



3860 Teays Valley Road, Hurricane, WV 25526
 Phone: (304) 757-9982; Fax: (304) 945-9093
 Email: info@medtestlabs.com; www.medtestlabs.com

Requisition Form

PHYSICIAN/PRACTICE		PATIENT INFORMATION	
Physician's Name [Last, First] _____ Signature _____		Patient's Name [Last, First, Middle] _____	
		Address _____	
		City/State/Zip _____	Phone _____
		<input type="checkbox"/> M <input type="checkbox"/> F SS# _____	Date of Birth _____
SPECIMEN INFORMATION			
Date Collected _____		Time Collected _____ <input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> Fasting Urine Total Volume _____ ml <input type="checkbox"/> Non Fasting Urine Total Hours _____ hr
DIAGNOSIS CODES		BILLING INFORMATION	
		[] Medicare [] Medicaid [] Insurance [] Practice [] Patient	
INSURANCE INFORMATION: Please provide complete information and attach a copy of insurance card (Both sides)			
Insured Name [if not self]: Last, First _____		Insured SS# [if not self] _____	Insured DOB [if not self] _____
Insured Address [if not self] _____		Insurance Co. Name _____	Member Policy/Insured ID # _____
City/State/Zip [if not self] _____		Group # _____	Employer/Group Name _____
PANNELS	ALPHABETICAL LISTING	TOXICOLOGY*	MICROBIOLOGY*/SEROLOGY
<input type="checkbox"/> Basic Metabolic Panel	S [] C-Reactive Protein (CRP), Non-Cardi	S [] Chain of Custody Protocol	U [] Bacterial Culture, Aerobic, Routine
<input type="checkbox"/> Comprehensive Metabolic Panel	S [] Creatine Phosphokinase [CK]	S [] Drug Specimen Validity	U [] Bacterial Culture, Anaerobic, Routine
<input type="checkbox"/> Electrolyte Panel	S [] Creatinine, Serum	S [] Drug of Abuse, Screen/Confirm	U [] Bacterial Smear, Gram Stain
<input type="checkbox"/> Hepatic Function Panel	S [] Dehydroepiandrosterone Sulfate [DHI]	S [] Drug Clinical, Screen/Confirm	U [] Bacterial Culture, Blood
<input type="checkbox"/> Hepatitis Panel, Acute	S [] Estradiol	S [] Drug Pain Management, Screen/Con	U [] Bacterial Culture, Body Fluid
<input type="checkbox"/> Lipid Panel	S [] Ferritin	S *Please Indicate Following	U [] Bacterial Culture, Cerebrospinal Fluid
<input type="checkbox"/> Obstetric Panel	L,S [] Folate (Folic Acid)	S [] Screen [] Confirm [] Screen & Confirm	U [] Bacterial Culture, Genital
<input type="checkbox"/> Renal Function Panel	S [] FSH	S [] 6-Acetylmorphone (Heroin)	U [] Bacterial Culture, Respiratory
HEMATOLOGY/COAG	[] GGT	S [] Alcohol, Ethyl	U [] Bacterial Culture, Stool
<input type="checkbox"/> CBC w/ Diff	L [] Glucose, Blood	G [] Amphetamine	U [] Bacterial Culture, Urine
<input type="checkbox"/> CBC w/o Diff	L [] Hemoglobin A1C	L [] Barbiturates	U [] Fungal Smear, Skin, Hair, Nails
<input type="checkbox"/> Fibrinogen	B [] Homocysteine	S [] Benzodiazepines	U [] Fungal Culture, Skin, Hair, Nails
<input type="checkbox"/> Hematocrit	L [] Iron Binding Capacity	S [] Buprenorphine	U [] Fungal Cult & Smear, Skin, Hair, Nails
<input type="checkbox"/> Hemoglobin	L [] Iron, Total	S [] Cocaine Metabolites	U [] Fungal Culture, Others
<input type="checkbox"/> Platelet Count	L [] Lactic Dehydrogenase [LDH]	S [] Methadone	U [] Fungal Cul & Smear, Others
<input type="checkbox"/> Prothrombin Time [PT] w/INR	B [] Lead, Blood	RB [] Methamphetamine	U []
<input type="checkbox"/> PTT, Activated	B [] LH	S [] MDMA (Ecstasy)	U []
<input type="checkbox"/> Reticulocyte Count	L [] Lipase	S [] Opiates	U []
<input type="checkbox"/> Sedimentation Rate (Westergren)	L [] Lipoprotein A	S [] Oxycodone/Oxymorphone	U []
ALPHABETICAL LISTING	[] Magnesium	S [] Phencyclidine	U []
<input type="checkbox"/> Albumin	S [] Phosphorous	S [] Tetrahydrocannabinol (Marijuana)	U []
<input type="checkbox"/> Alkaline Phosphatase [ALP]	S [] Potassium	S [] Tricyclic Antidepressants	U []
<input type="checkbox"/> Alpha Fetoprotein [AFP], Quad Marke	S [] Progesterone	URINALYSIS	
<input type="checkbox"/> ALT-[SGPT]	S [] Prolactin	S [] Urinalysis, w/o Microscopy	U []
<input type="checkbox"/> Amylase	S [] Prostate Specific Ag [PSA]	S [] Urinalysis, w/ Microscopy	U []
<input type="checkbox"/> Anti Nuclear Ab [ANA]	S [] Acid Phosphatase, Prostatic [PAP]	S [] Urinalysis, w/ Microscopy & Culture	U []
<input type="checkbox"/> Antistreptolysin O Ab [ASO]	S [] Rheumatoid Factor [RA]	S [] Urine Culture	U []
<input type="checkbox"/> AST-[SGOT]	S [] Sex Hormone-binding Globin [SHBG]	S [] Urine Pregnancy	U *ID/Susceptibility at additional charge
<input type="checkbox"/> Beta hCG, Quantitative	S [] Sodium	OTHERS/COMMENTS	OTHERS/COMMENTS
<input type="checkbox"/> Bilirubin, Direct	S [] T3 Uptake		
<input type="checkbox"/> Bilirubin, Total	S [] T3, Total		
<input type="checkbox"/> Blood Urea Nitrogen [BUN]	S [] T4, Free		
<input type="checkbox"/> Calcium	S [] T4, Total		
<input type="checkbox"/> Carbon Dioxide [CO ₂]	S [] Testosterone, Total		
<input type="checkbox"/> Carcinoembryonic Ag [CEA]	S [] Protein, Total		
<input type="checkbox"/> Chloride	S [] Triglycerides		
<input type="checkbox"/> Cholesterol, HDL	S [] TSH, 3rd Generation		
<input type="checkbox"/> Cholesterol, Total	S [] Uric Acid		
<input type="checkbox"/> Cortisol	S [] Vitamin B12 (Cyanocobalamin)		
<input type="checkbox"/> C-Reactive Protein (CRP) HS/Cardiac	S [] Vitamin D, 25-hydroxy		

