

CLIENT INFORMATION – REFERRING PHYSICIAN (PLEASE PRINT IN BLACK INK)		PATIENT INFORMATION		
FACILITY NAME _____		PT LAST NAME	FIRST	MI
FACILITY ADDRESS _____		MEDICAL RECORD #		
<input type="checkbox"/> FAX <input type="checkbox"/> CALL results to _____ <input type="checkbox"/> COPY to _____		ADDRESS	BIRTHDATE	SEX: <input type="checkbox"/> M <input type="checkbox"/> F
ATTENDING PHYSICIAN NAME WITH NPI # _____		CITY	PT SSN	
REFERRING PHYSICIAN SIGNATURE _____		STATE	ZIP	HOME PHONE
		EMPLOYER	WORK PHONE	
		WORK ADDRESS	CITY	STATE ZIP

INSURANCE BILLING INFORMATION (PLEASE PRINT IN BLACK INK)		COLLECTION REPORTING INFORMATION			
PRIMARY: <input type="checkbox"/> Medicare <input type="checkbox"/> Medicaid <input type="checkbox"/> Other Ins. <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent		Date Collected	<input type="checkbox"/> Non-Fasting <input type="checkbox"/> Fasting (8hrs)	Time Collected	<input type="checkbox"/> AM <input type="checkbox"/> PM
SUBSCRIBER LAST NAME	FIRST MI	<input type="checkbox"/> STAT Place <input type="checkbox"/> Signed ABN Obtained Label <input type="checkbox"/> Venipuncture Draw Fee Here			
BENEFICIARY/MEMBER #	GROUP #				
CLAIMS ADDRESS	CITY STATE ZIP				
SECONDARY: <input type="checkbox"/> Medicare <input type="checkbox"/> Medicaid <input type="checkbox"/> Other Ins. <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent		For Lab Use Only <input type="checkbox"/> Venipuncture Draw Fee			
SUBSCRIBER LAST NAME	FIRST MI	Phlebotomist Initials			
BENEFICIARY/MEMBER #	GROUP #				
CLAIMS ADDRESS	CITY STATE ZIP				

PHYSICIAN NOTICE When ordering tests, the physician is required to make an independent medical necessity decision with regard to each test the laboratory will bill. The physician also understands he or she is required to (1) submit ICD-10 diagnosis supported in the patient's medical record as documentation of the medical necessity or (2) explain and have the patient sign an ABN.

