



66007072-0 4348084-1

QUEST DIAGNOSTICS - HAVERHILL

209 SUMMER ST
HAVERHILL, MA 01830-6323

ACCOUNT #
NAME
ADDRESS
CITY, STATE, ZIP
TELEPHONE

- BILL TO:**
- MY ACCOUNT
 - PATIENT
 - MEDICARE
 - RAILROAD MEDICARE
 - MEDICAID
 - Lab Card/Select
 - OTHER INSURANCE

PRINT PATIENT NAME (LAST, FIRST, MIDDLE)

REGISTRATION # (IF APPLICABLE) DATE M M D D YEAR SEX

PATIENT SOCIAL SECURITY # OFFICE / PATIENT ID #

ROOM # LAB REFERENCE # PATIENT PHONE #

PRINT NAME OF INSURED/RESPONSIBLE PARTY (LAST, FIRST, MIDDLE) IF OTHER THAN PATIENT

PATIENT STREET ADDRESS (OR INSURED/RESPONSIBLE PARTY) APT. # KEY #

CITY STATE ZIP

Primary Insurance Medicare Medicaid Other

Patient Is:
 Subscriber
 Spouse
 Other Dependent

DID YOU KNOW

Patient Service Center location and appointment scheduling information is on the back.

Each sample should be labeled with at least two patient identifiers at time of collection.

Help patients get reminded about their standing order testing with **TestMinder[®]** by adding their contact information on the back.

DATE COLLECTED TIME AM PM TOTAL VOL/HRS. Fasting Non Fasting

NPI/UPIN ORDERING/SUPERVISING PHYSICIAN AND/OR PAYORS (MUST BE INDICATED)

- () 1457327900 ADES, ALAIN
- () 1992798797 ABBASI, SHABBIR A () 1083697841 ADLER, RONALD
- () 1356359368 ABDI, REZA () 1619961372 AFRIDI, NADEEM
- () 1265426290 ABERNATHY, GEORGE () 1144289166 AKERKAR, GEETANJALI
- () 1720082787 ADAMS, KENNETH G () 1447314521 AKEY, MARTHA A

SEE BELOW FOR TUBE COLORS

ADDIT'L PHYS.: Dr. NP/UPIN I.D.#

NON-PHYSICIAN PROVIDER: NAME

Fax Results to: ()

Send Client # OR NAME: Duplicate ADDRESS: Report to: CITY: STATE ZIP

KEY ON BACK + BELOW

PANEL COMPONENTS ON BACK ORGAN / DISEASE PANELS

- 34392 Electrolyte Panel S
- 10256 Hepatic Function Panel S
- 10165 Basic Metabolic Panel w/eGFR S
- 10231 Comp Metabolic Panel w/eGFR S
- B 7600 Lipid Panel (Fasting Specimen) S
- B 14852 Lipid Panel w/Reflex d-LDL S
- 20210 Obstetric Panel w/Reflex Y,L,S
- @ 10306 Hepatitis Panel, Acute w/Reflex S
- 10314 Renal Functional Panel w/eGFR S

HEMATOLOGY

- @ 510 Hemoglobin L
- @ 509 Hematocrit L
- @ 1759 CBC (Hgb, Hct, RBC, WBC, Plt) L
- @ 6399 CBC w/Diff (Hgb, Hct, RBC, WBC, Plt, Diff) L
- B 8847 PT with INR B
- @ 763 PTT, Activated B

OTHER TESTS

- 7788 ABO Group & Rh Type Y
- 237 AFP Tumor Marker S
- 223 Albumin S
- 234 Alkaline Phosphatase S
- 823 ALT S
- 243 Amylase S
- 249 ANA w/Reflex Titer S
- 795 Antibody Scr, RBC w/Reflex ID Y
- 822 AST S
- 285 Bilirubin, Direct S
- 287 Bilirubin, Total S

- 4420 C-Reactive Protein CRP S
- @ 29493 CA 27.29 S
- @ 29256 CA 125 S
- 303 Calcium S
- 10124 Cardio CRP S
- 11173 CCP Ab IgG S
- B 978 CEA S
- B 334 Cholesterol, Total S
- 374 CK, Total S
- 375 Creatinine w/eGFR S
- 402 DHEA Sulfate, Immunoassay S
- B 8293 Direct LDL S
- 4021 Estradiol S
- @ 457 Ferritin S
- 466 Folic Acid S
- 470 FSH S
- B 482 GGT S
- B 8477 Glucose, Gest. Scr. GY
- B 484 Glucose, Plasma GY
- B 483 Glucose, Serum S
- 14839 H. pylori Urea Breath Test HB
- 8435 hCG, Serum, Qual S
- B 8396 hCG, Serum, Quant S
- B 496 Hemoglobin A1c L
- B 16802 Hemoglobin A1c w/aAg L
- 499 Hep B Surface Ab Qual S
- 498 Hep B Surface Ag w/Reflex Confirm S
- 8472 Hep C Virus Ab S
- B 19728 HIV-1/HIV-2 Scr w/Reflexes S
- 31789 Homocysteine, Cardiovascular S
- 561 Insulin S
- 549 Immunofixation (IFE) S
- @ 7573 Iron (Total), IBC, % Sat S

INSURANCE

Insurance Company Name

Insurance Member /ID # Group #

Insurance Address

Medicare/Medicaid #

Secondary Insurance Medicare Medicaid Other

Insurance Company Name

Insurance Member /ID # Group #

Insurance Address

Medicare/Medicaid #

Medicare Limited Coverage Tests

@ = May not be covered for the reported diagnosis.
F = Has prescribed frequency rules for coverage.
& = A test or service performed with research/experimental kit.
B = Has both diagnosis and frequency-related coverage limitations.

