

# Lab Express

An OAK CREST Laboratory Affiliate

LAB USE ONLY

<b>BILLING INFORMATION:</b>	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	80175		LAMICTAL	SST	80201		TOPAMAX (TOPIRAMATE)		R
85025		CBC W/DIFF	L	83655		LEAD	L	84478		TRIGLYCERIDES		SST
87075		C.DIFF (STOOL)	S/C	83002		LH	SST	84443		TSH		SST
82378		CEA	SST	83690		LIPASE	SST	84550		URIC ACID		SST
80150		CLOZAPINE	R	80061		LIPID PANEL	SST	81001		URINALYSIS W/REFLEX		U
80053		CMP	SST	80178		LITHIUM	SST	87086		Urine Culture using PCR		U
82533		CORTISOL	SST	83735		MAGNESIUM	SST	80164		VALPROIC ACID (DEPAKOTE)		SST
82565		CREATININE	SST	82043		MICROALBUMIN	U	80202		VANCOMYCIN TROUGH		SST
86140		CRP (NON-CARDIAC)	SST	80184		PHENOBARBITAL	SST	82607		VITAMIN B12		SST
86141		CRP (HIGH SENSITIVITY)	SST	84100		PHOSPHORUS	SST	82306		VITAMIN D 25 HYDROXY		SST
80162		DIGOXIN	SST	84132		POTASSIUM	SST	80700, 80705, 87205		WOUND CLUTURE		SW
80185		DILANTIN	R	84153		PSA	SST					
80051		ELECTROLYTES	SST	85610		PT/INR	B			<input type="checkbox"/> OTHER _____		
85652		ESR (SED RATE)	L	82570, 84156		PROTEIN/CREAT RATIO	U			_____		
82728		FERRITIN	SST							_____		

### 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)

<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 Prostrate 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	