



# CPA LAB

2935 BRECKENRIDGE LANE, SUITE 101  
LOUISVILLE, KY 40220

## PATIENT INFORMATION (PLEASE PRINT)

NAME		
ADDRESS		
CITY	STATE	ZIP
PHONE		
<input type="checkbox"/> MALE	<input type="checkbox"/> FEMALE	DATE OF BIRTH
SOCIAL SECURITY #		
CALL RESULTS TO		
FAX RESULT TO		
DUPLICATE REPORT TO		

## COLLECTION INFORMATION

DATE/TIME:	COLLECTED BY:
COMMENTS/SOURCE/TIMED DRAW INFO	

ICD 10 CODE (S):

## CLINICAL REQUISITION

LAST REV: 3/4/2026

OFFICE NAME/ID:
PROVIDER NAME:
PHYSICIAN NPI (If first time ordering)
PHYSICIAN SIGNATURE:
OFFICE ADDRESS:
CITY : STATE: ZIP:
PHONE : FAX:

## BILLING INFORMATION

<input type="checkbox"/> BILL ACCOUNT	<input type="checkbox"/> BILL INSURANCE
IF INSURANCE BILL ATTACH A COPY OF INSURANCE CARD AND PHOTO ID	
GUARANTOR	<input type="checkbox"/> SELF <input type="checkbox"/> PARENT/GUARDIAN <input type="checkbox"/> OTHER
GUARANTOR DOB/PHONE #	
PRIMARY BILLING ACCOUNT	SECONDARY BILLING ACCOUNT
INS CO	INS CO
ID #	ID #
GROUP ID#	GROUP ID#

