



Laboratory Requisition Form, Wellness

CLIA #11D2166978
999 Chestnut St. SE, Gainesville, GA 30506
office 844.794.3637 fax 678.392.2483 Pro-Genex.com

Collection Date/Time/Collectors Initials: \_\_\_ / \_\_\_ / \_\_\_ DIAG/ICD10 Code: \_\_\_\_\_

FACILITY: \_\_\_\_\_ ORDERING PHYSICIAN: \_\_\_\_\_

PATIENT INFORMATION

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ INITIAL: \_\_\_\_\_

PATIENT ADDRESS: \_\_\_\_\_

DOB: \_\_\_\_\_ SS#: \_\_\_\_\_ PHONE: \_\_\_\_\_ GENDER: MALE or FEMALE

BILL TO: INSURANCE PATIENT MEDICARE MEDICAID OFFICE/DOCTOR

INSURANCE COMPANY: \_\_\_\_\_ POLICY/GROUP# \_\_\_\_\_

INSURED NAME: \_\_\_\_\_ DOB: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

CHEMISTRY PROFILES (SERUM SEPARATOR TUBE) Circle Requested Profiles

Table listing various chemistry profiles such as Acute Hepatitis Profile (LAB551), Bilirubin, Neonatal (LAB51), FSH (LAB86), Progesterone (LAB529), and Uric Acid (LAB141).

LAVENDER TOP (EDTA)

- CBC w/Diff (LAB1748)
CBC wo/Diff (LAB294)
HGB A1C (LAB90)
Retic Count (LAB296)
Sed Rate/ESR (LAB322)

BLUE TOP (SODIUM CITRATE)

- DDIMER (LAB313)
Fibrinogen (LAB314)
Prottime/INR (LAB320)
PTT (LAB325)

URINE TEST

- Urinalysis, Routine (LAB347)
Urinalysis, Reflex to Culture (LAB9967)
Urine Pregnancy (LAB437)
Drug Quick Screen (LAB9638)

24 HR URINE TESTING

- Height: \_\_\_\_\_ inches
Weight: \_\_\_\_\_ LBS
Urine Total Volume: \_\_\_\_\_ ml (LAB712)
Creatinine Clearance (LAB1765)
Protein (LAB441)
\*Must send Serum for creatinine\*

SPECIAL PROFILES

- Arthritis Panel (LAB9966) GOLD/LAV
Anemia Profile (LAB9464) GOLD/LAV

OB TESTING/BLOOD BANK LAVENDER TOP (EDTA)

- Antibody Screen (LAB278)
Blood Type (LAB895)
Fetal Fibronectin (LAB287)
Maternal 2nd Trimester/Screen (LAB9724) AND Patient information FORM by Gold top
Prenatal Profile (LAB948/LAB9293) (Draw Gold/Lavender)

MICRO TESTING

- Acid Fast Culture/ Smear
Anaerobic Culture (LAB233)
Beta Strep, Group B Screen (LAB1377)
Blood Culture (LAB462)
Body Fluid Culture, (LAB269)
Clostridium Difficile, PCR (LAB253)
Ear Culture (LAB942)
Eye Culture (LAB943)
Fungus Culture/Smear (LAB1294)
Throat Culture (LAB228)
Strep Screen (LAB885)
Stool Culture (LAB223)
Stool WBC Screen (LAB265)
Stool Occult Blood (LAB921)
Ova/Parasite Screen (LAB258)
Urine Culture (LAB239)
Sputum Culture (LAB9994)

MUST PROVIDE SOURCE

SOURCE: \_\_\_\_\_

COMMENTS AND/OR OTHER TEST NOT LISTED

Empty table for comments and other test not listed.

Call To: \_\_\_\_\_

ADVANCE NOTICE OF Noncoverage of Outpatient Laboratory Services

This is to advise you that based on our understanding of current Medicare coverage policy, the laboratory test(s) selected above, are not covered by Medicare because:

- A Medicare does not pay for routine screens or annual physicals;
B Medicare does not pay for this service for your condition; or

C Medicare does not pay for research or investigational use tests.

This is to acknowledge that I received this notice of noncoverage of services under Medicare in person on the date I have indicated below. I understand that Medicare will not pay for the laboratory tests indicated above and agree to be personally and fully responsible for payment.

X \_\_\_\_\_ Date: \_\_\_\_\_
PATIENT SIGNATURE

X \_\_\_\_\_ Date: \_\_\_\_\_
WITNESS SIGNATURE

Fax To: \_\_\_\_\_