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SPECIMEN COLLECTION

TIME AM DATE PM

General Test Requisition

Patient Information

ACCT: _____

Last Name _____ First Name _____ MI _____

Male Female D.O.B. / /

Address (Street) _____ Apt # Floor Room# _____

City _____ State _____ Zip _____ Telephone # _____

Responsible Party/Subscriber _____ Social Security # _____ Client Chart/Pt. ID# _____

Call results to: ()

Fax results to: ()

Billing Information* Bill Patient Bill Client Bill Medicare Bill Medicaid Bill Insurance

Medicare # (Include Prefix/Suffix) _____ Medicaid # _____ State _____

Insurance Company Name _____ Telephone # _____

Subscriber Member # _____ Location _____ Group # _____

Insurance Address _____ Physician's Provider _____

City _____ State _____ Zip _____

ICD 9 DIAGNOSIS CODE(S) FOR TESTS ORDERED

DIAGNOSIS SIGNS SYMPTOM IN ICD 9FORMAT(Highest Specificity)

MEDICARE ADVANCE BENEFICIARY NOTICE (ABN)

I have read the ABN on the reverse. If Medicare denies payment, I agree to pay for the identified test(s)

24-HOUR URINE VOLUME IN ML _____ FASTING YES NO **STAT**

Patients Signature _____ Date _____

A.M.A. PANELS		OTHER PANELS		ANEMIA 1 (MICROCYTIC), CBC/DIFF Reticulocyte Count, Iron	
<input type="checkbox"/> ELECTROLYTES Na, K, Cl, CO2	SS	<input type="checkbox"/> THYROID 1: T4,T3Uptake,FTI, TSH	SS	<input type="checkbox"/> ANEMIA II (MACROCYTIC), CBC/DIFF Reticulocyte Count, Vitamin B12, Folate, Ferritin	SS,LV
<input type="checkbox"/> BASIC METABOLIC Na, K, Cl, CO2,Glu,BUN,Cr, Ca	SS	<input type="checkbox"/> THYROID 2: T4,T3Uptake,FTI,TSH,FreeT4,T3	SST	<input type="checkbox"/> ARTHRITIS: CBC,ANA,ASO,CRP,RF,ESR,UR'C ACID, ALK PHOS, CALCIUM, PHOS, TOTAL PROTEIN	SS,LV
<input type="checkbox"/> COMPREHENSIVE METABOLIC Na,K,Cl,Glu,Bun,Cr,Ca,TP,Alb,TBil,AST,ALT	SS	<input type="checkbox"/> IRON DEFICIENCY: IRON, IBC, Sat, FERR	SS	<input type="checkbox"/> HEPATITIS A, B: HAAB,HBSAG,HBCAB,HBSAB	2SS
<input type="checkbox"/> HEPATIC FUNCTION Alb,TBil,DBil,ARAST,ALT,TP	SS	<input type="checkbox"/> GENERAL HEALTH: BMP, CBC, TSH	SS,LV	<input type="checkbox"/> HEPATITIS B: HBSAG,HBEAG,HBCAB,HBSAB	2SS
<input type="checkbox"/> LIPID PROFILE Trig,Chol,HDL,LDLRatio,VLDLcalc	SS			<input type="checkbox"/> HEPATITIS A,B,C: HAAB,HBSAG,HBCAB,HBSAB HCAB	2SS
				<input type="checkbox"/> DIABETIC PROFILE: GLU, HGB A1C	GY, LV
				<input type="checkbox"/> PEDIATRIC CBC/DIFF CHEM 7 LEAD Reticulocyte Count, Urinalysis, TSH	SS,LV
				<input type="checkbox"/> PRENATAL CBC/DIFF: Blood Group & RH, Rubella, RPR, HBSAG, HBSAB, Ig G	SS,LV,YW

CUSTOM PROFILES / ADDITIONAL TESTS:

<input type="checkbox"/> ABO group & RH	LV	<input type="checkbox"/> CRP (High Sens)	SS	<input type="checkbox"/> Hemoglobin Electro	LV	<input type="checkbox"/> RF (Rheumatoid)	SS	MICROBIOLOGY	
<input type="checkbox"/> AFP Tumor marker	SS	<input type="checkbox"/> DIGOXIN	RE	<input type="checkbox"/> HETEROPHILE Scr (MONO)	SS	<input type="checkbox"/> RUBELLA IgG Ab	SS	SOURCE:	
<input type="checkbox"/> ALBUMIN	SS	<input type="checkbox"/> DILANTIN	RE	<input type="checkbox"/> H.PYLORI Ab IgG	SS	<input type="checkbox"/> RPR	SS	<input type="checkbox"/> CULT. FLUID	FL
<input type="checkbox"/> ALKPHOSPHATASE	SS	<input type="checkbox"/> DNADS	SS	<input type="checkbox"/> HIV ANTIBODIES I & II	SS	<input type="checkbox"/> SED RATE (ESR)	LV	<input type="checkbox"/> CULT. GENITAL	SW
<input type="checkbox"/> ALT(SGPT)	SS	<input type="checkbox"/> DRUG SCREEN	UA	<input type="checkbox"/> IgE, TOTAL	SS	<input type="checkbox"/> SODIUM	SS	<input type="checkbox"/> CULT. G.C.	SW
<input type="checkbox"/> AMMONIA	GN	<input type="checkbox"/> EBV VCAJaJVI	SS	<input type="checkbox"/> IRON	SS	<input type="checkbox"/> SICKLE CELL SCREEN	LV	<input type="checkbox"/> CULT. STOOL	ST
<input type="checkbox"/> AMYLASE	SS	<input type="checkbox"/> ENA(Sm+Rnp)	SS	<input type="checkbox"/> LDH	SS	<input type="checkbox"/> T3 UPTAKE	SS	<input type="checkbox"/> CULT. THROAT	SW
<input type="checkbox"/> ANA	SS	<input type="checkbox"/> ESTRADIOL	SS	<input type="checkbox"/> LH	SS	<input type="checkbox"/> T3 TOTAL	SS	<input type="checkbox"/> CULT. URINE	UC
<input type="checkbox"/> ASLO	SS	<input type="checkbox"/> FERRITIN	SS	<input type="checkbox"/> LIPASE	SS	<input type="checkbox"/> T4	SS	<input type="checkbox"/> O&PSTOOL	ST
<input type="checkbox"/> AST(SGOT)	SS	<input type="checkbox"/> FOLATE	SS	<input type="checkbox"/> LITHIUM	RE	<input type="checkbox"/> T4(FREE)	SS	<input type="checkbox"/> OCCULT BLOOD	ST
<input type="checkbox"/> BILIRUBIN Total	SS	<input type="checkbox"/> FSH	SS	<input type="checkbox"/> LYMEAb Total	SS	<input type="checkbox"/> THYROID Ab (ATA)	SS	<input type="checkbox"/> GC & Chlamydia DMA	SW
<input type="checkbox"/> BILIRUBIN Direct	SS	<input type="checkbox"/> GGT	SS	<input type="checkbox"/> MAGNESIUM	SS	<input type="checkbox"/> Thyroid Peroxidase Ab	SS	<input type="checkbox"/> CULT. SPUTUM	SC
<input type="checkbox"/> BUN	SS	<input type="checkbox"/> GLUCOSE fasting	GY	<input type="checkbox"/> MEASLES Ab IgG	SS	<input type="checkbox"/> TEGRETOL (Carbarn)	RE	<input type="checkbox"/> CULT. WOUND	SW
<input type="checkbox"/> CA125	SS	<input type="checkbox"/> GLUCOSE PP 1h	GY	<input type="checkbox"/> MUMPS Ab IgG	SS	<input type="checkbox"/> TESTOSTERONE	SS	SITE:	
<input type="checkbox"/> CA15.3	SS	<input type="checkbox"/> GLUCOSE PP2h	GY	<input type="checkbox"/> PHENOBARBITAL	RE	<input type="checkbox"/> THEOPHYLLINE	RE		
