

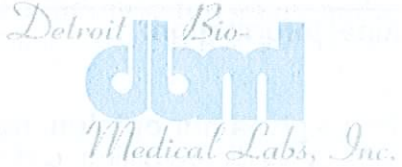
PLEASE PRINT HARD DIAGNOSIS

Patient Last Name		First	Initial	Patient Birthdate (Mo/Day/Yr)		Requesting Physician		Time	Date of Service
				/ /				[ ] AM [ ] PM	
Patient Social Security No.				Patient ID (Bio-Link)					
Patient Comments				New or changed Bio-Link Information <input type="checkbox"/>					
Subscriber				Patient Facility I.D.					
Group				Service		Pat. Sex		Pat. Relationship	
				<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dep			
Contract No.				Phone		<input type="checkbox"/> BLUE/SHIELD <input type="checkbox"/> MEDICAID <input type="checkbox"/> PATIENT <input type="checkbox"/> PPOM <input type="checkbox"/> MEDICARE PRIMARY <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> DOCTOR <input type="checkbox"/> PRIVATE INSURANCE NAME AND ADDRESS BELOW OR COPY INSURANCE CARD FRONT AND BACK AND ATTACH <input type="checkbox"/> NOTE: MEDICARE patients require a ABN form be completed for tests marked with an asterisk (*)			
Street Address									
City, State and Zip									
MEDICARE No.				MEDICAID No.					
				Employer _____					
				Policy Holders S.S. No. _____ Group No. _____					

ICD-9-CM DIAGNOSIS CODES ARE REQUIRED FOR INSURANCE BILLING - PLEASE X OR WRITE IN THE APPROPRIATE DIAGNOSIS OR SYMPTOMS (see reverse side for additional codes) OTHER ICD-9 CODES

78907   ABDOMINAL PAIN 5852   CKD (Mild) 5589   GASTROENTERITIS 2724   HYPERLIPIDEMIA 2630   MALNUTRITION, MOD. DEGREE V7444   PROSTATE SCREEN
7906   ABNORMAL BLOOD CHEM. 2869   COAG. DEFECT 2749   GOUT 4019   HYPERTENSION 99520   MEDICINAL/ADVERSE EFFECT 2365   PROSTATIC NEOPLASM
2859   ANEMIA 1540   COLON CA 4280   HEART FAILURE CONGES 24290   HYPERTHYROIDISM 78843   NOCTURIA 6019   PROSTATITIS, UNS
2866   ANTI-COAGULANT 311   DEPRESSION 5732   HEPATIC DISORDER 2449   HYPOTHYROIDISM 73309   OSTEOPOROSIS 5693   RECTAL BLEEDING
7140   ARTHRITIS, RHEUMATOID 25000   DIABETES 5733   HEPATITIS 1369   INFECTION, NOS 78039   SEIZURES
42731   ATRIAL FIBRILLATION 30490   DRUG ADDICTION 0549   HERPES SIMPLEX 2809   IRON DEFICIENCIES 5770   PANCREATIS 442   SORE THROAT
490   BRONCHITIS 2769   ELECTROLYTE IMBALANCE 042   HIV 5939   KIDNEY DISEASE 53300   PEPIC ULCER 5990   UII
1   CANCER 7804   DIZZINESS 2599   HORMONE IMBALANCE 9849   LEAD TOXICITY 4870   PNEUMONIA 61610   VAGINITIS
42789   CARDIAC DYSRHYTHMIAS 78079   FATIGUE 2720   HYPERCHOLESTEROLEMIA 5739   LIVER DISEASE V221   PREGNANCY 0599   VENEREAL DISEASE
78650   CHEST PAIN 78090   FEVER 2722   HYPERLIPID MIXED V5869   LONG TERM USE OF MEDS 185   PROSTATE CANCER 2689   VITAMIN D DEF

