

PATIENT INFORMATION

Last Name: _____ First Name: _____
 Street Address: _____ Apt#: _____
 City: _____ State: _____ Zip: _____
 Phone: _____ DOB: ___/___/___ SSN: _____ Gender: F M

INSURANCE INFORMATION (attach front and back copy of insurance card)

Insurance Name: _____
 Group#: _____ I.D.#: _____
 Bill Medicare Bill Medicaid Bill Patient

SPECIMEN INFORMATION

Date Collected: ___/___/___ Time Collected: _____ STAT
 Fasting: Yes No Fax Results to: _____

ICD10 CODES					

PATIENT PAYMENT OPTIONS (SIGNATURE REQUIRED)

OPTION 1: CREDIT CARD (MDL Mainstream Diagnostic Laboratory will contact you for additional info.)
 OPTION 2: INVOICE PRACTICE / INSTITUTIONAL BILL / FACILITY BILL
 OPTION 3: BILL INSURANCE (attach front and back copy of insurance card)

I understand that if I have enrolled in an FSA/HSA or other medical spending account with my employer or my insurance carrier, that the provision on coordination of benefits in my coverage policy may result in an automatic deduction of out of pocket costs directly from that fund by the carrier or my employer. I understand that Mainstream Diagnostic Laboratory is in no way responsible or liable for that deduction, and will not reverse it, refund it or otherwise reimburse me for those amounts. I understand that it is my responsibility to contact my insurance carrier or employer in advance of services regarding coordination of benefits issues that may impact such an account.

Patient Acknowledgment and Authorization:

I acknowledge that I have provided accurate and true information to the best of my knowledge. If I have provided my insurance information for direct insurance / 3rd party billing: I hereby authorize my insurance benefits to be paid directly to Mainstream Diagnostic Laboratory (MDL) and authorize MDL to release medical information concerning my testing, including upon request my test results, to my insurer and any business associate of insurer (Medicare, Medicaid, etc.) I authorize MDL to be my Designated Representative for purposes of appealing any denial of health benefits. I understand that I am responsible for any amounts that my insurer determines are my responsibility after calculating deductibles, co-payments and co-insurance due under my policy. **I understand that I am legally responsible for sending Mainstream Diagnostic Laboratory any money received from my health insurance company for performance of testing.**

Patients Initials: _____ Date: _____
 Patients Signature: _____

DIAGNOSIS(ICD-10Code)* 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"/> E03.9 Hypothyroidism, unspecified	<input type="checkbox"/> E78.1 Pure hyperglyceridemia	<input type="checkbox"/> J31.0 Chronic rhinitis	<input type="checkbox"/> R53.81 Other malaise
<input type="checkbox"/> D51.9 Vitamin B12 deficiency anemia, unspecified	<input type="checkbox"/> E78.2 Mixed hyperlipidemia	<input type="checkbox"/> N42.9 Disorder of prostate, unspecified	<input type="checkbox"/> R79.89 Other specified abnormal findings of blood chemistry
<input type="checkbox"/> E11.9 Type 2 diabetes mellitus w/o complications	<input type="checkbox"/> E78.49 Other hyperlipidemia	<input type="checkbox"/> N39.0 Urinary tract infection, site not specified	<input type="checkbox"/> Z79.01 Long term (current) use of anticoagulants
<input type="checkbox"/> E53.8 Def of other specified B group vitamins	<input type="checkbox"/> I10 Essential (primary) hypertension	<input type="checkbox"/> R53.1 Weakness	<input type="checkbox"/> Z79.899 Other long term (current) drug therapy
<input type="checkbox"/> E55.9 Vitamin D deficiency, unspecified	<input type="checkbox"/> I25.10 Atherosclerotic heart disease of native coronary artery without angina pectoris	<input type="checkbox"/> R73.09 Other abnormal glucose	
<input type="checkbox"/> E72.11 Homocystinuria	<input type="checkbox"/> J30.89 Other allergic rhinitis	<input type="checkbox"/> R79.9 Ab. finding of blood chemistry, unspecified	
<input type="checkbox"/> E78.01 Familial hypercholesterolemia		<input type="checkbox"/> R97.8 Other abnormal tumor markers	

