



1401 Pennsylvania Ave, Fort Worth, TX 76104
 CLIA # 45D0701182 CAP# 2087501

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Client/Agency

PATIENT INFORMATION					BILL TO			
Last Name		First		MI	<input type="checkbox"/> Client <input type="checkbox"/> Patient <input type="checkbox"/> Insurance <input type="checkbox"/> Medicare <input type="checkbox"/> Medicaid Client will be billed unless billing data is complete.			
Patient ID or SS#	DOB	Sex	Age	Race	PATIENT ADDRESS			
Collection Time					Street			
Collection Date		Collected By		City	State/Zip	Phone		
Requesting Physician: <input type="checkbox"/> STAT Due to HIPPA, We will only fax to the verified fax # on file for client					PATIENT BILLING INFORMATION			
<small>*Physician Notice: When ordering tests, the physician or other authorized individual is required to make an independent medical necessity decision with regard to each test the lab will bill. ICD- 9 diagnosis information is required for all tests ordered as documentation of the medical necessity of the service. Medicare generally does not cover routine screening tests. The patient should sign an ABN when there is likelihood that an ordered service will not be paid.</small>					MEDICARE #		<input type="checkbox"/> Primary <input type="checkbox"/> Secondary <input type="checkbox"/> Hospice	
					MEDICAID #		Insurance Name <small>Attach copy of front and back of card</small>	
					Policy #		Group #	

ORDERING INSTRUCTIONS: CIRCLE TEST CODE AND WRITE VALID ICD9 WITH HIGHEST SPECIFICITY

NON BLOOD TESTS			NON BLOOD TESTS		
ICD9	TEST	CPT	ICD9	TEST	CPT
Specify Source of Culture			Urine Source (Circle One)		
			Clean Catch Indwelling Cath	Random Other:	Cath In & Out
	Culture Only (No Gram Stain)			*Culture Urine	87086
	Culture with Gram Stain			Urinalysis Screen (dipstick only) ◊	81003
	*Occult Blood Screen ◊	82270		Urinalysis Complete ◊	81001
	Occult Blood Feces	82272		Reflex to Culture Y N	
ICD9	TEST	CPT	ICD9	TEST	CPT
	Albumin	82040		*Hematocrit	85014
	Alkaline Phosphatase	84075		*Hemoglobin	85018
	ALT (SGPT)	84460		Hepatitis B Surface Antibody	86317
	Amylase	82150		Hepatitis B Surface Antigen	87340
	AST (SGOT)	84450		*Hepatitis Panel Acute ◊	80074
	*B-Type Natriuretic Peptide	83880		*HIV 1,2 Antibody + HIV1 Antigen ◊	87390
	*Basic Metabolic panel (BMP)◊	80048		Homocystine Total	83090
	*B-HCG, Quant	84702		*Lipid Profile ◊ Fasting: Y N	80061
	Bilirubin, Fractionated			Liver Panel (Hepatic Function)◊	80076
	Bilirubin, Total	82247		Magnesium	83735
	Bilirubin, Direct	82248		Platelet Function Aspirin	85576
	BUN	84520		Platelet Function Plavix	85576
	Calcium	82310		Phosphorus	84100
	CBC			Potassium	84132
	Hemogram- Auto- Without Diff +Platelets	85027		*Pregnancy, Serum	84703
	Auto- With Diff + Platelet	85025		*PSA	84153
	Chloride	82435		*PSA MC Screen (Detail on back)	G0103
	*Comprehensive Metabolic Panel (CMP)◊	80053		*PT with INR Coumadin: Y N	85610
	*C Reactive Protein	86140		*PTT Heparin: Y N	85730
	Creatinine	82565		*Renal Panel ◊	80069
	Creatinine Clearance	82575		Sed Rate	85651
	*Digoxin	80162		Sodium	84295
	Dilantin	80185		*T4, Free	84439
	Electrolytes ◊	80051		*Treponema pallidum, IgG	86780
	*Folate	82746		*TSH	84443
	*Glucose	82947		Uric Acid	84550
	*Glycohemoglobin (Hgb A1C)	83036		*Vitamin B12	82607
	OTHER TESTS			Vitamin D125 Hydroxy	82306
			ORDER VERIFICATION- PHYSICIAN SIGNATURE REQUIRED.		
			(SIGNATURE)		
			*VALID ICD9 CODE REQUIRED		
			◊ SEE BACK FOR DESCRIPTION OF ORGAN SPECIFIC PANELS AND CONFIRMATORY TESTING		

