

HEMATOLOGY PANEL REQUISITION

PATIENT STATUS:

FASTING

NON-FASTING

ACCOUNT INFORMATION

Client: _____ Site: _____ Ordering Provider: _____

Site Contact: _____ Email: _____ Phone Number: _____ NPI: _____

PATIENT DEMOGRAPHICS

Collection: _____ Collection Time: _____ AM/PM: AM PM

Last Name: _____ First Name: _____ Phone Number: _____

Street Address: _____ City: _____ State: _____ Zip Code: _____ State County: _____

Date of Birth: ____/____/____ Gender: Male Female Ethnicity: Hispanic Non-Hispanic Undefined

Race: Black White Mixed Race American Indian/Native Alaskan Hispanic/Latino Hawaiian/Pacific Island Asian Other/Unknown

DIAGNOSIS CODES *REQUIRED*

- Z00.01** ADULT WELLNESS EXAM
- Z01.812** ENCOUNTER FOR PREPROCEDURAL LABORATORY EXAMINATION
- Z79.899** LONG TERM USE OF MEDICATION MONITORING (CODE WITH Z51.81)
- Z13.6** ENCOUNTER FOR SCREENING FOR CARDIOVASCULAR DISORDERS
- Z51.81** ENCOUNTER FOR THERAPEUTIC DRUG LEVEL MONITORING

SPECIMEN COLLECTION	SPECIMEN STABILITY	ABBREVIATION
<input type="checkbox"/> SST TIGER TOP (TT)	<input type="checkbox"/> SST 48-HRS REFRIGERATED STORAGE	* (ERT) ESTROGEN REPLACEMENT THERAPY
<input type="checkbox"/> ~ LAVENDER PURPLE TOP (LVT)	<input type="checkbox"/> LAVENDER 48-HRS REFRIGERATED STORAGE	+ (TRT) TESTOSTERONE REPLACEMENT THERAPY
<input type="checkbox"/> ~ UA YELLOW TOP (YT)	<input type="checkbox"/> UA 72-HRS REFRIGERATED STORAGE	n (RF) RHEUMATOID FACTOR
<input type="checkbox"/> #LITH HEPARIN GREEN TOP (GT) SINGLE TUBE SAMPLE	<input type="checkbox"/> LITHIUM HEPARIN 48-HRS REFRIGERATED STORAGE	

ROUTINE PANEL

~ CBC WITH DIFFERENTIAL LIPID PANEL RENAL PANEL ~ ESR (SED RATE)

LIVER PANEL COMPREHENSIVE METABOLIC PANEL > URINALYSIS

URINE DRUG SCREEN

> ALCOHOL > BUPRENORPHINE > METHAMPHETAMINE > THC

> AMPHETAMINES > COCAINE > OPIATES

> BARBITURATES > MDMA (ECSTASY) > OXYCODONE

> BENZODIAZEPINES > METHADONE > PHENCYCLIDINE

PROFILES See Second Page for Components

001-CARDIAC IQ PANEL 010-CHRONIC INFLAMMATION PANEL 019-PSA PANEL 027-HEPATITIS B (RTTFR)