CUSTOM DIAGNOSTIC PROFILES (See Backfor Panel Description)

<input type="checkbox"/> Abdominal Pain Panel 1UC,1L,2SST,SC	<input type="checkbox"/> Depression Screen 1L,1SST	<input type="checkbox"/> Follow Up Cardio Profile (2SST,3LT,1UC 1Black,1Blue)	<input type="checkbox"/> Male Weight Loss Panel 1UC,1LT,2SST
<input type="checkbox"/> Allergy Profile 2SST	<input type="checkbox"/> Diabetic Screen 1UC,1SST,1L	<input type="checkbox"/> Heavy Metals (Whole Blood RLB)	<input type="checkbox"/> Obesity Panel 1L,1SST
<input type="checkbox"/> Anemia Screen 1L,1SST	<input type="checkbox"/> Epstein-Barr Virus Screen 1L,1SST	<input type="checkbox"/> Heavy Metals, Urine UC	<input type="checkbox"/> STD Screening 1UC,2SST
<input type="checkbox"/> Arthritis Eval/ Autoimmune (2SST,1LAV,DX Screening 1UC)	<input type="checkbox"/> Female Health Screen I 1L,3SST,1UC	<input type="checkbox"/> Male Health Screen I 1L,3SST,1UC	<input type="checkbox"/> Thyroid Disorders 1L,1SST
<input type="checkbox"/> Cardiac Risk Panel I 1L,1SST	<input type="checkbox"/> Female Hormone Screen 2SST	<input type="checkbox"/> Male Hormone Screen 2SST	
	<input type="checkbox"/> Female Weight Loss Panel 2SST,1LT,1UC		

INDIVIDUAL DIAGNOSTIC TESTS (listed in alphabetical order)

