

SPECIMEN COLLECTION SITES:
Huntington Pavilion, 625 S. Fair Oaks, Ste 355, Pasadena, CA, 91105
Appointment required (626/397-5600)
Huntington Hospital OP Services, 10 Congress, Ste 200, Pasadena, CA, 91105
 Walk-ins only; no appointment required (Hrs: M - F, 7 AM - 4 PM)

 **Huntington Hospital**
 Department of Laboratory Medicine
 100 W. California Blvd., Pasadena, CA 91109-7013
 (626) 397-8612 Fax: (626) 397-2937

PATIENT & BILLING INFORMATION

FAILURE TO PROVIDE ALL BILLING INFORMATION WILL RESULT IN A CLIENT BILL

PATIENT LAST NAME		FIRST	MI	INSURANCE COMPANY		
BIRTHDATE	GENDER	SSN		ADDRESS		
PATIENT ADDRESS			APT/ SPACE	POLICY NUMBER	GROUP NUMBER	
CITY	STATE	ZIP	PHONE	STATE	MEDICARE NUMBER	MEDI-CAL NUMBER

NOTE: MEDICARE GENERALLY DOES NOT COVER ROUTINE SCREENING TESTS. WHEN ORDERING TESTS FOR WHICH MEDICARE REIMBURSEMENT WILL BE SOUGHT, ONLY THOSE TESTS THAT ARE MEDICALLY NECESSARY FOR DIAGNOSIS AND TREATMENT OF THE PATIENT, RATHER THAN FOR SCREENING PURPOSES, SHOULD BE ORDERED.

I consent to the specimen collection procedure(s) performed during this encounter. Signature: _____ Date: _____

FAX RESULTS TO: (FAX #) FASTING STAT

PHYSICIANS ICD-9 CODE(S) (REQUIRED)

ORDERED BY: (PRINT)	SIGNATURE:	
DATE:	PHONE:	
NPI#	CC TO DR(S):	