PANELS				ALPHABETIC TESTING		ALPHABETIC TESTING		MICROBIOLOGY TESTING				
<input type="checkbox"/>	ANA CASCADE LAB147	ANTINUCLEAR AB SCREEN WITH CASCADE REFLEX	SEE TEST DIRECTORY	<input type="checkbox"/>	A1C LAB90	HEMOGLOBIN A1C	<input type="checkbox"/>	HCGQT LAB143	HCG QUANT, BLOOD	ALL CULTURES COME WITH GRAM STAIN		
<input type="checkbox"/>	BMP LAB15	BASIC METABOLIC	BUN, CA, CREAT, GLUC, NA, K CL, CO2, AGAP, GFR	<input type="checkbox"/>	AMY LAB48	AMYLASE	<input type="checkbox"/>	HCGQL LAB437	HCG QUAL, BLOOD	<input type="checkbox"/>	AFBCS LAB877	AFB CULTURE
<input type="checkbox"/>	CBC LAB293	CBC WITH DIFF	WBC, PLATELET, RBC, HCT, HGB, MCV, MCH, MCHC, RDW, RFLX TO MAN DIFF	<input type="checkbox"/>	ALKP LAB112	ALKALINE PHOSPHATASE	<input type="checkbox"/>	HH LAB753	HEMOGLOBIN, HEMATOCRIT	<input type="checkbox"/>	ANAER LAB233	ANAEROBIC/AEROBIC CULTURE
<input type="checkbox"/>	CBCND LAB3081	CBC WITHOUT DIFF	SAME AS ABOVE WITHOUT RELFEX TO MANUAL DIFF	<input type="checkbox"/>	ALT LAB132	ALT(SGPT)	<input type="checkbox"/>	HEPBS LAB472	HEPATITIS B SURFACE ANTIBODY	<input type="checkbox"/>	BL LAB462	BLOOD CULTURE
<input type="checkbox"/>	CD4CD8 LAB3083	CD4, CD8	CD4, CD8 (CBC MUST BE ORDERED SEPARATE)	<input type="checkbox"/>	AST LAB131	AST (SGOT)	<input type="checkbox"/>	HEPBSG LAB471	HEPATITIS B SURFACE ANTIGEN	<input type="checkbox"/>	BF LAB269	BODY FLUID CULTURE
<input type="checkbox"/>	CELIAC LAB5177	CELIAC	TTG IGA/IGG, DGP IGA/IGG, IGA	<input type="checkbox"/>	ASO LAB1178	ASO	<input type="checkbox"/>	HEPCAB LAB868	HEPATITIS C ANTIBODY	<input type="checkbox"/>	CDFPC LAB5187	C DIFF PCR
<input type="checkbox"/>	CMP LAB17	CMP	ALB, ALKP, ALT, AST, BUN, CA, CREAT, GLUC, TBIL, TP, NA, K, CL, CO2, AGAP, GFR	<input type="checkbox"/>	BNP LAB3609	NT PRO BNP	<input type="checkbox"/>	HEPCG LAB4739	HEPATITIS C GENOTYPE	<input type="checkbox"/>	CVFLRS LAB5377	COVID FLU RSV PCR (NASOPHARYNGEAL)
<input type="checkbox"/>	EBV LAB863	EPSTEIN BAR VIRUS AB	EBV VCA IGG, EBV IGM, EBV NA-1 IGG, EBV EA-D IGG	<input type="checkbox"/>	CEA LAB57	CEA	<input type="checkbox"/>	HIVAB LAB473	HIV 1/2 AB/AG COMBO	<input type="checkbox"/>	EAR LAB942	EAR CULTURE
<input type="checkbox"/>	FOOD LAB4028	FOOD ALLERGEN IGE	SEE TEST DIRECTORY	<input type="checkbox"/>	C3 LAB152	C3 COMPLEMENT	<input type="checkbox"/>	HIVVIR LAB3550	HIV 1 VIRAL LOAD	<input type="checkbox"/>	EYE LAB943	EYE CULTURE
<input type="checkbox"/>	HEP LAB551	ACUTE HEPATITIS	SEE TEST DIRECTORY	<input type="checkbox"/>	C4 LAB151	C4 COMPLEMENT	<input type="checkbox"/>	LDH LAB96	LDH	<input type="checkbox"/>	FUNGUS LAB240	FUNGAL CULTURE
<input type="checkbox"/>	HEPFUN LAB20	HEPATIC FUNCTION	ALB, TP, AST, ALT, ALP, BILIT, BILID, GLOB, AGAP	<input type="checkbox"/>	CK LAB62	CK TOTAL	<input type="checkbox"/>	LIP LAB99	LIPASE	<input type="checkbox"/>	GBSPCR LAB5304	GROUP B STREP PCR
<input type="checkbox"/>	LYTES LAB16	ELECTROLYTES	CO2, CHLOR, K, NA	<input type="checkbox"/>	CORT LAB61	CORTISOL	<input type="checkbox"/>	LI LAB29	LITHIUM	<input type="checkbox"/>	MYCURC LAB944	UREAPLASMA AND MYCOPLASMA PCR