002-ADVANCED CARDIAC PANEL 011-CHRONIC PAIN PANEL 020-RF PANEL 028-ESR

003-ADVANCED CHRONIC CARE MONITORING 012-COMPREHENSIVE ANEMIA PANEL 021-RHEUMATOLOGY PANEL 029-HIV

004-ADVANCED ELECTROLYTE PANEL 013-DIABETES RISK PANEL 022-SEX HORMONE PANEL FEMALE 30-ANA

005-ADVANCED LIPID PANEL 014-ERT MONITORING 023-SEX HORMONE PANEL MALE 31-MONO

006-BASIC CHRONIC CARE MONITORING 015-ESSENTIAL SERIES 024-THYROID PANEL 32-RPR

007-BASIC WELLNESS PANEL W/ VITAMIN D 016-LIVER FUNCTION PANEL 025-TRT MONITORING 33-HSV-1/2 IGG

008-BASIC ESSENTIAL SERIES FEMALE 017-PANCREATITIS PANEL 026-HEPATITIS 34-HCG(URINE) QUAL

009-BASIC ESSENTIAL SERIES MALE 018-PRE-OP & POST OP PANEL 35-tHCG(SERUM) QUANT

SPECIALTY

THERAPEUTIC DRUG MONITORING

- ACETAMINOPHEN
- PHENOBARBITAL
- AMIKACIN
- PHENYTON
- CAFFEINE
- PRIMIDONE
- CARBAMAZEPINE
- PROCAINAMIDE
- DIGOXIN
- QUINIDINE
- DISOPYRAMIDE
- SALICYLIC ACID
- ETHOSUXIMIDE
- THEOPHYLLINE
- GENTAMICIN
- TOBRAMYCIN
- METHOTREXATE
- VALPROIC ACID
- N-ACETYLPROCAINAMIDE
- VANCOMYCI

-INCREASED PROCESSING TIMES FOR THERAPEUTIC DRUG MONITORING PANEL ANALYTES

<input type="checkbox"/> BASIC METABOLIC PANEL (TT)	<input type="checkbox"/> THYROID PANEL (TT)	<input type="checkbox"/> ELECTROLYTES AND ANION GAP (TT)	<input type="checkbox"/> COAGULATION (LVT)
<input type="checkbox"/> GLUCOSE	<input type="checkbox"/> TSH (THYROID-STIMULATING HORMONE)	<input type="checkbox"/> SODIUM	<input type="checkbox"/> ~ PT/INR
<input type="checkbox"/> CALCIUM	<input type="checkbox"/> FREE T4 (THYROXINE)	<input type="checkbox"/> POTASSIUM	<input type="checkbox"/> HEMATOLOGY (LVT)
<input type="checkbox"/> SODIUM	<input type="checkbox"/> FREE T3 OR TOTAL T3 (TRIIODOTHYRONINE)	<input type="checkbox"/> CHLORIDE	<input type="checkbox"/> ~ COMPLETE BLOOD COUNT (CBC)
<input type="checkbox"/> POTASSIUM	<input type="checkbox"/> RENAL PANEL (TT)	<input type="checkbox"/> BICARBONATE	<input type="checkbox"/> ~ RED BLOOD CELL (RBC) COUNT
<input type="checkbox"/> BICARBONATE	<input type="checkbox"/> GLUCOSE	<input type="checkbox"/> LIPID PANEL (TT)	<input type="checkbox"/> ~ HEMOGLOBIN
<input type="checkbox"/> CHLORIDE	<input type="checkbox"/> PHOSPHORUS	<input type="checkbox"/> TOTAL CHOLESTEROL	<input type="checkbox"/> ~ HEMATOCRIT
<input type="checkbox"/> BLOOD UREA NITROGEN (BUN)	<input type="checkbox"/> CALCIUM	<input type="checkbox"/> LOW-DENSITY LIPOPROTEIN(LDL) CHOLESTEROL	<input type="checkbox"/> ~ MEAN CORPUSCULAR VOLUME (MCV)
<input type="checkbox"/> CREATININE	<input type="checkbox"/> POTASSIUM	<input type="checkbox"/> HIGH-DENSITY LIPOPROTEIN(HDL) CHOLESTEROL	<input type="checkbox"/> ~ MEAN CORPUSCULAR HEMOGLOBIN (MCH)
<input type="checkbox"/> AMMONIA	<input type="checkbox"/> SODIUM	<input type="checkbox"/> TRIGLYCERIDES	<input type="checkbox"/> ~ MEAN CORPUSCULAR HEMOGLOBIN CONCENTRATION (MCHC)
<input type="checkbox"/> COMP. METABOLIC PANEL (TT)	<input type="checkbox"/> CHLORIDE	<input type="checkbox"/> LIVER PANEL (TT)	<input type="checkbox"/> ~ RED CELL DISTRIBUTION WIDTH (RDW)
<input type="checkbox"/> ALANINE AMINOTRANSFERASE (ALT)	<input type="checkbox"/> BICARBONATE	<input type="checkbox"/> ASPARTATE AMINOTRANSFERASE (AST)	<input type="checkbox"/> ~ WHITE BLOOD CELL (WBC) DIFFERENTIAL
<input type="checkbox"/> ALBUMIN	<input type="checkbox"/> ALBUMIN	<input type="checkbox"/> ALANINE AMINOTRANSFERASE (ALT)	<input type="checkbox"/> ~ PLATELET COUNT
<input type="checkbox"/> ALKALINE PHOSPHATASE (ALP)	<input type="checkbox"/> CREATININE	<input type="checkbox"/> ALKALINE PHOSPHATASE (ALP)	<input type="checkbox"/> URINALYSIS (YT)
<input type="checkbox"/> ASPARTATE AMINOTRANSFERASE (AST)	<input type="checkbox"/> BLOOD UREA NITROGEN (BUN)	<input type="checkbox"/> BILIRUBIN	<input type="checkbox"/> (URINE DIPSTICK TEST)
<input type="checkbox"/> BICARBONATE	<input type="checkbox"/> CBL CHEMISTRY PANEL (TT)	<input type="checkbox"/> ALBUMIN	<input type="checkbox"/> > ACIDITY (PH)
<input type="checkbox"/> BILIRUBIN	<input type="checkbox"/> BASIC METABOLIC PANEL (BMP)	<input type="checkbox"/> TOTAL PROTEIN	<input type="checkbox"/> > BILIRUBIN
<input type="checkbox"/> BLOOD UREA NITROGEN (BUN)	<input type="checkbox"/> COMPREHENSIVE METABOLIC PANEL (CMP)	<input type="checkbox"/> LACTATE DEHYDROGENASE	<input type="checkbox"/> > CONCENTRATION/SPECIFIC GRAVITY
<input type="checkbox"/> CALCIUM	<input type="checkbox"/> ELECTROLYTE PANEL	<input type="checkbox"/> HEAVY METALS (LVT)	<input type="checkbox"/> > GLUCOSE
<input type="checkbox"/> CHLORIDE	<input type="checkbox"/> LIPID PANEL	<input type="checkbox"/> ~ LEAD	<input type="checkbox"/> > ZYMOCSE
<input type="checkbox"/> CREATININE	<input type="checkbox"/> LIVER PANEL	<input type="checkbox"/> ~ ZINC PROTOPORPHYRIN	<input type="checkbox"/> > ENZYMES
<input type="checkbox"/> GLUCOSE	<input type="checkbox"/> RENAL PANEL	<input type="checkbox"/> ESR (SED. RATE) (LVT)	<input type="checkbox"/> > KETONES
<input type="checkbox"/> POTASSIUM	<input type="checkbox"/> THYROID FUNCTION PANEL		<input type="checkbox"/> > NITRITES
<input type="checkbox"/> SODIUM	<input type="checkbox"/> QUANTIFERON (TUBERCULOSIS) (GT)		<input type="checkbox"/> > PROTEIN
<input type="checkbox"/> TOTAL PROTEIN			<input type="checkbox"/> > BLOOD
<input type="checkbox"/> AMMONIA			

