

Lab Express

An OAK CREST Laboratory Affiliate

LAB USE ONLY

| | | | | | | | | | | | |
|-----------------------------|---|--|-----------------|-------|--|----------|-------------------------------------|-------------------|---------------------|--|--------------|
| BILLING INFORMATION: | PATIENT NAME - LAST | | FIRST | | MIDDLE INITIAL | | CLINIC / FACILITY NAME | | | | |
| | SOCIAL SECURITY NO. | | DATE OF BIRTH | | SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE | | PHONE | | | | |
| | PATIENT / INSURED ADDRESS | | | | PHONE NUMBER | | FAX | | | | |
| | CITY | | | STATE | | ZIP CODE | | PRIMARY INS. NAME | | | |
| | NAME OF INSURED | | SS # OF INSURED | | RELATIONSHIP TO PATIENT | | MEMBER ID | | | | |
| | BILL TO <input type="checkbox"/> PATIENT <input type="checkbox"/> MEDICARE <input type="checkbox"/> MEDICAID <input type="checkbox"/> OTHER INSURANCE | | | | | | (ATTACH COPY OF BOTH SIDES OF CARD) | | SECONDARY INS. NAME | | |
| | MD SIGNATURE | | | | DATE | | MEMBER ID | | | | |
| | PLEASE WRITE PATIENT'S NAME ON ALL SPECIMENS | | MD NAME | | MD NPI | | AM PM | | DATE COLLECTED | | COLLECTED BY |

| INDIVIDUAL TESTS (✓) | | | | | | | | | | | | |
|----------------------|--------|------------------------|-------|--------------|-------|------------------------|--------|----------------------|-------------------|---------------------------|--------------------|-----|
| TUBE KEY: | B-BLUE | G-GREY | K-KIT | L-LAVENDER | R-RED | Y-YELLOW | P-PINK | U-URINE | S/C - Sterile Cup | SW-Culture Swab | SST-Gold/Tiger Top | |
| 80074 | | ACUTE HEPATITIS PANEL | SST | 82746 | | FOLIC ACID (FOLATE) | SST | 85730 | | PTT | | B |
| 80075 | | ALK PHOSPHATASE | SST | 84481 | | FREE T3 | SST | 86592 | | R.P.R. | | SST |
| 82150 | | AMYLASE | SST | 84439 | | FREE T4 | SST | 80069 | | RENAL FUNCTION PANEL | | SST |
| 86038 | | ANA | SST | 83001 | | FSH | SST | 80197 | | TACROLIMUS | | L |
| 80048 | | BMP | SST | 83036 | | HBA1C | L | 86480 | | TB QUANTIFERON | | K |
| 83880 | | BNP | L | 84702 | | HCG-QUANTITATIVE | SST | 80156 | | TEGRETOL (CARBRAMAZEPINE) | | R |
| 84520 | | BUN | SST | 80076 | | HEPATIC FUNCTION PANEL | SST | 84403 | | TESTOSTERONE (MALE) | | SST |
| 86301 | | CA 19.9 | SST | 87389 | | HIV AG/AB | SST | 84479 | | T3 UPTAKE | | SST |
| 86300 | | CA 27.29 | SST | 83090 | | HOMOCYSTEINE | L | 84480 | | TOTAL T3 | | SST |
| 86304 | | CA 125 | SST | 86677 | | H.PYLORI ANTIBODY | SST | 84436 | | TOTAL T4 (THYROXINE) | | SST |
| 82310 | | CALCIUM | SST | 83090 | | HOMOCYSTEINE | L | 80201 | | TOPAMAX (TOPIRAMATE) | | R |
| 85025 | | CBC W/DIFF | L | 80175 | | LAMICTAL | SST | 84478 | | TRIGLYCERIDES | | SST |
| 87075 | | C.DIFF (STOOL) | S/C | 83655 | | LEAD | L | 84443 | | TSH | | SST |
| 82378 | | CEA | SST | 83002 | | LH | SST | 84550 | | URIC ACID | | SST |
| 80150 | | CLOZAPINE | R | 83690 | | LIPASE | SST | 81001 | | URINALYSIS W/REFLEX | | U |
| 80053 | | CMP | SST | 80061 | | LIPID PANEL | SST | 87086 | | URINE CULTURE | | U |
| 82533 | | CORTISOL | SST | 80178 | | LITHIUM | SST | 80164 | | VALPROIC ACID (DEPAKOTE) | | SST |
| 82565 | | CREATININE | SST | 83735 | | MAGNESIUM | SST | 80202 | | VANCOMYCIN TROUGH | | SST |
| 86140 | | CRP (NON-CARDIAC) | SST | 82043 | | MICROALBUMIN | U | 82607 | | VITAMIN B12 | | SST |
| 86141 | | CRP (HIGH SENSITIVITY) | SST | 80184 | | PHENOBARBITAL | SST | 82306 | | VITAMIN D 25 HYDROXY | | SST |
| 80162 | | DIGOXIN | SST | 84100 | | PHOSPHORUS | SST | 80700, 80705, 807205 | | WOUND CLUTURE | | SW |
| 80185 | | DILANTIN | R | 84132 | | POTASSIUM | SST | | | | | |
| 80051 | | ELECTROLYTES | SST | 84153 | | PSA | SST | | | | | |
| 85652 | | ESR (SED RATE) | L | 85610 | | PT/INR | B | | | | | |
| 82728 | | FERRITIN | SST | 82570, 84156 | | PROTEIN/CREAT RATIO | U | | | | | |

