2SST</b>
<input type="checkbox"/> Heavy Metals	<b>(see back)</b>
<input type="checkbox"/> Hepatitis Screen	<b>SST</b>
<input type="checkbox"/> Male Health Screen I	<b>1L, 3SST, 1UC</b>
<input type="checkbox"/> Male Hormone Screen	<b>2SST</b>
<input type="checkbox"/> Male Weight Loss Panel	<b>2SST, 1LT, 1UC</b>
<input type="checkbox"/> Rheumatic Evaluation	<b>L, 2SST</b>
<input type="checkbox"/> Thyroid Antibodies	<b>SST</b>
<input type="checkbox"/> Thyroid Comp Screen	<b>SST</b>
<input type="checkbox"/> Initial Cardio Profile	<b>(see back)</b>
<input type="checkbox"/> Follow Up Cardio Profile	<b>(see back)</b>

See Reverse Side for Panel Description

**ADDITIONAL TESTS: (INCLUDE COMPLETE TEST NAME AND ICD10 CODES) Reflex tests are performed at an additional charge. HIV Testing will not be performed until proper patient consent is obtained / documented (NY only)**