BILLING INFORMATION

Insurance Company: _____ Group Number: _____ Policy Number: _____

Name of Insured: _____ Relationship to Insured: _____ DOB of Insured: ____/____/____

Self-Pay

AUTHORIZING SIGNATURES

Patient Request: I authorize any holder of medical or other information about me to release to the Social Security Administration, its intermediates, Blue Shield, or other carriers any information needed for this or related claims. I permit a copy of this authorization to be used in place of the original; and request payment of medical insurance benefits.

Print Patient Name: _____ Print Signature: _____ Date: _____

Physician Certification: I acknowledge that documentation to support medical necessity for all tests ordered is recorded in the patient's chart. If not signed, Authorized Healthcare Provider affirms that test orders are placed in patient file with provider signature and will be available upon request. The Office of the Inspector General requires documentation in patient medical chart including date of service, tests ordered and documentation to support medical necessity.

Provider Authorizing Name: _____ Provider Authorizing Signature: _____ Date: _____

HEMATOLOGY PANEL REQUISITION

PANEL COMPONENTS

SPECIMEN COLLECTION		SPECIMEN STABILITY		ABBREVIATION
■ SST TIGER TOP (TT)	■ #LITH HEPARIN GREEN TOP (LT)	■ SST 48-HRS REFRIGERATED STORAGE	■ LITHIUM HEPARIN 48-HRS REFRIGERATED STORAGE	* (ERT) ESTROGEN REPLACEMENT THERAPY
■ ~ LAVENDER PURPLE TOP (LVT)	■ (GT) SINGLE TUBE SAMPLE	■ LAVENDER 48-HRS REFRIGERATED STORAGE		+ (TRT) TESTOSTERONE REPLACEMENT THERAPY
■ » UA YELLOW TOP (YT)		■ UA 72-HRS REFRIGERATED STORAGE		n (RF) RHEUMATOID FACTOR