<input type="checkbox"/> AFP (Tumor Marker) SST	<input type="checkbox"/> CO2 SST	<input type="checkbox"/> Hepatitis C Total Ab SST	<input type="checkbox"/> PSA Total & Free SST
<input type="checkbox"/> Albumin (Alb) SST	<input type="checkbox"/> Comp Metabolic Panel SST	<input type="checkbox"/> Hepatitis Acute Profile SST	<input type="checkbox"/> PT/INR B
<input type="checkbox"/> Alkaline Phosphatase (ALP) SST	<input type="checkbox"/> Cortisol SST	<input type="checkbox"/> High Sensitivity CRP SST	<input type="checkbox"/> PTH SST
<input type="checkbox"/> ALT (SGPT) SST	<input type="checkbox"/> C-Peptide SST	<input type="checkbox"/> HIV 1/2 Ab/Ag** SST	<input type="checkbox"/> PTT B
<input type="checkbox"/> Amylase Serum SST	<input type="checkbox"/> C-Reactive Protein (CRP) SST	<input type="checkbox"/> Homocysteine SST	<input type="checkbox"/> Renal Panel SST
<input type="checkbox"/> ANA w/reflex Cascade SST	<input type="checkbox"/> Creatinine with eGFR SST	<input type="checkbox"/> HSV 1/2 Ab SST	<input type="checkbox"/> Reticulocyte Count L
<input type="checkbox"/> ANA Screen SST	<input type="checkbox"/> Creatinine UC	<input type="checkbox"/> IGF-1 (insulin-like Growth Factor I) SST	<input type="checkbox"/> Rheumatoid Factor SST
<input type="checkbox"/> ANA Profile SST	<input type="checkbox"/> Creatinine Kinase SST	<input type="checkbox"/> Immunoglobulin E Total SST	<input type="checkbox"/> RPR SST
<input type="checkbox"/> Anti-TPO Ab SST	<input type="checkbox"/> DHEA-S04 SST	<input type="checkbox"/> Insulin SST	<input type="checkbox"/> SHBG SST
<input type="checkbox"/> Anti-TG Ab SST	<input type="checkbox"/> EBV Panel SST	<input type="checkbox"/> Iron SST	<input type="checkbox"/> Sodium (Na) SST
<input type="checkbox"/> Apolipoprotein A1 SST	<input type="checkbox"/> Electrolyte Panel SST	<input type="checkbox"/> LDH SST	<input type="checkbox"/> T3 Free SST
<input type="checkbox"/> Apolipoprotein B SST	<input type="checkbox"/> ESR or Sedimentation Rate L	<input type="checkbox"/> LDL Direct RLB	<input type="checkbox"/> T3Total SST
<input type="checkbox"/> AST(SGOT) SST	<input type="checkbox"/> Estradiol SST	<input type="checkbox"/> Lead SST	<input type="checkbox"/> T3 Uptake SST
<input type="checkbox"/> Basic Metabolic Panel SST	<input type="checkbox"/> Fasting Blood Sugar GR	<input type="checkbox"/> LH SST	<input type="checkbox"/> T4 Free SST
<input type="checkbox"/> Beta HCG-Serum SST	<input type="checkbox"/> Ferritin SST	<input type="checkbox"/> Lipase SST	<input type="checkbox"/> T4Total - Thyroxine SST
<input type="checkbox"/> Bilirubin Direct(Dbili) SST	<input type="checkbox"/> Folate SST	<input type="checkbox"/> Lipid Panel SST	<input type="checkbox"/> TBG SST
<input type="checkbox"/> Bilirubin Total(Tbili) SST	<input type="checkbox"/> Fructosamine SST	<input type="checkbox"/> Lipoprotein (a) SST	<input type="checkbox"/> Testosterone, Free SST
