

ACCOUNT INFORMATION

GENERAL REQUISITION FORM



60 Executive Boulevard, Farmingdale, NY 11735  
 1-800-522-5052 Client Service 1-800-371-5227

<b>PATIENT INFORMATION</b>				
LAST NAME		FIRST	INITIAL	
ADDRESS				APT. #
CITY		STATE	ZIP	
TELEPHONE	SEX	AGE	DATE OF BIRTH	PATIENT SOCIAL SECURITY #
PLEASE BILL: <input type="checkbox"/> PATIENT • <input type="checkbox"/> INSURANCE				
PRIMARY INSURANCE CO.		GROUP #	SECONDARY INSURANCE CO.	
INSURANCE NUMBER		INSURANCE NUMBER		
INSURED NAME		RELATIONSHIP TO INSURED	INSURED NAME	
			RELATIONSHIP TO INSURED	

STAT RESULTS:  TODAY  TOMORROW A.M.

**SPECIMEN INFORMATION**

DATE COLLECTED \_\_\_\_\_ TIME COLLECTED \_\_\_\_\_  A.M.  P.M.

FASTING  NON-FASTING

REQUESTING PHYSICIAN

COMMENTS

**\* MEDICARE ADVANCE BENEFICIARY NOTICE (ABN)**  
 Use a separate ABN when ordering tests which require an ABN.  
 REFLEX TEST(S) ARE INDICATED BY +

ICD-9 CODES (ENTER ALL THAT APPLY)

1	2	3	4	5	6	7	8	9	10
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ORGAN/DISEASE PANELS	ALPHABETICAL TEST LISTING	3838	FERRITIN*	S	2108	MICRO ALBUMIN, RANDOM URINE	MICROBIOLOGY
9042 ARTHRITIS PROFILE* L, S	5124 ALPHA1 FETOPROTEIN, TUMOR MARKER S	3200	FRUCTOSAMINE S	9424	MEASLES, MUMPS, RUBELLA S	94603	CHL/GC DNA SDA (SWAB) SOURCE: _____ BS
7053 BASIC METABOLIC PANEL S	2041 ALT (SGPT) S	6841	FSH S	2006	POTASSIUM S	93912	CHL/GC rRNA TMA (SWAB) SOURCE: _____ AS
96101 CELIAC PANEL S	2024 AMYLASE S	9045	FSH / LH S	6860	PROGESTERONE S	5565	CHL/GC rRNA TMA (URINE) AU
93241 COMPREHENSIVE METAB. PANEL S	3402 ANA flex+ S	2001	GLUCOSE S	3076	PROLACTIN S	96761	VAGINITIS PANEL (TRICH/ GARDNERELLA/CANDIDA) AF
9081 ELECTROLYTE PANEL S	3005 ANTIBODY SCREEN + L, Y or R S		GLUCOSE PP _____ hrs GY	3805	PSA, TOTAL* S	4027	CULTURE, BLOOD+ BC
93589 HEPATITIS PANEL, ACUTE S	3011 ASO S		GLUCOSE TOL. _____ hrs GY	3809	PSA, FREE & TOTAL* S	4066	CULTURE, CERV/VAG BETA STREP CS
93240 HEPATIC FUNCTION PANEL* S	2016 AST (SGOT) S	8832	H. PYLORI, BreathTek™	1060	PT / INR* B	4028	CULTURE, FUNGUS SOURCE: _____ M
7100 LIPID PANEL* S	2002 BUN S	5314	HBV VIRAL LOAD, PCR L/S	1061	PTT* B	4002	CULTURE, MISC. + SOURCE: _____ M
96583 RENAL FUNCTION PANEL S	3050 B HCG, SERUM, QUAL S	6385	HCV VIRAL LOAD, PCR L/S	3012	RHEUMATOID FACTOR * S	5060	CULTURE, MYCOPLASMA/UREAPLASMA SOURCE: _____ VT
9010 THYROID PROFILE (T3, T4, TSH) S	3851 B HCG, SERUM, QUANT S	2075	HDL CHOLESTEROL S	3013	RUBELLA SCREEN S	4020	CULTURE, STOOL+ SC
3096 EBV PANEL S	3080 B HCG, URINE U	2022	HEMOGLOBIN A1C L	2998	SYPHILIS IgG S	4040	CULTURE, THROAT B-STREP* SW
	3001 BLOOD GROUP, RH L, Y or R S	3048	HEP A ANTIBODY, TOTAL + S	3064	T3, FREE* S	4024	CULTURE, URINE**+ UC
	3125 C-REACTIVE PROTEIN S	3049	HEP B CORE ANTIBODY S	3062	T3, TOTAL* S	4035	CULTURE, VAGINAL+ CS
	5074 CA 125 S	3051	HEP B SURFACE ANTIBODY S	3059	T3, UPTAKE* S	5025	CULTURE, VIRUS, HERPES ONLY SOURCE: _____ VT
	3139 CARDIAC CRP S	3009	HEP B SURFACE ANTIGEN S	3060	T4 (THYROXINE)* S	4045	CULTURE, WOUND+ CS
	7040 CBC, PLT, DIFF* L	92176	HEPATITIS A/B/C S	6147	T4, FREE* S	4032	CULTURE, YEAST, GENITAL CS
	3070 CEA* S	8511	HEPATITIS C ANTIBODY S	9010	Thyroid PNL (T3, T4, T7, TSH) S	5010	OVA AND PARASITES. STOOL PP
	2019 CHOLESTEROL, TOTAL* S	3010	HETEROPHILE, MONO S	3061	TSH, 3RD GENERATION S		
	3827 CORTISOL S	1404	HIV 1/2 Ab w/REFLEX WB + S	3068	TSH W/REFLEX T4, FREE+ S		
	2801 CPK ISOENZYMES FROZEN S	6980	HIV VIRAL LOAD, PCR L	92435	TESTOSTERONE, FREE & TOTAL S		
	2046 CREATINE KINASE (CPK) S	5178	HOMOCYSTEINE (CARDIO) S	2018	TRIGLYCERIDES* S		
	3052 DIGOXIN* S	9046	IMMUNOGLOBULINS (G, A, M) S	2003	URIC ACID S		
	3036 DILANTIN (PHENYTOIN) R	95656	IRON, TIBC, %SAT * S	7050	URINALYSIS* U		
	1011 ESR (SED RATE)* L	7105	LDL DIRECT S	6191	VARICELLA, IgG S		
	6833 ESTRADIOL S	6842	LH S	3137	VITAMIN D, 25-HYDROXY S		
	1259 FECAL OCCULT BLOOD, STOOL FIT	5321	LYME IgG/IgM w/REFLEX WB + S	90481	VITAMIN B12, FOLATE S		

