



LR00001

Main Laboratory:
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Phoenix, AZ 85034

1-888-406-1738 Toll Free
1-888-808-1680 Toll Free Fax

www.labraddiagnostics.com
Order Mobile Services Online

ORDERING PROVIDER INFORMATION:

PHONE: _____

FAX RESULTS TO: _____

☐ STAT ☐ TODAY ☐ ROUTINE DATE OF ORDER: ____/____/____ TO BE DRAWN: ____/____/____ ☐ FASTING ☐ HOMEBOUND

FREQUENCY: ☐ MONTHLY ☐ DAILY ☐ Q ☐ DAYS FOR _____ WEEKS

START DATE: _____ END DATE: _____

PATIENT INFORMATION (Specimen label must match name on requisition EXACTLY)

Last Name	First Name	Middle	SEX	SSN	DOB
Service Address/Patient Address		Room/Apt #	Patient City		State Zip
Patient Phone:		Caregiver/POA/Family Name/Phone:		Group Home/Assisted Living/Skilled Facility Name	
ORDERING Physician/Clinician Last Name			ORDERING Physician/Clinician First Name		NPI

BILL TO: ☐ INSURANCE ☐ ACCOUNT ☐ PATIENT ☐ GUARANTOR ATTACH FRONT AND BACK OF INSURANCE CARD [REQUIRED]

Primary Insurance Carrier

Policy Number/ Medicare Number

ICD-10 Code
REQUIRED

Physicians and/or other medical providers ordering laboratory tests on this requisition should order medically necessary tests for the diagnosis or treatment of the patient.
Physicians and/or other medical providers must provide ICD-10 codes, rather than narrative diagnosis for each test of panel.

PANELS

TEST#	X	TEST/PANEL	TUBE	TEST#	X	TEST/PANEL	TUBE	TEST#	X	TEST/PANEL	TUBE
46502		ACUTE HEPATITIS PANEL	SST	12544		CREATININE CLEARANCE	SST/24UR	32581		URIC ACID	SST
45872		BASIC METABOLIC PANEL	SST					21035		VALPROIC ACID (DEPAKOTE)	SST
12578		COMPLETE BLOOD COUNT W/ AUTO DIFF W/PLTS	LAV	65244		CREATININE, 24 HR URINE	24UR	68595		VANCOMYCIN, TROUGH	RT
12579		CBC W/O DIFF W/O PLTS	LAV	22145		DIGOXIN (LANOXIN)	SST	54877		VANCOMYCIN, PEAK	RT
12580		CBC W/O DIFF W/ PLTS	LAV	25499		FERRITIN	SST	52432		VITAMIN B-12	SST
21455		COMP METABOLIC PANEL	SST	21452		FOLATE (FOLIC ACID)	SST	24584		VITAMIN D, 25-HYDROXY	SST
32148		DRUG ABUSE SCREEN	UC	32555		GGT	SST				
12578		ELECTROLYTE PANEL	SST	36544		GLUCOSE, FASTING	SST				
21022		HEPATIC PANEL	SST	98522		GLUCOSE, RANDOM	SST				
95881		LIPID PANEL	SST	23587		HEMATOCRIT	LAV				
25488		RENAL FUNCTION PANEL	SST	36950		HEMOGLOBIN	LAV				
				63258		IRON, TOTAL	SST				
				52478		IRON, TIBC, % SAT, (TIBC)	SST				
				21544		LITHIUM	SST				
				25844		MAGNESIUM	SST				
				32455		MICROALBUMIN, URINE	UC				
				35999		PHENOBARBITAL	RT				
				21544		PHENYTOIN, (DILANTIN)	RT				
				32511		PHOSPHOROUS	SST				
				65800		PLATELET COUNT	LAV				
				2144		POTASSIUM (K+)	SST				
				25477		PREALBUMIN	SST				
				25466		PSA, TOTAL	SST				
				25988		PROTHROMBIN TIME (PT/INR)	BLU				
				25477		PTT, ACTIVATED	BLU				
				52488		RETICULOCYTE COUNT	LAV				
				59633		SEDIMENTATION RATE (ESR)	LAV				
				65988		SODIUM	SST				
				56822		TROPONIN	LAV				
				55875		TSH	SST				
				65821		T3	SST				
				21577		T3, FREE	SST				
				63587		T4	SST				
				98522		T4, FREE	SST				
				36542		T3 UPTAKE	SST				
				25189		TRIGLYCERIDES	SST				

