

Professionals:
 6500 Leesburg Pike Ste 202
 VIENNA VA 22182
 703-388-2613
 45554805-0

find the nearest patient
 service center, visit www.
 labcorp.com or call 888-
 LABCORP (888-522-2677).

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Patient's Legal Name (Last, First, MI) _____ Sex _____ Date of Birth _____ Collection Time _____ Fasting _____ Collection Date _____ Urine hrs/vol _____

MO DAY YR AM PM Yes No MO DAY YR hrs vol

NPI _____ **UPIN** _____ **Physician's ID #** _____ **Patient's SS #** _____ **Patient's ID #** _____

Physician's Name (Last, First) _____ **Physician's Signature** _____

Hospital Patient Status: In-Patient Out-Patient Non-Patient

Diagnosis/Signs/Symptom in ICD-9 Format (Highest Specificity) _____

PRIMARY BILLING PARTY **SECONDARY BILLING PARTY**

Insurance Carrier * _____ **Insurance Carrier *** _____

ID # _____ **ID #** _____

Group # _____ **Group #** _____

Insurance Address _____ **Insurance Address** _____

Name of Insured Person _____ **Name of Insured Person** _____

Relationship to Patient _____ **Relationship to Patient** _____

Employer Name _____ **Employer Name** _____

*If Medicaid State Physician's Provider # _____ Workers Comp Yes No

Hospital Patient Status: In-Patient Out-Patient Non-Patient

Patient's Address _____ **Phone** _____

City _____ **State** _____ **ZIP** _____

Name of Policy Holder (if different from patient) _____

Address of Policy Holder _____ **APT #** _____

City _____ **State** _____ **ZIP** _____

I hereby authorize the release of medical information related to the service described herein and authorize payment directly to LabCorp. I agree to assume responsibility for payment of charges for laboratory services that are not covered by my healthcare insurer.

Patient's Signature _____ **Date** _____

MEDICARE ADVANCE BENEFICIARY NOTICE (ABN)

Refer to Determining Necessity of ABN Completion on reverse.

STAT	VENIPUNCTURE	NON LABCORP	VERBAL ORDER	CHART ORDER	HANDWRITTEN	24 HR TUV	PST/PSC #
998074	998085	998239	998250	998261	998272	998283	

ORGAN OR DISEASE PANELS
 See reverse for components

44	Acute Hepatitis Panel	80074 (GEL)
58	Basic Metabolic Panel (8)	80048 (GEL)
00	Comp Metabolic Panel (14)	80053 (GEL)
55	Electrolyte Panel	80051 (GEL)
54	Hepatic Function Panel (7)	80076 (GEL)
56	Lipid Panel	80061 (GEL)
10	Lipid Panel w/LDL/HDL Ratio	80061 (GEL)
10	Lipid Panel w/TC:HDL Ratio	80061 (GEL)
25	Lipid Panel w/Non-HDL Cholesterol	80061 (GEL)
77	Renal Function Panel	80069 (GEL)

HEMATOLOGY

09	CBC w Diff w Plt	85025 (LAV)
07	CBC w Diff w/o Plt	see reverse (LAV)
42	CBC w/o Diff w Plt	85027 (LAV)
17	CBC w/o Diff w/o Plt	see reverse (LAV)
58	Hematocrit	85014 (LAV)
41	Hemoglobin	85018 (LAV)
49	Platelet Count	85049 (LAV)
33	RBC Count	85041 (LAV)
25	WBC Count	85048 (LAV)
73	Differential/Total WBC Count	85048 (LAV)

ALPHABETICAL/COMBINATION TESTS

49	ABO and Rh	see reverse (LAV)
81	Albumin	82040 (GEL)
07	Alkaline Phosphatase	84075 (GEL)
45	ALT (SGPT)	84460 (GEL)
96	Amylase	82150 (GEL)
55	Antinuclear Antibodies	86038 (GEL)
23	AST (SGOT)	84450 (GEL)
10	B ₁₂ and Folate	see reverse (GEL)
99	Bilirubin, Total	82247 (GEL)

ALPHABETICAL/COMBINATION TESTS CONT

001040	BUN	84520 (GEL)
006627	C-Reactive Protein (CRP), Quant	86140 (GEL)
120766	hsCardiac C-Reactive Protein (CRP)	86141 (GEL)
001016	Calcium	82310 (GEL)
007419	Carbamazepine (Tegretol [®])	80156 (SER)
002139	CEA	82378 (GEL)
001065	Cholesterol, Total	82465 (GEL)
001370	Creatinine	82565 (GEL)
007385	Digoxin (Lanoxin [®])	80162 (GEL)
004515	Estradiol	82670 (GEL)
004598	Ferritin	82728 (GEL)
028480	FSH and LH	see reverse (GEL)
001958	GGT	82977 (GEL)
001818	Glucose, Plasma	82947 (GRY)
001032	Glucose, Serum	82947 (GEL)
004556	hCG, Beta Subunit, Qual (Serum Pregnancy)	84703 (GEL)
004416	hCG, Beta Subunit, Quant	84702 (GEL)
001925	HDL Cholesterol	83718 (GEL)
001453	Hemoglobin A _{1c}	83036 (LAV)
006734	Hep A Antibody, IgM	86709 (GEL)
006395	Hep B Surface Antibody	86706 (GEL)
006510	Hep B Surface Antigen	87340 (GEL)
143991	Hep C Antibody w/reflex to RIBA [®]	86803 (GEL)
083824	HIV-1/0/2 Antibodies*	86703 (GEL)

