

COLLECTOR	COLLECT DATE	COLLECT TIME	Provider's Name: _____ NPI: _____ Phone: _____ Clinic: _____ Signature: _____ Date: _____ ICD: _____, _____, _____, _____, _____, _____, _____, _____
Patient's Name: _____ DOB: _____ Gender: _____ Address: _____ City: _____ Zip: _____ Phone: _____			

Patient Consent: I certify that I have provided this specimen voluntarily for analytical testing services provided by Medex Laboratories Inc. I also understand that, I can go to a different lab, if I wish. The information provided on this form is accurate. I authorize Medex Laboratories Inc. to release results of this testing to the treating physician or facility, my insurance carries, health plan, or third party administrator. I assign and authorize insurance payment the Medex Laboratories Inc. I acknowledge that Medex Laboratories Inc. may be an out-of-network provider with my insurer. I understand my insurance carrier may not approve and may not reimburse medical testing service bill in full due to usual and customary rate limits, benefits exclusions, coverage limits, lack of authorization, medical necessity, or otherwise. I also acknowledge that my provider may have some relation/interest in the testing Laboratory. I understand that I am responsible for fees not paid in full, co-payments, and policy deductibles, except where my liability is limited by contract or State or Federal Law. I understand that Medex Laboratories Inc may use my specimen and testing results for research, development, education, and potential publication purposes, so as long as the information has been properly anonymized pursuant to any and all applicable laws.

Patient's Signature: _____ **Date:** _____

PANELS:	INDIVIDUAL TESTS:	TESTS:
HE40401 CBC (Auto) @	GC31001 a-1-Antitripsin	EH33051 ACTH
HE40402 CBC With Diff (Auto) @	GC31002 Albumin	EH33052 BhCG @
HE40403 WBC Diff (Auto) @	GC31003 ALP	EH33053 CK-MB
HE40404 Hemoglobin @	GC31004 ALT	EH33054 CEA B
HE40405 Hematocrit @	GC31005 AST	EH33055 Cortisol
HE40406 Platelet @	GC31006 Amylase	EH33056 DHEA-S
HE40407 Leukocyte Count @	GC31007 Bilirubin (Total)	EH33057 Estradiol
HE40408 Other	GC31008 Bilirubin (Direct)	EH33058 Ferritin @
HE40409 HbA1C	GC31009 BUN	EH33059 Folate @ #
	GC31010 Calcium	EH33060 Folate RBC B @
BMP99001 Basic Metabolic Panel	GC31011 Cholesterol (Total) B	EH33061 h LH
CMP99002 Comprehensive Metabolic Panel	GC31012 Cholesterol, LDL B	EH33062 h FSH
LYT99003 Electrolyte Panel	GC31013 Cholesterol, HDL B	EH33063 h TSH B
LFT99004 Liver Function Test/ Hepatic Panel @	GC31014 Cholesterol LDL/HDL Ratio	EH33064 Hybritech PSA (Free) B
LIP99005 Lipid Panel B	GC31015 Chloride (Cl)	EH33065 Hybritech PSA B #
RFT99006 Renal Function Test/ Kidney Function Test @	GC31016 CO ₂ Bicarbonate	EH33066 Insulin (Ultrasense)
ANE99008 Anemia Panel @	GC31017 CRP	EH33067 Intrinsic Factor AB
CVP99009 Cardio-vascular Panel @	GC31018 CRP hs @	EH33068 Myoglobin
CEP99010 Tumor Markers @	GC31019 Creatinine	EH33069 Ostase Alkaline Phosphate
SKP99011 Skeletal Profile @	GC31020 Creatinine Kinase (CK)	EH33070 Pregnenolone
BHP9001 Basic Health Panel @	GC31021 GGT @	EH33071 Progesterone
SHP9003 Standard Health Panel @	GC31022 Glucose B	EH33072 PTH Intact
CHP9004 Comprehensive Health Panel @	GC31023 Iron @	EH33073 Thyroglobulin
THP9005 Thyroid Panel @	GC31024 Iron Binding Capacity Tot. @	EH33074 TSH (Fast) B
RHP9006 Reproductive Health Panel @	GC31025 Lactate	EH33075 T3 Free
	GC31026 Lactate Dehydrogenase	EH33076 T3 Total
	GC31027 Lipase	EH33077 T4 Free B
	GC31028 Lithium	EH33078 T4 Total B
	GC31029 Magnesium	EH33079 T-Uptake B
	GC31030 Phosphorus	EH33080 Testosterone
	GC31031 Potassium (K ⁺)	EH33081 Testosterone (Free & Dire)
	GC31032 Prealbumin	EH33082 TPO AB
	GC31033 Sodium (Na ⁺)	EH33083 SHBG
	GC31034 Total Protein	EH33084 Vitamin B ₁₂ B
	GC31035 Transferrin	EH33085 Vitamin D, 25 Hydroxy B
	GC31036 Triglycerides	EH33086 Myoglobin (Urine)
	GC31037 Troponin	EH33087 AFP (ONTD) @
	GC31038 Uric Acid	EH33089 Digoxin
	GC31039 Valproic Acid	EH33090 Triage BNP B
	GC31040 ANA	
	GC31041 Ammonia (Plasma)	
	GC31042 Alb/Creat. Ratio (Urine)	

Processing of some of the tests takes longer than normal and results will be delay

BILL TO:
 Medicare/Medicaid Client Patient
 Insurance: _____
 Policy # : _____
 Group : _____
 Attach copy of the insurance card with requisition.

Notice of Medical necessity: As a Ordering physician, you should order laboratory tests that are reasonable and medically necessary for the diagnosis and treatment of your patient. Upon request you or your staff must be able to provide documentation to support the medical necessity of the Laboratory tests marked on this requisition form of Medex Laboratories Inc. to perform.

PHYSICIAN'S SIGNATURE: _____ **Date:** _____