MICROBIOLOGY/CULTURE & SENSITIVITY

82488		BLOOD CULTURE X1 OR X2	FBC
		#1: _____ AM/PM SITE _____	
		#2: _____ AM/PM SITE _____	
58740		C.DIFFICILE TOXIN A & B	SC
82480		INFLUENZA A & B VIRUS	SWB
21589		OCCULT BLOOD STOOL	SC
83021		OVA & PARASITES	O&P
25485		SPUTUM CULTURE	SC
21455		STOOL CULTURE	FECAL
25475		WOUND CULTURE SITE: _____	SC
2184		URINALYSIS (UA)	UC
54877		URINALYSIS W C&S	UC

Please indicate Other Tests Below:

LABORATORY USE ONLY

Phlebotomist Name/Id # _____ Draw Time _____ Draw Date _____ PT ID By Armband ☐ Yes ☐ No If No, Name OF Person Id Pt _____
Tubes Drawn (3) _____ SST _____ Gold _____ LAV _____ LT Blue _____ Urine _____ Stool ☐ Nurse Draw: Name: _____ Site: ☐ PICC ☐ Venipuncture Time Drawn: _____



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Name _____ DOB _____



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Name _____ DOB _____



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Name _____ DOB _____



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Name _____ DOB _____

PANELS	PROFILES
46502 ACUTE HEPATITIS PANEL	(HBsAg, HBcAb (IgM), HAV Ab (IgM), HCV Ab)
45872 BASIC METABOLIC PANEL	(BUN, Ca, CO2, Cl, Cr, Glu, K, Na, calc eGFR)
21455 COMP METABOLIC PANEL	(Alb, AP, TBili, BUN, Ca, CO2, Cl, Cr, Glu, K, TP, Na, ALT, AST, calc Glob, calc A/G Ratio, calc BUN/Cr Ratio, calc eGFR)
32148 DRUG ABUSE SCREEN	Amphetamines, Benzodiazepines, Cocaine Metabolites, Methaqualone, Phencyclidine, Oxycodone, Barbiturates, Cannabinoids, Methadone, Opiates, Propoxyphene)
12578 ELECTROLYTE PANEL	(Na, K, Cl, CO2)
21022 HEPATIC PANEL	(Alp, AP, TBili, DBili, AST, ALT, TP)
95881 LIPID PANEL	(Total Cholesterol, Trig, HDL, calc LDL, calc LDL, calc LDL/HDL Coronary Risk Ratio)
25488 RENAL FUNCTION PANEL	(Alb, Ca, CO2, Cl, Creat, Glu, Phos, K, Na, BUN, calc BUN/Cr Ratio, calc eGFR)

CPT codes are provided for information use only and are based on Labrad Diagnostics current understanding of Medicare rules and carrier instructions. Rules are in accordance with the current issue of Physicians Current Procedural Terminology published by the American Medical Association. Medicare coding may differ from coding used by other third party payors. Labrad cannot accept responsibility for the reimbursement clients may or may not receive based on the procedure codes provided.

Medicare laboratory National Coverage Determinations (NCDs) and Local Coverage Determinations (LCDs)

These policies define the medical conditions (through the inclusion of a list of ICD codes) for which these tests are covered or reimbursed by Medicare. HIPAA regulations require ICD code(s) to be present on each claim filed. The codes must also be documented in the patient's medical record.

Frequency Limitations for Laboratory Tests

Certain laboratory tests have specific frequency limitation requirements. These limitations may apply to tests from the laboratory LCDs and/or NCDs.

Medicare Preventive Screening Laboratory Tests

Certain preventative screening laboratory tests are covered benefits for Medicare patients. Benefit coverage is specific for each service, covered diagnosis codes, coverage requirements and frequency limitations.

View CMS NCDs, LCDs and Preventative Services at <http://www.cms.hhs.gov>

Specimen Key: SST - Serum Separator Tube
LAV - Lavender Top Tube
BT - Blue Top Tube
RT - Red Top Tube
FECAL - Guaiac Stool Card
UC - Urine Cup
O&P - Ova and Parasite Vials
SC - Stool Cup
SWB - Sterile Swab
FBC - Blood Culture Bottle

SST, BT, LAV, RT, UC, SC Should all be shipped refrigerated