001-Cardiac IQ	009-Basic Essential Series Male	015-Essential Series Panel	021-Rheumatology Panel
Lipid Panel <input type="checkbox"/> 80061 APO A/B <input type="checkbox"/> 82172 Troponin <input type="checkbox"/> 84484 D-DIMER <input type="checkbox"/> 85379 BNP <input type="checkbox"/> 83880	~ CBC w/ Diff (LVT) <input type="checkbox"/> 85025 CMP <input type="checkbox"/> 80053 Estradiol <input type="checkbox"/> 82670 FT3 <input type="checkbox"/> 84481 FT4 <input type="checkbox"/> 84439 Lipid Panel <input type="checkbox"/> 80061 Progesterone <input type="checkbox"/> 84144 PSA <input type="checkbox"/> 84153 SHBG <input type="checkbox"/> 84270 Total Testo. <input type="checkbox"/> 84403 Total T3 <input type="checkbox"/> 84480 Total T4 <input type="checkbox"/> 84436 TSH <input type="checkbox"/> 84443 Vitamin B12 <input type="checkbox"/> 82607 Vitamin D <input type="checkbox"/> 82306	~ CBC (LVT) <input type="checkbox"/> 85025 CMP <input type="checkbox"/> 80053 Cortisol <input type="checkbox"/> 82533 DHEA <input type="checkbox"/> 82627 Estradiol <input type="checkbox"/> 82670 Ferritin <input type="checkbox"/> 82726 Folate <input type="checkbox"/> 82746 Total Testosterone <input type="checkbox"/> 84403 FSH <input type="checkbox"/> 83001 FT3 <input type="checkbox"/> 84481 FT4 <input type="checkbox"/> 84439 ~ HgbA1C (LVT) <input type="checkbox"/> 83036 HsCRP <input type="checkbox"/> 86141 Insulin <input type="checkbox"/> 83525 Iron/ Transferrin <input type="checkbox"/> 83540 Lipid <input type="checkbox"/> 80061 LH <input type="checkbox"/> 83002 Prog <input type="checkbox"/> 84144 Prolactin <input type="checkbox"/> 84146 PSA Panel <input type="checkbox"/> 84153 Renal F. <input type="checkbox"/> 80069 SHBG <input type="checkbox"/> 84270 PTH Intact <input type="checkbox"/> 83970 TSH <input type="checkbox"/> 84443 TT3 <input type="checkbox"/> 84480 TT4 <input type="checkbox"/> 84436 Vit. B12 <input type="checkbox"/> 82607 Vit. D <input type="checkbox"/> 82306	ANA <input type="checkbox"/> Refer to 1135 CMP <input type="checkbox"/> 80053 ~ CBC (LVT) <input type="checkbox"/> 85025 CRP <input type="checkbox"/> 86140 ~ HgbA1C (LVT) <input type="checkbox"/> 83036 Mag <input type="checkbox"/> 83735 RF Panel <input type="checkbox"/> Refer to 1133 Thyroid Basic <input type="checkbox"/> Refer to 363 Uric Acid <input type="checkbox"/> 84550 Vit. B12 <input type="checkbox"/> 82607

002-Advanced Cardiac Panel	010-Chronic Inflammation Panel +	016-Liver Function Panel	022-Sex Hormone Panel Female
Creatine Kinase <input type="checkbox"/> 82550 LDH <input type="checkbox"/> 83615 Myoglobin <input type="checkbox"/> 83874	Cortisol <input type="checkbox"/> 82533 hs-CRP <input type="checkbox"/> 86141 ESR <input type="checkbox"/> 85651	Albumin <input type="checkbox"/> 82040 ALT <input type="checkbox"/> 84460 AST <input type="checkbox"/> 84450 BUN <input type="checkbox"/> 84520 ~ CBC w/Diff (LVT) <input type="checkbox"/> 85025 Creatinine <input type="checkbox"/> 82565 Creatinine Kinase <input type="checkbox"/> 82550 GGT <input type="checkbox"/> 82977 LDH <input type="checkbox"/> 83615 TSH3 <input type="checkbox"/> 84443	DHEA <input type="checkbox"/> 82670 Estradiol <input type="checkbox"/> 82670 FSH <input type="checkbox"/> 83001 LH <input type="checkbox"/> 83002 Progesterone <input type="checkbox"/> 84144 Prolactin <input type="checkbox"/> 84146 SHBG <input type="checkbox"/> 84270 Total Testo. <input type="checkbox"/> 84403