MOLECULAR TESTING

- | | | | |
|--|--|---|------------------------------------|
| <input type="checkbox"/> Covid-19 RT PCR test | <input type="checkbox"/> UTI PANEL PCR | <input type="checkbox"/> C. DIFFICILE, PCR | <input type="checkbox"/> WOUND PCR |
| <input type="checkbox"/> Covid-19 Antigen test | <input type="checkbox"/> UA w/reflex to UTI PANEL, PCR | <input type="checkbox"/> RESPIRATORY PANEL, PCR | |

DIAGNOSIS CODES (ICD 10)

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|---|---|---|--|
| <input type="checkbox"/> Abdominal Pain R10.9 | <input type="checkbox"/> Chronic Obstructive Pulmonary Disease, Unspecified J44.9 | <input type="checkbox"/> Encounter for Other Preprocedural Examination Z01.818 | <input type="checkbox"/> Hypothyroidism E03.9 |
| <input type="checkbox"/> Abdominal Weight Gain R63.5 | <input type="checkbox"/> Congestive Heart Failure I50.40 | <input type="checkbox"/> Encounter for Screening for Malignant Neoplasm of Colon Z12.12 | <input type="checkbox"/> Hypokalemia E87.6 |
| <input type="checkbox"/> Abdominal Weight Loss R63.4 | <input type="checkbox"/> Constipation, Unspecified K59.00 | <input type="checkbox"/> Encounter for Screening for Malignant Neoplasm of Prostate Z12.5 | <input type="checkbox"/> Kidney Transplant Status Z94.0 |
| <input type="checkbox"/> Acute Embolism and Thrombosis of Unspecified Vein I82.90 | <input type="checkbox"/> Convulsions, Unspecified R56.9 | <input type="checkbox"/> Fatigue (Chronic) R53.82 | <input type="checkbox"/> Liver Transplant, Status Z94.4 |
| <input type="checkbox"/> Acute Pancreatitis, Unspecified K85.9 | <input type="checkbox"/> Crohn's Disease, Unspecified Without Complications K50.90 | <input type="checkbox"/> Fever R50.9 | <input type="checkbox"/> Liver Disease, Unspecified K76.9 |
| <input type="checkbox"/> Allergy, Unspecified Initial Encounter T78.4CxA | <input type="checkbox"/> Diabetes E11.9 | <input type="checkbox"/> Gastritis, Unspecified K29.7 | <input type="checkbox"/> Long term use of Anticoagulants Z79.01 |
| <input type="checkbox"/> Anemia D64.9 | <input type="checkbox"/> Diarrhea, Unspecified R19.7 | <input type="checkbox"/> General Examination Z00.00 | <input type="checkbox"/> Long term use of other medications Z79.01 |
| <input type="checkbox"/> Arthritis Unspecified M13.89 | <input type="checkbox"/> Decreased Libido R68.82 | <input type="checkbox"/> Gout, Unspecified M10.9 | <input type="checkbox"/> Malaise R53.81 |
| <input type="checkbox"/> Asthma J45.909 | <input type="checkbox"/> Dehydration E86.0 | <input type="checkbox"/> Headache R51 | <input type="checkbox"/> Melena (blood in stool) K92.1 |
| <input type="checkbox"/> Atrial Fibrillation, Unspecified I48.91 | <input type="checkbox"/> Dysuria R30.0 | <input type="checkbox"/> Hematuria, Unspecified R31.9 | <input type="checkbox"/> Muscle Weakness (Generalized) M62.81 |
| <input type="checkbox"/> Cardiomyopathy I42.8 | <input type="checkbox"/> Edema, Unspecified R60.9 | <input type="checkbox"/> Hepatitis Exposure Z20.5 | <input type="checkbox"/> Nausea R11.0 |
| <input type="checkbox"/> Chest Pain, Unspecified R07.9 | <input type="checkbox"/> Elevated Prostate Specific Antigen (PSA) R97.2 | <input type="checkbox"/> Hypercholesterolemia E78.0 | <input type="checkbox"/> Obesity, Unspecified E66.9 |
| <input type="checkbox"/> Cirrhosis of Liver K74.80 | <input type="checkbox"/> Encounter for Routine Child Health Examination (Non - Abnormal Findings) Z00.129 | <input type="checkbox"/> Hyperglycemia, Unspecified R73.9 | <input type="checkbox"/> Osteoarthritis, Unspecified Site M19.90 |
| <input type="checkbox"/> Chronic Atrial Fibrillation I48.2 | <input type="checkbox"/> Encounter for Pregnancy Test, Result Unknown Z32.00 | <input type="checkbox"/> Hyperkalemia E87.5 | <input type="checkbox"/> Urinary Tract Infection, Site Not Specified N39.0 |
| <input type="checkbox"/> Chronic Embolism and Thrombosis of Unspecified Vein I82.91 | | <input type="checkbox"/> Hyperlipidemia E78.4 | <input type="checkbox"/> Vomiting, Unspecified R11.10 |
| <input type="checkbox"/> Chronic Kidney Disease N18.4 | | <input type="checkbox"/> Hypertension, Unspecified I10 | <input type="checkbox"/> Other _____ |
| | | <input type="checkbox"/> Hyperthyroidism E05.9 | |