

CLIENT#

FAX:
PHONE:

FOR LAB USE ONLY

Place Label Here

CUSTOMER SERVICE: (209) 467-6430

TOLL FREE: 1-888-LAB-HCCL

STAT **FASTING**

SEND REPORT BY: <input type="checkbox"/> FAX: _____ <input type="checkbox"/> CALL: _____		DATE COLLECTED	TIME COLLECTED	COLLECTED BY
PATIENT'S LAST NAME FIRST MIDDLE INITIAL		Please attach copy of insurance card (front and back)		
SEX <input type="checkbox"/> M <input type="checkbox"/> F	DATE OF BIRTH			
RESPONSIBLE PARTY (PRINT NAME)		BILL TO: <input type="checkbox"/> CLIENT <input type="checkbox"/> PATIENT <input type="checkbox"/> INSURANCE <input type="checkbox"/> MEDI-CAL <input type="checkbox"/> MEDICARE <input type="checkbox"/> WORKMAN'S COMP	MEDI-CAL #	
RELATION <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other _____			MEDICARE#	
BILLING ADDRESS APT.#			PATIENT ACKNOWLEDGEMENT OF RESPONSIBILITY <small>All Patients: I agree that Laboratory will furnish to my designated insurance carrier the information on this form necessary for reimbursement. I hereby authorize service be performed and assign that benefits be payable to Laboratory. I understand that if any insurer doesn't pay and denies the claim, I am responsible for payment including, but not limited to, non-coverage and non-authorized services. I further authorize the testing laboratory and my physician to release to my insurance provider any medical information necessary to this claim.</small>	
CC: PHYSICIAN FAX #				
CITY	STATE	ZIP CODE	PATIENT/RESPONSIBLE PARTY SIGNATURE: DATE:	
ICD-10 CODE	ICD-10 CODE	ICD-10 CODE		
NOTES & ADDITIONAL TEST REQUESTED		For complete test menu visit www.HCCL.COM		
Test Code:				

PANELS/PROFILES	
3341	Basic Metabolic Panel – Glu, BUN, Creat, Na, K, Cl, CO2, Gap, Ca
3199	Comprehensive Metabolic Panel - Na, K, Cl, Glu, BUN, CO2, Ca, Creat, TP, Alb, T Bil, Alk Phos, AST, ALT
3117	Electrolyte Panel – Na, K, Cl, CO2
3192	Hepatic Function Panel – Alb, Alk Phos, DBIL, TBIL, TP, AST, ALT
8215	Hepatitis Acute Panel – HbsAg, HBcAB-IgM, HCV
7931	Lipid Panel – Chol, Trig, HDL, Chol/HDL ratio, LDL
7848	Thyroid Panel – T4, T-Uptake, FTI

MICROBIOLOGY	
Source Required	
2050	Routine Culture
2146	Strep Throat Culture
2110	Stool Culture (Enteric pathogens)
2100	Urine Culture
6615	C DIFF - PCR
8089	CT/NG – PCR
6635	Flu A/B – PCR
6647	Group B Strep - PCR
6640	RSV - PCR

HEMATOLOGY	
1123	CBC (Hemogram & Auto Diff)
1173	Sed Rate
1223	PT-Anticoagulant
1228	PTT - Anticoagulant
5016	Urinalysis

TEST w/REFLEX	
8005	ANA (Reflex: Anti-Centromere, dsDNA QN, Anti-SS-A/Ro, Anti-SS-B/La, Anti-Smith, Anti-RNP, Anti-Jo-1)
8289	HIV (Reflex: Confirm Test)
8148	Syphilis IgG (Reflex: Confirm Test)

*Please note: Reflex tests are performed at an additional charge.

CHEMISTRY							
8003	AFP (non-maternal)	3072	Calcium	3227	HCG, Quant	7830	T3, Total
3018	Albumin	7550	CPK	7623	Hemoglobin A1C	7844	T4 (thyroxine)
3258	ALT/SGPT	7560	Creatinine	8060	Hepatitis C Ab	7842	T4, Free
3034	Amylase	8049	CEA	8289	HIV- 1,2 Ab	7827	TSH
8005	ANA Reflex	3109	CRP	8082	Immunoglobulins, Quant	7841	TSH/Free T4
4003	Antibody Screen	7549	CRP Cardio	7635	Iron, Total	3068	Urea Nitrogen (BUN)
3256	AST/SGOT	7567	DHEA Sulfate	8191	Iron/Transferrin/TSI	3276	Uric Acid
3058	Bilirubin - Direct	7577	Ferritin	3194	Magnesium	7870	Vitamin B12
3109	C-Reactive Protein	7579	Folate, Serum	3212	Phosphorus	7850	Vitamin D
8046	CA 15-3	3124	GGT	7675	PSA Screening		
8051	CA 125	3132	Glucose, Fasting	8145	Rubella IgG		