

CUSTOMER SERVICE: (209) 467-6430

TOLL FREE: 1-888-LAB-HCCL

FOR LAB USE ONLY

Place Label Here

FAX:
PHONE:

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 | | INSURANCE: Please attach copy of insurance card (front and back) | | | | |
| SEX <input type="checkbox"/> M <input type="checkbox"/> F | DATE OF BIRTH | | | | PATIENT PHONE# | |
| 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 _____ | MEDI-CARE# | | PATIENT ACKNOWLEDGEMENT OF RESPONSIBILITY 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. | | | |
| BILLING ADDRESS APT.# | | | | | PATIENT/RESPONSIBLE PARTY SIGNATURE: _____ DATE: _____ | |
| CC: PHYSICIAN | FAX # | | | | | |
| CITY | STATE | ZIP CODE | | | | |
| 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 |
| 3181 | Lipid Panel – Chol, Trig, HDL, Chol/HDL ratio, LDL |
| 7848 | Thyroid Panel – T4, T-Uptake, FTI |

| MICROBIOLOGY | |
|-----------------|-----------------------------------|
| Source Required | |
| 2050 | Routine Culture |
| 2090 | Strep Throat Culture |
| 2110 | Stool Culture (Enteric pathogens) |
| 2100 | Urine Culture |
| 6615 | C DIFF - PCR |
| 8089 | CT/NG – PCR |
| 1191 | Flu A/B – PCR |
| 6649 | Group B Strep - PCR |
| 1192 | 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) |
| 8258 | 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 | 3086 | CPK | 7623 | Hemoglobin A1C | 7844 | T4 (thyroxine) |
| 3258 | ALT/SGPT | 3094 | 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 | 3160 | 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 | | |

X _____

PHYSICIAN SIGNATURE

DATE