ICD-10 Code(s) Diagnosis: 1) _____ 2) _____ 3) _____ 4) _____ 5) _____ 6) _____

UFHPL CODE	TEST NAME	CPT CODE	UFHPL CODE	TEST NAME	CPT CODE
LAB16	<input type="checkbox"/> Electrolyte Panel	-	LAB113	<input type="checkbox"/> Phosphorus	80185
LAB16	<input type="checkbox"/> Basic Metabolic Panel	80051	LAB301	<input type="checkbox"/> Platelet Count	84100
LAB20	<input type="checkbox"/> Hepatic Function Panel	80048	LAB114	<input type="checkbox"/> Potassium – K	85049
LAB17	<input type="checkbox"/> Comprehensive Metabolic Panel	80076	LAB106	<input type="checkbox"/> Pro-BNP	84132
LAB18	<input type="checkbox"/> Lipid Panel (Fasting Specimens)	80053	LAB9999	<input type="checkbox"/> PSA – Screening	83880
LAB551	<input type="checkbox"/> Acute Hepatitis Panel	80061	LAB116	<input type="checkbox"/> PSA – (Diag or Monitor)	GO103
LAB19	<input type="checkbox"/> Renal Panel	80074	LAB171	<input type="checkbox"/> PSA, Free & Total	84153
LAB550	<input type="checkbox"/> Obstetric Panel with HIV	80069	LAB320	<input type="checkbox"/> PT/INR	84153/84154
			LAB4438	<input type="checkbox"/> PTH Intact	85610
LAB895	<input type="checkbox"/> ABO/Rh	86900	LAB325	<input type="checkbox"/> PTT	83970/82310
LAB559	<input type="checkbox"/> AFP, Tumor Marker	82105	LAB296	<input type="checkbox"/> Reticulocyte	85370
LAB45	<input type="checkbox"/> Albumin	82040	LAB206	<input type="checkbox"/> Rheumatoid Factor, Qual	85045
LAB556	<input type="checkbox"/> Aldolase	82085	LAB494	<input type="checkbox"/> RPR	86430
LAB112	<input type="checkbox"/> Alkaline Phosphatase	84075	LAB496	<input type="checkbox"/> Rubella Antibodies, IgG	86592
LAB132	<input type="checkbox"/> ALT (SGPT)	84460	LAB122	<input type="checkbox"/> Sodium – Na	8762
LAB48	<input type="checkbox"/> Amylase	82150	LAB1740	<input type="checkbox"/> SPEP + IFE	84295
LAB147	<input type="checkbox"/> ANA-Antinuclear Antibody	86038	LAB1730	<input type="checkbox"/> SPEP, Reflex to IFE	84165/86334
LAB1800114	<input type="checkbox"/> Anti-PR-3 (Proteinase) Antibody	83516	LAB124	<input type="checkbox"/> Testosterone, Total	84165
LAB278	<input type="checkbox"/> Ind. Coombs (aka Antibody Screen)	86850	LAB123140103	<input type="checkbox"/> Testosterone, Free & Total	84403
LAB131	<input type="checkbox"/> AST (SGOT)	84450	LAB137	<input type="checkbox"/> T3, Free	84402/84403
LAB52	<input type="checkbox"/> Bilirubin (Direct)	82248	LAB136	<input type="checkbox"/> T3, Total	84481
LAB50	<input type="checkbox"/> Bilirubin (Total)	82247	LAB127	<input type="checkbox"/> T4, Free	84480
LAB140	<input type="checkbox"/> BUN-Urea Nitrogen	84520	LAB126	<input type="checkbox"/> T4, Total – Thyroxine	84439
LAB155	<input type="checkbox"/> CA 125	86304	LAB118	<input type="checkbox"/> Total Protein – TP	84436
LAB776	<input type="checkbox"/> CA 15-3	86300	LAB133	<input type="checkbox"/> Transferrin	84155
LAB777	<input type="checkbox"/> CA 19-9	86301	LAB134	<input type="checkbox"/> Triglyceride	84466
LAB853	<input type="checkbox"/> CA 27-29	86300	LAB129	<input type="checkbox"/> TSH	84478
LAB53	<input type="checkbox"/> Calcium Total	82310	LAB141	<input type="checkbox"/> Uric Acid	84443
LAB21	<input type="checkbox"/> Carbamazepine – Tegretol	80156	LAB67	<input type="checkbox"/> Vitamin B12	84550
LAB294	<input type="checkbox"/> CBC (without Diff)	85027	LAB21059501	<input type="checkbox"/> Vitamin D, Total (25 OH)	82607/82306
LAB293	<input type="checkbox"/> CBC w/Diff & Platelet	85025			
LAB57	<input type="checkbox"/> CEA	82378	LAB233	<input type="checkbox"/> Anaerobic Culture & Gram Stain	-
LAB60	<input type="checkbox"/> Cholesterol	82465	LAB239	<input type="checkbox"/> Culture, Urine	87070
LAB62	<input type="checkbox"/> CK, Total	82550	LAB900	<input type="checkbox"/> Culture, Sputum & Gram Stain	87086
LAB66	<input type="checkbox"/> Creatinine w/eGFR	82565	LAB223	<input type="checkbox"/> Culture, Stool	87070