PANEL LISTING (Panels on the Front of this Requisition)

ABO & Rh

ABO Blood Grouping
Rh Typing

Amenorrhea Panel

DHEA-Sulfate
Estradiol
Follicle-Stimulating Hormone [FSH]
Luteinizing Hormone [LH]
Prolactin
Testosterone

Anemia Panel

Ferritin
Folate [Folic Acid]
Iron, Total
Reticulocyte Count
TIBC
Vitamin B12

Arthritis Panel

Anti-nuclear Abs [ANA]
C-Reactive Protein [CRP]
Rheumatoid Factor [RA]
Sedimentation Rate [ESR]
Uric Acid

Autoimmune Disorder Panel

ANA
C3
C4
RF
Ribosomal P Protein Ab
ds DNA Ab
U1RNP/snRNP IgG Ab
sm (smith) IgG Ab
SS-A IgG Ab
SS-B IgG Ab
Scl-70 IgG Ab
Thyroid Peroxidase Ab

B₁₂ and Folate

Folate [Folic Acid]
Vitamin B12

Basic Metabolic Panel (80048)

Blood Urea Nitrogen [BUN]
Calcium
Carbon dioxide [CO₂]
Chloride
Creatinine
Glucose
Potassium
Sodium

CBC w Diff (85025)

Hematocrit
Hemoglobin
Platelet Count
RBC Count
WBC Count
WBC Differential

CBC w/o Diff (85027)