003-Advanced Chronic Care Monitoring	011-Chronic Pain Panel	017-Pancreatitis Panel	023-Sex Hormone Panel Male
~ CBC w/ Diff (LVT) <input type="checkbox"/> 85025 Liver Function <input type="checkbox"/> 80076 ~ HgbA1C (LVT) <input type="checkbox"/> 83036 Intact PTH <input type="checkbox"/> 83970 Lipid Panel <input type="checkbox"/> 80061 Magnesium <input type="checkbox"/> 83735 Renal Function panel <input type="checkbox"/> 80069 Thyroid Comp. Panel <input type="checkbox"/> Refer to 346 Uric Acid <input type="checkbox"/> 84550	Acute Hepatitis-A/B <input type="checkbox"/> 80074 ~ CBC (LVT) <input type="checkbox"/> 85025 CMP <input type="checkbox"/> 80053 Cortisol <input type="checkbox"/> 82533 DHEA <input type="checkbox"/> 82627 Estradiol <input type="checkbox"/> 82670 Ferritin <input type="checkbox"/> 82726 Folate <input type="checkbox"/> 82746 FSH <input type="checkbox"/> 83001 FT3 <input type="checkbox"/> 84481 FT4 <input type="checkbox"/> 84439 ~ HgbA1C (LVT) <input type="checkbox"/> 83036 HsCRP <input type="checkbox"/> 86141 Iron/ Transferrin <input type="checkbox"/> 83540 Lipid <input type="checkbox"/> 80061 LH <input type="checkbox"/> 83002 Progesterone <input type="checkbox"/> 84144 Prolactin <input type="checkbox"/> 84146 PSA Panel <input type="checkbox"/> 84153 Renal F. <input type="checkbox"/> 80069 SHBG <input type="checkbox"/> 84270 Total Testo. <input type="checkbox"/> 84403 TSH <input type="checkbox"/> 84443 TT3 <input type="checkbox"/> 84480 TT4 <input type="checkbox"/> 84436 Vit. B12 <input type="checkbox"/> 82607 Vit. D <input type="checkbox"/> 82306	Amylase <input type="checkbox"/> 82120 ~ CBC w/Diff (LVT) <input type="checkbox"/> 85025 CMP <input type="checkbox"/> 80053 Lipase <input type="checkbox"/> 83690	DHEA <input type="checkbox"/> 82670 Estradiol <input type="checkbox"/> 82670 FSH <input type="checkbox"/> 83001 LH <input type="checkbox"/> 83002 Progesterone <input type="checkbox"/> 84144 SHBG <input type="checkbox"/> 84270 Testo., Total <input type="checkbox"/> 84403

004-Advanced Electrolyte Panel	012-Comprehensive Anemia Panel	018- Pre-Op & Post-Op Panel	024-Thyroid Panel
CMP <input type="checkbox"/> 80053 Magnesium <input type="checkbox"/> 83735 Phosphorus <input type="checkbox"/> 84100	Ferritin <input type="checkbox"/> 82728 Folate <input type="checkbox"/> 82746 TIBC <input type="checkbox"/> 83550 Total Iron <input type="checkbox"/> 83540 Vitamin B-12 <input type="checkbox"/> 82607	~ CBC (LVT) <input type="checkbox"/> 85025 CMP <input type="checkbox"/> 80053 Cortisol <input type="checkbox"/> 82533 Estradiol <input type="checkbox"/> 82670 FT3 <input type="checkbox"/> 84481 FT4 <input type="checkbox"/> 84439 TSH <input type="checkbox"/> 84443 TT4 <input type="checkbox"/> 84436 Uric Acid <input type="checkbox"/> 81015 Vit B12 <input type="checkbox"/> 82607 Vit. D <input type="checkbox"/> 82306	TSH <input type="checkbox"/> 84403 FT3 <input type="checkbox"/> 84481 FT4 <input type="checkbox"/> 84439 TT3 <input type="checkbox"/> 84480 TT4 <input type="checkbox"/> 84436