CHEMISTRY Red Required	HEMATOLOGY Lav Required	ANEMIA Red Required	AMA PANELS
ALBUMIN 315	CBC, DIFF. PLAT* 437	VITAMIN B12 976	BASIC METABOLIC (Na, K, Ca, CL, CO2, Glucose, BUN, Creat) 1446 R
ALK. PHOS. 324	ESR 881	FOLATE 609	COMPREHENSIVE METABOLIC ( Na, K, CL, CO2, Glucose BUN, Creat, Prolien, Albumin, Bill-I, Alk Phos, Calcium, SGOT, SGPT) (Glob,A/G Ratio BUN/Creat Ratio) 1627 R
BILIRUBIN, DIR 406	RETIC COUNT* 866	IRON, TOTAL* 700	ELECTROLYTE (Na, K, CL, CO2) 285 R
BILIRUBIN, TOT 408	HEPATITIS Red Required	IRON BINDING* 701	HEPATIC FUNCTION (Albumin, Bill-T, Bill-D, Alk Phos, Protein, SGOT, SGPT) 8032 R
BUN 956	HEPATITIS A, TOT 3648	FERRITIN* 596	LIPID PANEL * (Chol, Trig, HDL, LDL-Calc, Chol/HDL Ratio) 728 R
CALCIUM 425	HEPATITIS A, IgM 5648	TRANSFERRIN* 943	OBSTETRIC PANEL (CBC W/Diff, PII, Rubella, HAA, RPR, Rh&Type, Antibody Scrn) 8042 R,L
CHOLESTEROL* 455	HEP B CORE AB, IgG 649	HAPTOGLOBIN 639	RENAL FUNCTION (Alb, Calcium, CO2, CL, Creat, Glucose, Phos, K, Na, BUN) 206 R
CPK Isoenzymes on elevated results 500	HEPATITIS B SURF AG 651	DIABETES Tube Codes in ( )	
CREATININE 505	HEPATITIS B SURF AB 650	GLUCOSE FAST* (G) 622	
GGTP* 615	HEP Be <input type="checkbox"/> AG <input type="checkbox"/> AB 652	GLUCOSE RAND* (G) 620	
GLUCOSE* 620	HEPATITIS C 647	Hgb A1C (GLYCO)* (L) 631	
LDH Isoenzymes on elevated results 709	SEROLOGY Red Required	INSULIN (R) 696	
PHOSPHORUS 818	ANA 373	MICROALBUMIN / CREAT. (U) 2725	
PROTEIN, TOT. 850	ANTI-DNA 362	ELECTROPHORESIS Red unless ( )	
SGOT (AST) 888	ASOT 380	CPK ISOENZYMES 499	
SGPT (ALT) 889	CRP 495	HEMOGLOBIN ELECT (L) 569	
TRIGLYCERIDES* 948	RA* (RF*) 867	IMMUNOELECT. 1686	
URIC ACID 960	LE 711	LDH ISOENZYMES 708	
AMYLASE 348	MONO 657	PROTEIN ELECT. 571	
LIPASE 719	RPR (VDRL)* 859	PREGNANCY (PRE-NATAL) Red unless ( )	
ELECTROLYTES Red Required	EBV CAPSID IgG 594	ANTIBODY SCREEN 358	
SODIUM 894	EBV CAPSID IgM 593	BLOOD GROUP & RH 412	
POTASSIUM 830	EBV EARLY Ag 592	HCG QUAL* 635	
CHLORIDE 449	EBV NUCLEAR Ag 591	HCG QUANT* 633	
CO2 428	CANCER MARKER Red Required	RUBELLA 871	
MAGNESIUM* 736	AFP* 328	PREGNANCY URINE* (U) 832	
LIPID/CARDIAC Red Unless ( )	HCG TUMOR MARKER* 632	OTHER Red Unless ( )	
CHOLESTEROL* 455	CA 125* 418	CHLAMYDIA/ GC 523	
TRIGLYCERIDES* 948	CEA* 430	SOURCE:	
HDL* 659	PSA TOTAL* 844	CMV, IgG 556	
LIPID (CHO/TRI/HDL)* 728	DRUG MONITORING Red Required	CORTISOL 496	
APOLIPO A1/B 386	DEPAKENE 966	CULTURE & SENSITIVITY*	
CHOL FRACTIONATION 1770	DIGOXIN* 563	SOURCE:	
BNP (L) 398	DILANTIN 565	DRUG SCREEN (U) 568	
CRP HIGH SENSITIVE 404	GENTAMYCIN 618	H. PYLORI* 640	
HOMOCYSTEINE 545	LITHIUM* 726	HERPES I & II IgG 654	
LDL - DIRECT 4728	PHENOBARBITAL 803	HERPES I & II IgM 653	
LIPOPROTEIN (a) 802	QUINIDINE 858	HIV ANTIBODY 667	
THYROID Red Required	TEGRETOL 917	IgE 677	
T-3 UPTAKE 919	THEOPHYLLINE 927	IgA, IgG, IgM 678	
T-4 TOTAL 920	TOBRAMYCIN 942	LYME ANTIBODY, IgG/IgM 733	
T-3 TOTAL 918	VANCOMYCIN 969	MUMPS 771	
T-4 FREE* 936	HORMONES Red Required	OCCULT BLOOD (stool) 784	
T-3 FREE 922	DHEA SULFATE 557	PREALBUMIN 847	
TSH* 934	ESTRADIOL 575	P T H 799	
ANTI-MICROSOMAL 384	FSH 611	RUBEOLA 875	
ANTI-THYROGLOBULIN 383	LH 729	TOXOPLASMA IgG 941	
COAGULATION Blue Required	PROGESTERONE 855	URINALYSIS (U) 962	
PRO-TIME / INR* 854	PROLACTIN 841	VARICELLA ZOSTER 656	
P.T.* 853	TESTOSTERONE 924	VITAMIN D, 25 OH* 980	



**NOTICE TO PHYSICIAN** If you are requesting a test indicated by an asterisk (\*) on a Medicare patient, Medicare requires that an Advance Beneficiary Notice (ABN) form be completed. The ABN form must be signed by the patient and a copy returned to the laboratory with this request. You can request the ABN form from the laboratory OR complete and copy the back of part 1 of this form. Medicare requires that both the laboratory and the patient receive a completed signed copy for compliance.

I agree to be personally and fully responsible for payment of any and all laboratory costs not covered by my insurance.  
 Patient's Signature: \_\_\_\_\_ Date: \_\_\_\_\_