Provide signed ABN when necessary

ICD Codes (enter all that apply)

- @ 571 Iron, Total S
- 593 LDH S
- 599 Lead (B) TN
- 615 LH S
- 606 Lipase S
- 6646 Lyme Ab-WB w/ Reflex Confirm IgG & IgM S
- 622 Magnesium S
- 6517 Microalbumin, Random Urine w/Creat S
- Fecal Globin, Feces - FIT, InSure[®]
- F 11290 DX F 11293 MCR Scr
- 718 Phosphorus S
- 733 Potassium S
- 745 Progesterone S
- 746 Prolactin S
- B 5363 PSA, Total S
- 793 Reticulocyte Count, Automated L
- 4418 Rheumatoid Factor S
- 799 RPR (Monitoring) w/Reflex Titer S
- 36126 RPR (DX) w/Reflex Confirm S
- 802 Rubella IgG S
- 809 Sed Rate By Mod West L
- 15983 Testosterone, Total, LC/MS/MS SR
- 873 Testosterone, Total, Male SR
- 5081 Thyroid Peroxidase Antibodies (TPO) S
- B 896 Triglycerides S
- B 899 TSH S
- B 36127 TSH w/Reflex T-4, Free S
- 34429 T-3, Free S
- 859 T-3, Total S
- B 861 T-3 Uptake S
- B 867 T-4 (Thyroxine), Total S
- B 866 T-4 (Thyroxine), Free S
- 6448 UA, Dipstick Only U
- 7909 UA, Dipstick w/Reflex Microscopic U
- 5463 UA, Complete (Dipstick & Microscopic) U
- 3020 UA, Complete, w/Reflex Culture S
- 294 Urea Nitrogen (BUN) S
- 905 Uric Acid S
- 916 Valproic Acid SR
- 4439 Varicella-Zoster Virus Ab (IgG) S
- 7065 Vitamin B12/Folic Acid S
- 927 Vitamin B12 S
- 17306 Vitamin D, 25 Hydroxy, LC/MS/MS SR

MICROBIOLOGY

- Source (Required)
- 4550 Culture, Aerobic Bacteria*
 - 4446 Culture, Aerobic & Anaerobic*
 - 4485 Culture, Group A Strep*
 - 5617 Culture, Group B Strep*
 - 4558 Culture, Genital*
 - 394 Culture, Throat*
 - @ 395 Culture, Urine, Routine*(Inc. Indwelling Cath.)

Amplified Specimen Type (please check one)

Endocervical Urethral Urine

17305 Chlamydia & N. gonorrhoeae DNA, SDA

Stool Pathogens (Campy, Salm/Shigella, Shiga toxins w/Reflex)*

- 10108 Culture, Stool, Shiga toxins w/Reflex)*
- 34838 H. pylori Ag, EIA Stool
- 681 O & P w/Permanent Stain

* Additional charge for ID and Susceptibilities

ADDITIONAL TESTS: (INCLUDE COMPLETE TEST NAME AND ORDER CODE) Reflex tests are performed at an additional charge.

S = TIGER
B = BLUE
Y = YELLOW
L = LAVENDER
T = TAN TOP

COMMENTS, CLINICAL INFORMATION: TOTAL TESTS ORDERED

Physician Signature (Required for PA, NY, NJ & WV) For any patient of any payor (including Medicare and Medicaid), only order those tests which are medically necessary for the diagnosis and treatment of the patient.

QCALG1 VANC0-R
BNP-L-must be in lab
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Specimen Key

All samples to be shipped ambient, unless otherwise specified.
3020 UA, Complete Reflex to Culture REQUIRES 2 specimens, Yellow Cap Urine Vial with Blue Fill Line and a Gray top urine transport tube

B =	Blue top tube
BX =	Unopened Barrier Tube
FBP =	Frozen Plasma Blue top tube
FP =	Frozen Plasma
FS =	Frozen Serum
GN =	Green top tube (Sodium Heparin)
GY =	Gray top tube
HB =	Human breath
L =	Lavender top tube
SR =	Serum from a Red top tube
S =	Serum or Spun Barrier tub (SST)
TN =	Tan top tube (EDTA)
U =	Yellow top (Screw Cap Vial), Blue Fill Line, Preservative tube
Y =	Yellow top tube