005-Advanced Lipid Panel	013-Diabetes Risk Panel	019-PSA Panel	025-TRT Monitoring +
Cholesterol/HDL Ratio <input type="checkbox"/> 80061 HDL <input type="checkbox"/> 80061 LDL <input type="checkbox"/> 80061 TG <input type="checkbox"/> 80061 Total Cholesterol <input type="checkbox"/> 80061	Glucose <input type="checkbox"/> 82945 ~ HgbA1C (LVT) <input type="checkbox"/> 83036 Insulin <input type="checkbox"/> 83525 » Urinalysis (YT) <input type="checkbox"/> 81001	Free PSA <input type="checkbox"/> 84154 Free/Total PSA Ratio <input type="checkbox"/> 84153/84154 Total PSA <input type="checkbox"/> 84153	~ CBC (LVT) <input type="checkbox"/> 85025 CMP <input type="checkbox"/> 80053 PSA Panel <input type="checkbox"/> Refer to 370 SHBG <input type="checkbox"/> 84270 Total Testosterone <input type="checkbox"/> 84403

006-Basic Chronic Care Monitoring	014-ERT Monitoring *	020-RF Panel n	026-Hepatitis Titer
~ CBC w/ Diff (LVT) <input type="checkbox"/> 85025 CMP <input type="checkbox"/> 80053 ~ HgbA1C (LVT) <input type="checkbox"/> 83036 Lipid panel <input type="checkbox"/> 80061 Total Cholesterol <input type="checkbox"/> 80061 Thyroid Basic Panel <input type="checkbox"/> Refer to panel 363	~ CBC (LVT) <input type="checkbox"/> 85025 CMP <input type="checkbox"/> 80053 Estradiol <input type="checkbox"/> 82670 Total Testosterone <input type="checkbox"/> 84403 FSH <input type="checkbox"/> 83001 SHBG <input type="checkbox"/> 84270	RF Latex <input type="checkbox"/> 86431	Anti-HAV <input type="checkbox"/> 86708 HAV IgM <input type="checkbox"/> 86709 HBsAg <input type="checkbox"/> 87340 HBsAg Confirmation reflex <input type="checkbox"/> 87340 Anti-HBs <input type="checkbox"/> 86317 Anti-HBc <input type="checkbox"/> 86704 HBe IgM <input type="checkbox"/> 86705 HBeAg <input type="checkbox"/> 87350 Anti-HBe <input type="checkbox"/> 86707 HCV Ab <input type="checkbox"/> 86803 HTV Ab/Ag HT <input type="checkbox"/> 87389

007-Basic Wellness Panel w/Vitamin D	014-ERT Monitoring *	020-RF Panel n	027-HEPATITIS B TITER
~ CBC w/ Diff (LVT) <input type="checkbox"/> 85025 CMP <input type="checkbox"/> 80053 TSH <input type="checkbox"/> 84443 Vitamin D <input type="checkbox"/> 82306	~ CBC (LVT) <input type="checkbox"/> 85025 CMP <input type="checkbox"/> 80053 Estradiol <input type="checkbox"/> 82670 Total Testosterone <input type="checkbox"/> 84403 FSH <input type="checkbox"/> 83001 SHBG <input type="checkbox"/> 84270	RF Latex <input type="checkbox"/> 86431	85652 <input type="checkbox"/>

008-Basic Essential Series Female	014-ERT Monitoring *	020-RF Panel n	028-ESR
~ CBC w/ Diff (LVT) <input type="checkbox"/> 85025 CMP <input type="checkbox"/> 80053 Estradiol <input type="checkbox"/> 82670 FT3 <input type="checkbox"/> 84481 FT4 <input type="checkbox"/> 84439 Lipid Panel <input type="checkbox"/> 80061 Progesterone <input type="checkbox"/> 84144 SHBG <input type="checkbox"/> 84270 Testo., Total <input type="checkbox"/> 84403 Total T3 <input type="checkbox"/> 84480 Total T4 <input type="checkbox"/> 84436 TSH3 <input type="checkbox"/> 84443 Vitamin B12 <input type="checkbox"/> 82607 Vitamin D <input type="checkbox"/> 82306	~ CBC (LVT) <input type="checkbox"/> 85025 CMP <input type="checkbox"/> 80053 Estradiol <input type="checkbox"/> 82670 Total Testosterone <input type="checkbox"/> 84403 FSH <input type="checkbox"/> 83001 SHBG <input type="checkbox"/> 84270	RF Latex <input type="checkbox"/> 86431	85652 <input type="checkbox"/>