STANDARD PANELS	CHEMISTRY (cont)	HEMATOLOGY	MISCELLANEOUS (cont)
<input type="checkbox"/> 80048 BMP	<input type="checkbox"/> 82947 GLUCOSE	<input type="checkbox"/> 85025 CBC W/DIFF	<input type="checkbox"/> 86677 H. PYLORI, IgG
<input type="checkbox"/> 80053 CMP	<input type="checkbox"/> 83036 Hgb A1C	<input type="checkbox"/> 85027 HEMOGRAM	<input type="checkbox"/> 82785 IgE, TOTAL
<input type="checkbox"/> 80069 RENAL FUNCTION	<input type="checkbox"/> 83540 IRON, TOTAL	<input type="checkbox"/> 85651 ESR (SED RATE)	<input type="checkbox"/> 82784 Igs(IgG, IgA, IgM)
<input type="checkbox"/> 80076 HEPATIC FUNCTION	<input type="checkbox"/> 83550 IRON, TIBC, %SAT	<input type="checkbox"/> 85610 PT-INR	<input type="checkbox"/> 82784 IgA, TOTAL
<input type="checkbox"/> 80074 ACUTE HEPATITIS	<input type="checkbox"/> 83615 LDH	<input type="checkbox"/> 85730 PTT (APTT)	<input type="checkbox"/> 82784 IgG, TOTAL
<input type="checkbox"/> LIPID PANEL	<input type="checkbox"/> 83655 LEAD	MICROBIOLOGY	<input type="checkbox"/> 82784 IgM, TOTAL
CHEMISTRY	<input type="checkbox"/> 83002 LH	<input type="checkbox"/> 87239 GIARDIA AG	<input type="checkbox"/> 86308 MONO SCREEN
<input type="checkbox"/> 82040 ALBUMIN	<input type="checkbox"/> 83690 LIPASE	<input type="checkbox"/> 82270 OCCULT BLOOD*	<input type="checkbox"/> 86430 RF, QUANT
<input type="checkbox"/> 84075 ALK PHOSPHATASE	<input type="checkbox"/> 80178 LITHIUM	*(IF x 3, USE 3 REQUISITIONS)	<input type="checkbox"/> 86592 RPR
<input type="checkbox"/> 84460 ALT (SGPT)	<input type="checkbox"/> 83735 MAGNESIUM	<input type="checkbox"/> 87177 OVA & PARASITES	<input type="checkbox"/> 86765 RUBEOLA
<input type="checkbox"/> 84450 AST (SGOT)	<input type="checkbox"/> 82043 MICROALBUMIN, URN	<input type="checkbox"/> 87086 URINE C & S	<input type="checkbox"/> 86762 RUBELLA IgG
<input type="checkbox"/> 82150 AMYLASE	<input type="checkbox"/> 84100 PHOSPHORUS	<input type="checkbox"/> 87210 WET MOUNT	<input type="checkbox"/> 86800 THYROGLOBULIN Ab
<input type="checkbox"/> 84702 BETA HCG, QUANT	<input type="checkbox"/> 84132 POTASSIUM	Source:	<input type="checkbox"/> 86376 TPO, Ab
<input type="checkbox"/> 82248 BILIRUBIN, DIRECT	<input type="checkbox"/> 84703 PREGNANCY SCRIN, BLD	<input type="checkbox"/> CULT & SENSI	<input type="checkbox"/> 81001 UA, w/ MICROSCOPIC
<input type="checkbox"/> 82247 BILIRUBIN, TOTAL	<input type="checkbox"/> 84144 PROGESTERONE	Source:	<input type="checkbox"/> 81003 UA, w/o MICROSCOPIC
<input type="checkbox"/> 83880 BNP (Natriuretic Peptide)	<input type="checkbox"/> 84146 PROLACTIN	TOXICOLOGY	ADDITIONAL TESTS
<input type="checkbox"/> 84520 BUN	<input type="checkbox"/> 84155 PROTEIN, TOTAL	<input type="checkbox"/> 80162 DIGOXIN	(CPT CODES REQUIRED)
<input type="checkbox"/> 86304 CA-125	<input type="checkbox"/> 84165 PROTEIN ELECTRO, SERUM	<input type="checkbox"/> 80185 DILANTIN (PHENYTOIN)	
<input type="checkbox"/> 86300 CA-15-3	<input type="checkbox"/> 84166 PROTEIN ELECTRO, URINE	<input type="checkbox"/> 80156 TEGRETOL (CARBAMAZEPINE)	
<input type="checkbox"/> 82310 CALCIUM	<input type="checkbox"/> 84153 PSA, TOTAL	<input type="checkbox"/> 80164 VALPROIC ACID	
<input type="checkbox"/> 82330 CALCIUM, IONIZED	<input type="checkbox"/> PSA, FREE & TOTAL	<input type="checkbox"/> DRUG SCREEN, BLD	
<input type="checkbox"/> 82378 CEA	<input type="checkbox"/> 84295 SODIUM	<input type="checkbox"/> DRUG SCREEN, URN	
<input type="checkbox"/> 82435 CHLORIDE	<input type="checkbox"/> 84481 T3, FREE	MISCELLANEOUS	
<input type="checkbox"/> 82465 CHOLESTEROL, TOTAL	<input type="checkbox"/> 84480 T3, TOTAL	<input type="checkbox"/> ABO Rh	
<input type="checkbox"/> 83718 CHOLESTEROL, HDL	<input type="checkbox"/> 84439 T4, FREE	<input type="checkbox"/> 86850 ANTIBODY SCREEN	
<input type="checkbox"/> 82374 CO2 (BICARBONATE)	<input type="checkbox"/> 84436 T4, TOTAL	<input type="checkbox"/> 86038 ANA	
<input type="checkbox"/> 82533 CORTISOL	<input type="checkbox"/> 84402 TESTOSTERONE, FREE	<input type="checkbox"/> 86160 C3 (COMPLEMENT 3)	
<input type="checkbox"/> 82565 CREATININE	<input type="checkbox"/> 84403 TESTOSTERONE, TOTAL	<input type="checkbox"/> 86160 C4 (COMPLEMENT 4)	
<input type="checkbox"/> 86141 CRP, HS	<input type="checkbox"/> 84478 TRIGLYCERIDES	<input type="checkbox"/> 86709 HAV IgM	
<input type="checkbox"/> 82670 ESTRADIOL	<input type="checkbox"/> 84484 TROPONIN	<input type="checkbox"/> 86705 HBCore Ab,IgM	
<input type="checkbox"/> 82728 FERRITIN	<input type="checkbox"/> 84443 TSH	<input type="checkbox"/> 86706 HBsAb	
<input type="checkbox"/> 82746 FOLATE (FOLIC ACID)	<input type="checkbox"/> 84550 URIC ACID	<input type="checkbox"/> 87340 HBsAg	
<input type="checkbox"/> 83001 FSH	<input type="checkbox"/> 82607 VITAMIN B-12	<input type="checkbox"/> 86803 HCVAb	
<input type="checkbox"/> 82977 GAMMA GLUT TRANS(GGT)	<input type="checkbox"/> 82307 VITAMIN D (25-OH)	<input type="checkbox"/> 86703 HIVAb 1,0,2	

SPECIMEN COLLECTION INFO

DATE: _____

TIME: _____

ID: _____