

PATIENT INFORMATION

Patient Name (Last, First) _____ Date of Birth: ____/____/____
 Address _____ Phone _____ Gender: ☐ Male ☐ Female
 Medical Record #: _____ Collection Date: ____/____/____ Collection Time: _____ Priority: ☐ Stat ☐ Routine
 Dx Description or ICD-Code (REQUIRED) _____ Bill to: ☐ Pt Self Pay ☐ Insurance ☐ Client (Client Code: _____)

BILLING INFORMATION

Insurance: _____
 Subscriber ID: _____ Group #: _____
 Address: _____
 City/State/ZIP: _____
 Phone: (____) _____ Subscriber DOB: _____
 Subscriber Name/Rel.: _____

ORDERING PROVIDER

Ordering Provider Name & Credentials (Printed): _____
 Phone: (____) _____ Fax: (____) _____
 _____/____/____
 Clinician Signature (REQUIRED): _____

Medical Necessity Regulations: At the government's request, the Clinical Laboratories would like to remind all physicians that when ordering tests expected to be paid under federal health care programs, such as Medicare and Medicaid, the tests must meet the following conditions: (1) included as covered services, (2) reasonable, (3) medically necessary for the treatment and diagnosis of the patient and (4) not for screening purposes.

TESTS

Panels

- ☐ Basic Metabolic Panel (BMP) (BUN, Calcium, Creatinine, Electrolytes, Glucose)
- ☐ Comp Metabolic Panel (CMP) (BMP + Albumin, ALP, ALT, AST, Total Bilirubin, Total Protein)
- ☐ Electrolytes (Carbon Dioxide, Chloride, Potassium, Sodium)
- ☐ Hepatic Profile (Albumin, ALT, AST, Total Protein, Total Bill, Direct Bill, ALP)
- ☐ Lipid Profile (Cholesterol, HDL, LDL, Triglycerides)
- ☐ SARS-CoV2 PCR (dry swab)
- ☐ SARS/RSV/Flu A/B DNA PCR
- ☐ Acute Hepatitis Panel
- ☐ Renal Function Panel (Glu, BUN, Crea, GFR, NA, K, CL, CO2, Phos, Alb)

Hematology

- ☐ CBC
- ☐ CBC w/diff
- ☐ Sed Rate (ESR)

Coagulation

- ☐ APTT
- ☐ D-Dimer
- ☐ PT/INR

Urine

- ☐ Pregnancy Qual, Urine
- ☐ Urinalysis, Complete
- ☐ Urine Microalbumin/Creatinine, Random

Chemistry, Endocrinology, Immunology

- ☐ Glucose Tolerance Test (OB Screen)
- ☐ Progesterone
- ☐ ABO Group and Rh Type
- ☐ Albumin
- ☐ Alkaline Phosphatase (ALP)
- ☐ ALT
- ☐ Amylase
- ☐ AST
- ☐ Bilirubin, Direct
- ☐ Bilirubin, Total
- ☐ Blood Urea Nitrogen (BUN)
- ☐ B-type natriuretic peptide (BNP)

- ☐ C-Reactive Protein (CRP)
- ☐ CA 125
- ☐ CA 19
- ☐ Calcium
- ☐ CEA
- ☐ Cholesterol
- ☐ Chloride, serum
- ☐ CO2, serum
- ☐ Cortisol, plasma
- ☐ Creatine Kinase (CK)
- ☐ Creatinine
- ☐ Estradiol
- ☐ Ferritin
- ☐ Folate
- ☐ FSH
- ☐ Glucose
- ☐ GGT
- ☐ Hep A IgM
- ☐ Hep B Core Ab
- ☐ Hep B Surface Ab
- ☐ Hep B Surface Ag
- ☐ Hep C Ab
- ☐ Hgb A1C
- ☐ HIV p24Ag/1/O/2Ab
- ☐ Homocysteine
- ☐ Immunoglobulin Profile (IgA, IgG, IgM)

- ☐ Insulin
- ☐ Iron
- ☐ Luteinizing hormone (LH)
- ☐ Lactate dehydrogenase (LDH)
- ☐ Lipase
- ☐ Magnesium
- ☐ Methylmalonic Acid
- ☐ Mono Spot
- ☐ Phosphorus
- ☐ Potassium, serum
- ☐ Prealbumin
- ☐ Pregnancy, Serum
- ☐ Progesterone
- ☐ Prolactin
- ☐ PSA ultrasensitive, total
- ☐ PTH intact, with calcium
- ☐ Rheumatoid Factor
- ☐ Rubella, IgG
- ☐ Sodium, serum
- ☐ Syphilis Screen, Treponemal specific antibodies
- ☐ T3, Free
- ☐ T4, Free
- ☐ T4, Total
- ☐ Testosterone, Free & Total w/ SHBG

- ☐ Testosterone, Total
- ☐ TIBC
- ☐ Transferrin
- ☐ Triglycerides
- ☐ TSH w/reflex to T4 Free
- ☐ Uric Acid
- ☐ Vitamin B12
- ☐ Vitamin D25 OH
- ☐ β HCG, quantitative

Microbiology Tests

- ☐ Blood culture (include site) _____
- ☐ Fungal Culture (include site) _____
- ☐ Throat culture
- ☐ Stool Culture
- ☐ Wound Culture (include site) _____
- ☐ Urine Culture
- ☐ Multivaginitis Panel (MVP) PCR, Swab
- ☐ C. Difficile PCR, stool
- ☐ Chlamydia/Gonorrhea PCR, Urine/Swab
- ☐ Trichomoniasis PCR, Urine/Swab

Other Tests/Special Instructions: _____

LABORATORY INFORMATION



CONTACT WALNUT CREEK LOCATION

Phone: 925.414.3814

Fax: 925.476.4120



LOCATION

Shadelands
Bass Medical Building
Main Laboratory
(Entrance E)



HOURS

Monday-Thursday:

7:00am – 5:00pm

Friday: 7:00am – 4:30pm

Sat, Sun, Holidays: Closed