008-Basic Essential Series Female	014-ERT Monitoring *	020-RF Panel n	029-HIV
~ CBC w/ Diff (LVT) <input type="checkbox"/> 85025 CMP <input type="checkbox"/> 80053 Estradiol <input type="checkbox"/> 82670 FT3 <input type="checkbox"/> 84481 FT4 <input type="checkbox"/> 84439 Lipid Panel <input type="checkbox"/> 80061 Progesterone <input type="checkbox"/> 84144 SHBG <input type="checkbox"/> 84270 Testo., Total <input type="checkbox"/> 84403 Total T3 <input type="checkbox"/> 84480 Total T4 <input type="checkbox"/> 84436 TSH3 <input type="checkbox"/> 84443 Vitamin B12 <input type="checkbox"/> 82607 Vitamin D <input type="checkbox"/> 82306	~ CBC (LVT) <input type="checkbox"/> 85025 CMP <input type="checkbox"/> 80053 Estradiol <input type="checkbox"/> 82670 Total Testosterone <input type="checkbox"/> 84403 FSH <input type="checkbox"/> 83001 SHBG <input type="checkbox"/> 84270	RF Latex <input type="checkbox"/> 86431	86703 <input type="checkbox"/>

- 030-ANA (Antinuclear Antibody)** **86038**
- 031-MONO (Infectious Mononucleosis)** **86308**
- 032-RPR (Syphilis Test)** **86592**
- 033-HSV-1/2 IgG** **86695**
- 034-HCG Qualitative (Urine)** **81025**
- 035-BHCG Quantitative (Serum)** **84702**

■ **036-LEAD POISON** 83655 ■ **Z00.129** Encounter for routine child health examination without abnormal findings ■ **Z00.121** Encounter for routine child health examination with abnormal findings ■ **Z13.88** Encounter for screening for disorder due to exposure to contaminants ■ **Z77.011** Contact with and (suspected) exposure to lead

ADDITIONAL ICD 10 CODES

1. _____	2. _____	3. _____
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- ADDITIONAL DIAGNOSIS CODES *REQUIRED***
- | | |
|---|--|
| <ul style="list-style-type: none"> ■ Z00.01 ADULT WELLNESS EXAM ■ Z79.899 LONG TERM USE OF MEDICATION MONITORING (CODE WITH Z51.81) ■ Z51.81 THERAPEUTIC DRUG MONITORING ■ Z01.812 ENCOUNTER FOR PREPROCEDURAL LABORATORY EXAMINATION ■ Z13.6 ENCOUNTER FOR SCREENING FOR CARDIOVASCULAR DISORDERS ■ D51.9 VITAMIN B12 DEFICIENCY ANEMIA, UNSPECIFIED ■ D64.9 ANEMIA UNSPECIFIED ■ E06.3 AUTOIMMUNE THYROIDITIS ■ E28.8 OTHER OVARIAN DYSFUNCTION ■ E29.1 TESTICULAR HYPOFUNCTION | <ul style="list-style-type: none"> ■ E35 DISORDERS OF ENDOCRINE GLANDS IN DISEASES CLASSIFIED ELSEWHERE ■ E78 HYPERLIPIDEMIA ■ F52.8 OTHER SEXUAL DYSFUNCTION NOT DUE TO A SUBSTANCE OR KNOWN PHYSIOLOGICAL CONDITION ■ I10 ESSENTIAL HYPERTENSION ■ I25 ATHEROSCLEROTIC DISEASE ■ N52.8 OTHER MALE ERECTILE DYSFUNCTION ■ N52.9 MALE ERECTILE DYSFUNCTION, UNSPECIFIED ■ N91.2 AMENORRHEA, UNSPECIFIED ■ N95.9 UNSPECIFIED MENOPAUSAL DISORDER ■ Z20.5 CONTACT WITH AND (SUSPECTED) EXPOSURE TO VIRAL HEPATITIS |
|---|--|