THE BELOW TEST IS FOR NY STATE CLIENTS ONLY

162222	HIV-1/0/2 Antibodies* - NY ONLY	86703 (GEL)
180836	H _{pylori} Urea Breath	83013 (see reverse)
180764	H _{pylori} Stool Antigen	87338 (Fecal Trng)
001321	Iron and IBC	see reverse (GEL)
001115	LDH	83615 (GEL)

ALPHABETICAL/COMBINATION TESTS CONT

361946	Lipid Cascade	see reverse (GEL) (NMR)
007708	Lithium (Eskalith [®])	80178 (GEL)
001537	Magnesium	83735 (GEL)
006189	Mononucleosis Test, Qual	86308 (GEL)
884247	NMR LipoProfile [®]	90061 (NMR) 83704
007823	Phenobarbital (Luminal [®])	80184 (SER)
007401	Phenytoin (Dilantin [®])	80185 (SER)
001124	Phosphorus	84100 (GEL)
001800	Potassium	84132 (GEL)
004465	Progesterone	84146 (GEL)
010322	PSA	84153/G0103 (GEL)
480947	PSA, Free: Total Ratio*	84154 (GEL)
005199	Prothrombin Time (PT)/INR	85610 (BLU)
020321	PT and PTT Activated	85610 (BLU)
005207	PTT Activated	85730 (BLU)
006502	Rheumatoid Arthritis Factor	86431 (GEL)
006072	RPR	86592 (GEL)
006197	Rubella Antibodies, IgG	86762 (GEL)
005215	Sed Rate, Westergren	85652 (LAV)
001198	Sodium	84295 (GEL)
004226	Testosterone, Total	84403 (GEL)
070001	Testosterone Women/Children	84403 (GEL)
007336	Theophylline	80198 (SER)
330015	Thyroid Cascade Profile	see reverse (GEL)
001149	Thyroxine (T ₄)	84436 (GEL)
082345	T. pallidum Screening Cascade	see reverse (GEL)
001172	Triglycerides	84478 (GEL)
002188	Triiodothyronine (T ₃)	84480 (GEL)
001156	T ₃ Uptake	84479 (GEL)
004259	TSH, 3rd generation	84443 (GEL)

ALPHABETICAL/COMBINATION TESTS CONT

001057	Uric Acid	84550 (GEL)
003038	Urinalysis	Microscopic on Positives 81003 (Urn Trng)
081950	Vitamin D, 25-Hydroxy	82306 (GEL)

MICROBIOLOGY See Reverse Side

ENDOCERVICAL THROAT URINE
 STOOL URETHRAL INDICATE SOURCE

OTHER

008649	Aerobic Bacterial Culture †	87070 (Bact Trng)
183194	CT/NG, NAA	87491 (MPLA Trng) 87591
008482	Fungus Culture	87101 (Stren Trng)
008334	Genital Culture, Routine †	87070 (Bact Trng)
008540	Gram Stain	87205 (SLO)
188128	Group B Strep Colonization Detection Cult/DNA Probe	87061 (Bact Trng) 87149
180810	Lower Respiratory Culture†	87070 (Stren Trng)
182949	Occult Blood, Fecal, IA	82274 (Fecal Trng)
008623	Ova and Parasites	87177 (O & P Kit) 87209
008144	Stool Culture †	87045 (Bact Trng) 87427
008169	Throat, Beta-Hemolytic Strep Cult, Group A	87081 (Bact Trng)
008342	Upper Respiratory Culture, †	87070 (Bact Trng)
008847	Urine Culture, Routine†	87086 (Urn Trng)

† = ID / Susceptibility at Additional Charge
 * = Confirmation at Additional Charge

Clinical Information/Comments

OTHER TESTS / INDIVIDUAL PROFILE COMPONENTS

TEST #	TEST NAMES
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**DO NOT RESUSCITATE
REQUEST/ORDER**

I, _____, hereby affirm my understanding of the following
Print Patient Name
as herein described as permitted by state law and regulation.

- I understand "DO NOT RESUSCITATE" means that if my heart stops beating or if I stop breathing, no medical treatment will be started or continued.
- I understand this decision will not prevent me from obtaining emergency medical care by paramedics and other medical care prior to my death at the direction of my physician.
- I understand I may revoke this directive at any time.
- As permitted by state law and regulation, I give permission for this information to be given to paramedics, doctors, nurses, or other health personnel as necessary to implement these directives.

Patient must initial statement.

I DO DO NOT want a "DO NOT RESUSCITATE" order. _____ *Initial*

_____ Date ____/____/____

Patient or Legally Authorized Representative Signature

If signed by patient representative, complete the following:

_____ ()
Print Name _____ *Relationship* _____ *Phone*

_____ *Patient Street Address, City, State, ZIP*

_____ Date ____/____/____

_____ *Care Manager Signature/Title*

DNR PHYSICIAN ORDERS

This directive is the expressed wish of the above patient.

DO NOT RESUSCITATE. In the event of an acute cardiac or respiratory arrest, no cardiopulmonary resuscitation will be initiated.

_____ Date ____/____/____

_____ *Physician's Signature*

_____ *Phone*

Part 1 - To Physician (For Signature)

Part 2 - Patient

Part 3 - Clinical Record (Temporary Copy)

PATIENT NAME - Last, First, Middle Initial

ID#