Hematocrit
Hemoglobin
Platelet Count
RBC Count
WBC Count

Comp. Metabolic Panel (80053)

Albumin
Alkaline Phosphatase [ALP]
ALT
AST
Bilirubin, Total
Blood Urea Nitrogen [BUN]
Calcium
Carbon dioxide [CO₂]
Chloride
Creatinine

Glucose
Potassium
Protein, Total
Sodium

Electrolyte Panel (80051)

Carbon dioxide [CO₂]
Chloride
Potassium
Sodium

FH and LH

Follicle-Stimulating Hormone [FSH]
Luteinizing Hormone [LH]

Hepatic Function Panel (80076)

Albumin
Alkaline Phosphatase [ALP]
ALT [SGPT]
AST [SGOT]
Bilirubin, Direct
Bilirubin, Total
Protein, Total

Hepatitis Panel, Acute (80074)

Hepatitis A Antibody [HAAb], IgM
Hepatitis B Core Antibody [HBcAb], IgM
Hepatitis B Surface Antigen [HBsAg]
Hepatitis C Antibody [HCVAb]

Iron and IBC

Iron, Serum
Percent Saturation
Total Iron Binding Capacity

Lipid Panel w/ LDL/HDL Ratio (80061)

Cholesterol, Total
Cholesterol HDL
Triglycerides
Cholesterol LDL

Cholesterol VLDL

Maternal AFP

Alfafetoprotein
Beta hCG, Quantitative
Estrilol (unconjugated)
Inhibin A

Obstetric Panel (80055)

ABO and Rh Typing
Antibody Screen (ID/Titer if indicated)
CBC/PLT/DIFF, Indices
Hepatitis B Surface Antigen
Rubella Antibody, IgG
RPR (Titer & Confirm if indicated)

Renal Function Panel (80069)

Albumin
Blood Urea Nitrogen [BUN]
Calcium
Carbon dioxide [CO₂]

Chloride
Creatinine
Glucose
Phosphate
Potassium
Sodium

Thyroid Cascade Profile

Thyroxine [T₄], Free, Direct
Tri-iodothyronine [T₃], Free
Thyroid Peroxidase [TPO]

Thyroid Panel

Thyroxine [T₄], Free, Direct
Tri-iodothyronine [T₃], Free
Thyroid Stimulating Hormone [TSH]

Specimen Code: [S] Red/Gray Spun SST, [US] Red/Gray Unspun SST, [R] Red, [L] Lavender, [B] Blue, [G] Gray, [GN] Green, [RB] Royal Blue, [Y] Yellow, [SER] Serum Transport, [PLS] Plasma Transport, [FZ] Frozen Transport, [U] Urine Tube/Sterile Container, [TU] Timed Urine, [F] Fluid, [SW] Culture Swab, [P] GC/Chl. Swab, [STR] Sterile Container, [SAL] Saline Transport, [O&P] O&P Kit, [V] Viral Transport

All laboratory procedures will be billed to the third party carriers (including Medicare and Medicaid) at fees billed to patient, and in accordance with the specific CPT coding required by the carrier. Test components of panels are listed above and may be ordered individually. Components may be billed separately per carrier policy. All reflex testing will be done at an additional charge.

***TESTS COVERED UNDER "LIMITED COVERAGE POLICY" OF MEDICARE - PLEASE INCLUDE RELATIVE DIAGNOSIS CODES**

***ADVANCE BENEFICIARY NOTICE IS REQUIRED**

Advanced Beneficiary Notice [ABN]

Medicare is very specific in requiring that all of the information included on the ABN to be completed. To be valid an ABN must:

1. Be executed on the CMS approved ABN form (CMS-R-131)
2. Identify the Medicare Part B Beneficiary and Medicare Identification Number as it appears on the patient's red, white and blue Medicare card
3. Indicate the procedure(s) which may be denied within the relevant reason column
4. Have "Option 1" or "Option 2" designated by the beneficiary
5. Be signed and dated by the beneficiary of his/her designee prior to the services being rendered

I authorize the release of any medical information necessary to process this claim and request payment of benefits to the laboratory. I agree to assume responsibility for payment or charge for laboratory services that are not covered by my health insurance.

Patient's Signature _____ Phlebotomist's Initials _____ Date _____