<input type="checkbox"/> BNP PL	<input type="checkbox"/> FSH SST	<input type="checkbox"/> Lp-PLA2 Activity Assay SST	<input type="checkbox"/> Testosterone, Total SST
<input type="checkbox"/> BUN/Creatinine Ratio SST	<input type="checkbox"/> GGT SST	<input type="checkbox"/> Lyme Screen IgG/IgM w/ ref to SST	<input type="checkbox"/> TIBC SST
<input type="checkbox"/> BUN(Urea Nitrogen) SST	<input type="checkbox"/> Glucose Serum SST	<input type="checkbox"/> WB Magnesium Serum UC	<input type="checkbox"/> Total Protein Serum SST
<input type="checkbox"/> Chlamydia/Gonorrhoeae UC	<input type="checkbox"/> Glyco Hgb A1c L	<input type="checkbox"/> Microalbumin Urine UC	<input type="checkbox"/> Total Protein Urine UC
<input type="checkbox"/> ComplementC3 SST	<input type="checkbox"/> GlycoMark SST	<input type="checkbox"/> Microalbumin/Creatinine ratio SST	<input type="checkbox"/> Transferrin SST
<input type="checkbox"/> ComplementC4 SST	<input type="checkbox"/> HDL SST	<input type="checkbox"/> MMR + V IgG UC	<input type="checkbox"/> Treponema pallidum Ab SST
<input type="checkbox"/> CA15.3 SST	<input type="checkbox"/> H.Pylori IgG SST	<input type="checkbox"/> Neisseria gonorrhoeae UC	<input type="checkbox"/> Triglycerides (Trig) SST
<input type="checkbox"/> CA-19.9 SST	<input type="checkbox"/> Hemoglobin/Hematocrit L	<input type="checkbox"/> Occult Blood FECEs	<input type="checkbox"/> TSH (High Sensitivity) SST
<input type="checkbox"/> CA-125 SST	<input type="checkbox"/> Hepatic Function Panel SST	<input type="checkbox"/> Phosphorus Serum SST	<input type="checkbox"/> Uric Acid Serum SST
<input type="checkbox"/> Calcium Serum SST	<input type="checkbox"/> Hepatitis A IgM SST	<input type="checkbox"/> Potassium (K) SST	<input type="checkbox"/> Uric Acid, Urine UC
<input type="checkbox"/> Cardio C-Reactive Protein SST	<input type="checkbox"/> Hepatitis A Total SST	<input type="checkbox"/> Potassium, Plasma GREEN	<input type="checkbox"/> Urinalysis Complete (dipstick and microscopic) UC
<input type="checkbox"/> CBC(w/diff & platelet count) L	<input type="checkbox"/> Hepatitis B Core IgM Ab SST	<input type="checkbox"/> Progesterone Total SST	<input type="checkbox"/> Vitamin B12 SST
<input type="checkbox"/> CEA SST	<input type="checkbox"/> Hepatitis B Core Total SST	<input type="checkbox"/> Prolactin SST	<input type="checkbox"/> Vitamin D, 25 Hydroxy SST
<input type="checkbox"/> Chloride SST	<input type="checkbox"/> Hepatitis B Core Total SST	<input type="checkbox"/> PSA Free SST	<input type="checkbox"/> 1,25 Dihydroxy Vitamin D SST
<input type="checkbox"/> Cholesterol SST	<input type="checkbox"/> Hepatitis Bs Ab SST	<input type="checkbox"/> PSA Total SST	
	<input type="checkbox"/> Hepatitis Bs Ag SST		