CYTOLOGY & PATHOLOGY		REQUIRED CLINICAL INFORMATION TO MEET FEDERAL REGULATIONS	
5008 PAP SMEAR (1 SLIDE) 8986	SUREPATH™ w/REFLEX HPV HR	6190	TISSUE PATHOLOGY (BIOPSY)
9000 THIN-PREP® (DIAGNOSTIC) 94150	HPV DNA w/THIN-PREP® PAP		SOURCE: _____
94821 THIN-PREP® w/HPV, GC/CT 94695	SUREPATH™ w/HPV, GC/CT	9222	ONCO FISH® CERVICAL
8980 THIN-PREP® w/REFLEX HPV HR 94151	HPV DNA w/SUREPATH™ PAP		
8998 SUREPATH™ (DIAGNOSTIC)			

LMP \_\_\_\_\_ SOURCE:  VAG  CERV  ENDOCERV  OTHER: \_\_\_\_\_

**CHECK ALL THAT APPLY:**

<input type="checkbox"/> POST MENOPAUSAL	<input type="checkbox"/> POST PARTUM	<input type="checkbox"/> HIST. OF DYSPLASIA	<input type="checkbox"/> CHEMO HISTORY DATE:
<input type="checkbox"/> ORAL CONTRACEPTIVES	<input type="checkbox"/> HORMONE THERAPY	<input type="checkbox"/> CAUTERY	ACCT #:
<input type="checkbox"/> HIST. OF MALIGNANCY	<input type="checkbox"/> IUD	<input type="checkbox"/> PREGNANT	RESULT:
<input type="checkbox"/> ROUTINE	<input type="checkbox"/> HYSTERECTOMY	<input type="checkbox"/> ABN. BLEEDING	
	<input type="checkbox"/> POST ABORTION	<input type="checkbox"/> RADIATION	

FOR LAB USE	24U 24-HOUR URINE	AF AFFIRM	AS APTIMA SWAB	AU APTIMA URINE	B LIGHT BLUE	BC BD CULT	BS BD SWAB	BU BD URINE (YELLOW)	BX BIOPSY	C SEPARATOR TUBE	CB CARY BLAIR	CM SERUM MICRO	CS CULTURE TUBE	FFN	FIT FECAL IMMUNO	FTT FROZEN TRANSFER	FTTP FROZEN TRANSFER (PI)	FTTS FROZEN TRANSFER (S)	G GREEN	GY GREY	HC HEMOCULT	L LAV	LM LAV MICRO	M MISC
	PAP	PAX	PC	PL	PP	PPT	PR	RBP	RBS	RPL	SC	SP	T	TP	TT	TTP	TTS	UA	UBIT	UC	VP	VT	Y	