LAB149	<input type="checkbox"/> CRP C-Reactive Protein	86140	LAB2012	<input type="checkbox"/> Culture, Respiratory	87045
LAB150	<input type="checkbox"/> CRP-High Sensitivity	86141	LAB462 (if two sites, order twice)	<input type="checkbox"/> Culture, Blood	87070
LAB23	<input type="checkbox"/> Digoxin-Lanoxin	80162	LAB234	<input type="checkbox"/> Culture, MRSA Screen (nares only)	87040
LAB547	<input type="checkbox"/> ESR – (Sed Rate) – Automated	85652	LAB465	<input type="checkbox"/> Culture, VRE (must indicate site)	87081
LAB68	<input type="checkbox"/> Ferritin	82728	LAB5205	<input type="checkbox"/> Culture, Genital	87081
LAB69	<input type="checkbox"/> Folate (Folic Acid)	82746	LAB269	<input type="checkbox"/> Culture, Group B Strep, Genital	87070
LAB86	<input type="checkbox"/> FSH	83001	LAB2058	<input type="checkbox"/> Culture, Body Fluid	87081
LAB85	<input type="checkbox"/> GGT Gamma Glutamyl Transferase	82977	LAB2008	<input type="checkbox"/> Culture, AFB Smear & Stain	87070
LAB81	<input type="checkbox"/> Glucose, Fasting	82947	LAB2010	<input type="checkbox"/> Culture, Fungus Smear & Stain	87116
LAB5226	<input type="checkbox"/> Glucose, Gestational 2 Hour	82950		<input type="checkbox"/> Culture, Ova and Parasite Examination (Does not include Crypto or Giardia)	87102
LAB144	<input type="checkbox"/> HCG blood, Qualitative	84703	LAB907	<input type="checkbox"/> Cryptosporidium Antigen, Stool	87177/87209
LAB5290	<input type="checkbox"/> HCG blood, Quantitative	84702	LAB259	<input type="checkbox"/> Giardia Antigen, Stool	87328
LAB101	<input type="checkbox"/> HDL Cholesterol	83718	LAB397	<input type="checkbox"/> H. pylori Antigen, Stool	87329
LAB90	<input type="checkbox"/> Hemoglobin A1c – (GlycoHGB)	83036	LAB5052	<input type="checkbox"/> C. difficile Toxin Gene, NAA (PCR)	87338
LAB797	<input type="checkbox"/> Hepatitis A Ab, Total	86708	LAB265	<input type="checkbox"/> Fecal Leukocytes by Lactoferrin	87324
LAB4483	<input type="checkbox"/> Hepatitis B Core Ab, Total	86704	LAB56101	<input type="checkbox"/> Fecal Occult Blood – Immunoassay	89055
LAB472	<input type="checkbox"/> Hepatitis B Surface Ab, Quantitative	86706	LAB2007	<input type="checkbox"/> Wound Culture	GO328
LAB471	<input type="checkbox"/> Hepatitis B Surface Ag	87340	LAB2007 + LAB250	<input type="checkbox"/> Wound Culture & Gram Stain	87070
LAB868	<input type="checkbox"/> Hepatitis C Ab	86803			87070/87075 /87205
LAB5156	<input type="checkbox"/> HIV 1 & 2 AG/AB, 4th Gen	86703			
LAB93	<input type="checkbox"/> Homocysteine (Cardiac)	83090	LAB441	<input type="checkbox"/> Urine Total Protein, 24hr	84156
LAB527	<input type="checkbox"/> Insulin, Total	83525	LAB743	<input type="checkbox"/> Urine Protein w/CRT, Random	84156/82570
LAB94	<input type="checkbox"/> Iron	83540	LAB438	<input type="checkbox"/> UPEP, Reflex to IFE (Random Urine)	84156/84166
LAB94 + LAB133	<input type="checkbox"/> Iron + Transferrin	83540/84466	LAB5684	<input type="checkbox"/> UPEP (24hr Urine)	84165
LAB2003	<input type="checkbox"/> Iron, TIBC, %Sat	83540/83550	LAB402	<input type="checkbox"/> Immunofixation Urine (24hr OR Random Urine)	86335
LAB4533	<input type="checkbox"/> LDL Cholesterol Direct	83721	LAB5684	<input type="checkbox"/> Protein Electro for 24hr Urine	84156/84166
LAB87	<input type="checkbox"/> LH – Lutenizing Hormone	83002	LAB347	<input type="checkbox"/> Urinalysis w/Microscopic	81001
LAB99	<input type="checkbox"/> Lipase	83690	LAB4654	<input type="checkbox"/> Urinalysis/Microscopic w/Reflex to Culture	81001
LAB103	<input type="checkbox"/> Magnesium	83735	LAB689	<input type="checkbox"/> Microalbumin w/CRT, Random or 24hr	82043/82570
LAB5308	<input type="checkbox"/> Maternal Quad Screen	82105			
LAB482	<input type="checkbox"/> Mono Test – Heterophile	84702			
LAB30	<input type="checkbox"/> Phenobarbital	86308			
LAB176	<input type="checkbox"/> Phenytoin – Dilantin, Free and Total	80184			