<input type="checkbox"/> CA19.9	SS	<input type="checkbox"/> Glycohemoglobin	LV	<input type="checkbox"/> PHOSPHORUS	SS	<input type="checkbox"/> TIBC	SS		
<input type="checkbox"/> CALCIUM	SS	<input type="checkbox"/> Homocysteine	SS	<input type="checkbox"/> POTASSIUM	SS	<input type="checkbox"/> TRIGLYCERIDES	SS		
<input type="checkbox"/> CBC,DIFF,PLT	LV	<input type="checkbox"/> Hemoglobin A1C	LV	<input type="checkbox"/> PREALBUMIN	SS	<input type="checkbox"/> TSH	SS		
<input type="checkbox"/> C. DIFFICILE TOXIN	ST	<input type="checkbox"/> HCG Beta sub Qual	SS	<input type="checkbox"/> PROGESTERONE	SS	<input type="checkbox"/> URIC ACID	SS		
<input type="checkbox"/> CEA	SS	<input type="checkbox"/> HCG Beta sub Quant	SS	<input type="checkbox"/> PROLACTIN	SS	<input type="checkbox"/> URINALYSIS	UA		
<input type="checkbox"/> CHLORIDE	SS	<input type="checkbox"/> HDL Cholesterol	SS	<input type="checkbox"/> PROSTATIC ACID PHOS.	SS	<input type="checkbox"/> URINALYSIS W/MICRO	UA		
<input type="checkbox"/> CHOLESTEROL	SS	<input type="checkbox"/> Hep A Total Ab	SS	<input type="checkbox"/> PROTEIN Total	SS	<input type="checkbox"/> VALPROICACID	RE		
<input type="checkbox"/> COOMBS INDIRECT	LV	<input type="checkbox"/> Hep B Surf Ag	SS	<input type="checkbox"/> PSA	SS	<input type="checkbox"/> VARICELLA Ab IGG	SS		
<input type="checkbox"/> CORTISOL	SS	<input type="checkbox"/> Hep B Surf Ab	SS	<input type="checkbox"/> PSA FREE	SS	<input type="checkbox"/> VITAMIN B12	SS		
<input type="checkbox"/> CPK	SS	<input type="checkbox"/> Hep B Core Ab	SS	<input type="checkbox"/> PTW/INR	BL				
<input type="checkbox"/> CREATININE	SS	<input type="checkbox"/> Hepatitis C Ab	SS	<input type="checkbox"/> PTT	BL				
<input type="checkbox"/> CRP C Reactive Prot.	SS	<input type="checkbox"/> HERPES IgG I & II	SS	<input type="checkbox"/> RETICULOCYTE cn	LV				
<input type="checkbox"/> 710 TISSUE PATHOLOGY		<input type="checkbox"/> PAP <input type="checkbox"/> THIN PREP		<input type="checkbox"/> THIN PREP W/REFLEX HPV		<input type="checkbox"/> CYTOLOGY <input type="checkbox"/> CX <input type="checkbox"/> VGG <input type="checkbox"/> EC <input type="checkbox"/> EM			
SITE _____	DX _____	LMP / /							
<input type="checkbox"/> FNA & NON-GYN CYTOLOGY		<input type="checkbox"/> Abnormal Bleeding		<input type="checkbox"/> Pregnant		<input type="checkbox"/> Hormonal Therapy			
CYTA <input type="checkbox"/> Aspiration	CYTS <input type="checkbox"/> Sputum	<input type="checkbox"/> Menopausal ___yrs		<input type="checkbox"/> Hysterectomy		<input type="checkbox"/> High Risk for Ca			
CYTU <input type="checkbox"/> Urine	CYTF <input type="checkbox"/> Fluid	<input type="checkbox"/> Previous Abnormal PAP		Result _____					
OTHER _____									