<input type="checkbox"/>	RENAL LAB19	RENAL FUNCTION	NA, K, CHLOR, CO2, BUN, GLUC, CA, CREAT, PHOS, ALB, AGAP	<input type="checkbox"/>	CRPHS LAB150	CRP HIGH SENSITIVITY	<input type="checkbox"/>	MG LAB103	MAGNESIUM	<input type="checkbox"/>	HSVPC LAB1342	HERPES SIMPLEX VIRUS PCR
<input type="checkbox"/>	REGRES LAB1221	REGIONAL RESPIRATORY ALLERGENS IGE	SEE TEST DIRECTORY	<input type="checkbox"/>	CRPR LAB149	CRP	<input type="checkbox"/>	MICRU LAB689	ALBUMIN / CREATININE RATIO, URINE	<input type="checkbox"/>	OP LAB955	OVA & PARASITE STOOL
<input type="checkbox"/>	RPP LAB4741	RESPIRATORY PATHOGEN	SEE TEST DIRECTORY	<input type="checkbox"/>	CPEP LAB521	C PEPTIDE	<input type="checkbox"/>	PEP LAB119	PROTEIN ELECTROPHORESIS	<input type="checkbox"/>	SPUTC LAB900	SPUTUM CULTURE
				<input type="checkbox"/>	DHEA LAB522	DHEA	<input type="checkbox"/>	T3TOT LAB136	T3 TOTAL	<input type="checkbox"/>	STOOL LAB223	STOOL CULTURE
				<input type="checkbox"/>	DIG LAB23	DIGOXIN	<input type="checkbox"/>	PTHINT LAB813	PTH INTACT	<input type="checkbox"/>	THRC LAB236	THROAT CULTURE
				<input type="checkbox"/>	DIL LAB31	PHENYTOIN	<input type="checkbox"/>	PT LAB320	PROTHROMBIN TIME/INR	<input type="checkbox"/>	URC LAB239	URINE CULTURE
				<input type="checkbox"/>	ESR LAB547	SED RATE	<input type="checkbox"/>	PTT LAB764	PARTIAL THROMBOPLASTIN TIME	<input type="checkbox"/>	VIRNRC LAB5944	VIRAL CULTURE, NON-RESPIRATORY
				<input type="checkbox"/>	ESTRA LAB4668	ESTRADIOL	<input type="checkbox"/>	RF LAB206	RHEUMATOID FACTOR	<input type="checkbox"/>	WOUND LAB503	WOUND CULTURE
				<input type="checkbox"/>	FER LAB68	FERRITIN	<input type="checkbox"/>	SYPHY LAB4749	SYPHILIS AB	<b>SPECIAL TESTING</b>		
				<input type="checkbox"/>	IRONB LAB829	IRON + TIBC	<input type="checkbox"/>	T4 LAB126	T4 TOTAL	<input type="checkbox"/>	CVIMM LAB5506	COVID AB IMMUNE STATUS. BLOOD
				<input type="checkbox"/>	FOLAT LAB69	FOLATE	<input type="checkbox"/>	T3U LAB135	T3 UPTAKE	<input type="checkbox"/>	HPYBT LAB5470	H. PYLORI UREA BREATH TEST (BREATHTEK KIT)
				<input type="checkbox"/>	FSH LAB86	FSH	<input type="checkbox"/>	TSH LAB129	TSH	<input type="checkbox"/>	IFOB LAB4820	IMMUNOCHEMICAL FECAL OCCULT BLOOD (IFOB KIT)
				<input type="checkbox"/>	FT3 LAB137	FREE T3	<input type="checkbox"/>	URIC LAB141	URIC ACID	<input type="checkbox"/>	NICCO LAB736	IMMUNOCHEMICAL FECAL OCCULT BLOOD (IFOB KIT)
				<input type="checkbox"/>	FT4 LAB127	FREE T4	<input type="checkbox"/>	UA LAB5153	URINALYSIS W/MICROSCOPIC	<input type="checkbox"/>	NICCO LAB736	IMMUNOCHEMICAL FECAL OCCULT BLOOD (IFOB KIT)
				<input type="checkbox"/>	GCLAM LAB1376	GONORRHEA, CHLAMYDIA NAAT	<input type="checkbox"/>	UAR LAB3669	URINALYSIS W/RFLX TO CULTURE			
				<input type="checkbox"/>	TRVAG LAB3560	TRICHOMONAS VAGINALIS NAAT	<input type="checkbox"/>	VITB12 LAB67	VITAMIN B12			
				<input type="checkbox"/>	GGT LAB85	GGT	<input type="checkbox"/>	VALP LAB24	VALPROIC ACID			
				<input type="checkbox"/>	GLU LAB82	GLUCOSE	<input type="checkbox"/>	VITD LAB535	VITAMIN D 25 HYDROXY			

ADDITIONAL TEST REQUESTS:

Visit the CPA Laboratory Test Directory at [testmenu.com/cpalab](http://testmenu.com/cpalab) for specimen collection requirements and test information.