Comprehensive Metabolic Panel (CMP) CPT 80053		*Acute Hepatitis Panel CPT 80074		Liver Panel (Hepatic Function) CPT 80076	
*Glucose	82947	Hepatitis B Surface Antigen (HBsAg)	87340	ALT (SGPT)	84460
BUN	84520	Hepatitis B Core Antibody (HBcAb), IgM	86705	Bilirubin, Direct	82248
Creatinine	82565	Hepatitis C Antibody	86803	Bilirubin, Total	82247
Sodium	84295	Hepatitis A Antibody (HAAb), IgM	86709	Total Protein	84155
Potassium	84132	Basic Metabolic Panel (BMP) CPT 80048		AST (SGOT)	84450
Chloride	82435			Alkaline Phosphatase	84075
Carbon Dioxide (CO ₂)	82374	*Glucose	82947	Albumin	82040
Calcium	82310	BUN	84520	*Renal Panel CPT 80069	
Total Protein	84155	Creatinine	82565		
Albumin	82040	Sodium	84295	Albumin	82040
Alkaline Phosphatase	84075	Potassium	84132	BUN	84520
Bilirubin, Total	82247	Chloride	82435	Calcium	82310
AST (SGOT)	84450	Carbon Dioxide (CO ₂)	82374	Chloride	82435
ALT (SGPT)	84460	Calcium	82310	Carbon Dioxide (CO ₂)	82374
Electrolyte Panel CPT 80051		*Lipid Panel CPT 80061		Creatinine	82565
Sodium	84295	Cholesterol	82465	*Glucose	82947
Potassium	84132	Lipoprotein, HDL Direct	83718	Phosphorus	84100
Chloride	82435	Triglycerides	84478	Potassium	84132
Carbon Dioxide (CO ₂)	82374			Sodium	84295

[REFER TO THE EXPANDED TEST LIST ON THE LAB TEST CATALOG WEBSITE FOR ADDITIONAL TEST AND INFORMATION.](#)

FOR CBC:
There are instances in which an automated differential cannot be performed due to instrumentation limitations. When this occurs, a manual differential will be performed to complete the CBC.

FOR URINE REFLEX TO CULTURE:
If marked (Y) a culture will be performed based on positive results for Nitrates, Leukocyte Esterase and/or WBC greater than 5.

FOR STREP SCREENS:
Culture confirmation of negative screen tests results for Group A streptococcus in children and adolescents is recommended.

FOR RPR:
If positive Treponema pallidum, IgG will auto reflex to the RPR Titer and the specimen will be sent to reference lab for MHATP.

FOR CULTURES:
A direct smear is performed on specimens from sterile body sites (e.g. CSF), and on certain specimens (e.g. sputum, tissue, deep wound) to assess specimen quality. Based on an order for culture, and culture results, bacterial identification and susceptibility testing are performed at additional charge if sufficient growth is identified.

FOR HEPATITIS B SURFACE ANTIGEN:
All repeatedly reactive results will be confirmed by neutralization testing. An additional charge will be incurred.

FOR HIV 1,2 ANTIBODY + HIV1 ANTIGEN:
All reactive results will be confirmed by HIV PCR QL APTIMA TEST. An additional charge may be incurred.

PSA (Medicare Screen):
Screening PSA tests are covered at a frequency of once every 12 months for men who have attained age 50. At least 11 months must pass following the month of the last Medicare-covered screening.

OCCULT BLOOD:
Occult Blood Feces, CPT 82272 - This test may be requested for diagnostic purposes. Not for annual screening.
Occult Blood Feces, CPT 82270 - This test may be requested as a screening guaiac, screening stool guaiac. Screening fecal occult blood tests are covered every 12 months for beneficiaries age 50 or over.