*Note: The provided ICD-10 codes are listed as a convenience. Ordering practitioners should report the diagnosis code that best describes the reason for performing the test, regardless of whether the code is listed above or not. **HIV Testing requires a signed consent form before any testing can be initiated.

Additional Tests: _____

PHYSICIAN SIGNATURE _____ DATE: ___/___/___

PANEL DESCRIPTION

Any of the tests **listed** in test combinations/panels may be ordered individually.

CARDIAC RISK PANEL I		**ALLERGY CARE PROFILE					
BNP Triglycerides Cholesterol HDL LDL Direct Apolipoprotein A-1 & B hsCRP Homocysteine Lp-PLA2 Activity Assay Creatinine Kinase Lipoprotein (a)		D1	Dermatophagoides pteronyssinus	T1	Maple	F201	Pecan Nut
		D2	Dermatophagoides farinae	T22	Pecan	F202	Cashew
		D70	Acarus siro	T3	Birch	F203	Pistachio
		E1	Cat Dander-Epithelium	T6	Mountain Cedar	F214	Spinach
		E2	Dog Epithelium	T7	Oak	F24	Shrimp
		E5	Dog Dander	T8	Elm	F245	Egg
		G10	Johnson Grass	W10	Lamb's Quarters	F25	Tomato
		G1	Sweet Vernal Grass	W14	Rough Pigweed	F33	Orange
		G2	Bermuda Grass	W18	Sheep Sorrel	F4	Wheat
		G3	Orchard Grass	W1	Common Ragweed	F40	Tuna
		G6	Timothy Grass	W20	Nettle	F41	Salmon
		H1	House Dust—Greer	W6	Mugwort	F44	Strawberry
		I1	Honey Bee Venom	W9	English Plantain	F45	Baker's Yeast
		I206	American Cockroach	F1	Egg White	F47	Garlic
		I6	Cockroach	F105	Chocolate	F7	Oat
		K82	Latex	F13	Peanut	F75	Egg Yolk
		M1	Penicillium notatum	F14	Soybean	F79	Gluten
		M2	Cladosporium herbarum	F17	Hazelnut	F83	Chicken Meat
		M3	Aspergillus fumigatus	F2	Milk	F9	Rice
		M4	Mucor racemosus	F20	Almond	F92	Banana
		M6	Alternaria tenuis				
		**ADDITIONAL ALLERGENS AVAILABLE FOR MORE INFORMATION AND ORDER PLEASE CALL MDL LAB (877)697-6252					
HEALTH SCREEN I		FOLLOW UP CARDIO PROFILE (2ST; 3LT, 1 Black, 1 Blue; 1 urine cup)		ABDOMINAL PAIN PANEL		THYROID DISORDERS	
MALE 101M	FEMALE 101F	Lipid Panel Apo A1; Apo B Lp-PLA2 Hs-CRP BNP Insulin Vitamin D-25 OH Homocysteine Ferritin Folate Magnesium, serum Creatinine Kinase Fibrinogen Lp(a) mass FFA/NEFA MPO Coenzyme Q10 Isoprostane/ F2-Creatinine Ratio Aspirin Works NMR profile		CBC (w/diff& platelet count) Basic Metabolic Panel Hepatic Function Panel Amylase Serum Lipase Hepatitis Panel Occult Blood, Stool Card H.Pylori IgG ESR or Sedimentation Rate C-Reactive Protein (CRP) Urinalysis Complete (dipstick and microscopic) CA - 19.9 AFP (Tumor Marker) CEA		CBC with differential BMP Hepatic Function Panel Lipid Panel TSH T4 Free TT3 Creatinine Kinase Anti- TPO Ab Anti- TG Ab	
						ANEMIA SCREEN	
						CBC Vitamin B12 & Folate Ferritin TIBC Reticulocyte Count	
						DEPRESSION SCREEN	
						CBC (w/diff & platelet count) Basic Metabolic Panel Hepatic Function Panel TSH (High Sensitivity) Vitamin B12 Folate Vitamin D, 25 Hydroxy	
						HEAVY METALS (whole blood RLB and LT)	
						Aluminum Arsenic Berillium Cadmium Cobalt Copper Manganese Molibdenum Nickel Lead Antimony Selenium Tin Thalium Tungsten Zinc Mercury	
						STD SCREENING	
						Hepatitis Panel *HIV 1/2 Syphilis Ab Cascading Reflex HSV 1/2 Ab CT/NG, NAA Urine Trichomonal Infection	
						ARTHRTIS EVAL/ AUTOIMMUNE DX SCREENING	
						ESR or Sedimentation Rate Cardio C- Reactive Protein Rheumatoid Factor ANA Profile CBC (w/diff & platelet count) Comp Metabolic Panel Lyme Screen IgG/ IgM Complement C3 Complement C4 Syphilis Ab Cascading Reflex CT/NG, NAA	
MALE HORMONE SCREEN		FEMALE HORMONE SCREEN		EPSTEIN-BARR VIRUS SCREEN		OBSESITY PANEL	
Testosterone Total Estradiol Progesterone DHEA S04 SHBG Prolactin PSA Total		FSH LH Prolactin Progesterone Estradiol Testosterone Total SHBG DHEA S04		EBV VCA IgM EBV VCA IgG EBV to Early Antigen EBV to Nuclear Antigen-1 ESR (Sedimentation Rate) Syphilis Ab Cascading Reflex		CBC (w/di & platelet count) BMP Hepatic Function Panel Lipid Profile TSH Free T4 Lipid Panel Insulin Glyco Hgb A1c	
FEMALE WEIGHT LOSS PANEL		MALE WEIGHT LOSS PANEL		DIABETIC SCREEN			
Estradiol Progesterone TSH Free T4 Free T3 Total Testosterone DHEA SO4 Glucose Triglycerides Total Cholesterol LDL (low-density lipoprotein) LDL (high-density lipoprotein) C-reactive Protein Liver Function Kidney Function Complete Blood Cell Counts Homocysteine Hepatitis C Urinalysis Complete		Total Testosterone Estradiol DHEA SO4 TSH Free T4 Free T3 Glucose Triglycerides Total Cholesterol LDL (low-density lipoprotein) HDL (high-density lipoprotein) C-reactive Protein Liver Function Kidney Function Complete Blood Cell Counts PSA (prostate-specific antigen) Homocysteine Hepatitis C Urinalysis Complete		CBC (w/diff & platelet count) Basic Metabolic Panel Hepatic Function Panel Glyco Hgb A1c Lipid Profile Microalbumin Urine Urinalysis Complete (dipstick and microscopic) Fructosamine Glyco Mark			
				HEAVY METALS, URINE			
				Aluminum Arsenic Cadmium Chromium Cobalt Copper Lead Manganese Mercury Thallium Zinc			
SPECIMEN TYPE KEY							
SST = Serum Separator L = Lavender Top UC = Urine Cup R = Red Top (No Barrier) G = Grey Top WT = White Top (PPT Tube) RLB = Royal Blue SC= Stool Card PL= Plasma Lavender							