

**SPECIMEN INFORMATION**

COLLECTION DATE \_\_\_\_\_  
COLLECTION TIME \_\_\_\_\_  AM  PM  
FASTING **STAT**  
 YES  NO

**LAB USE ONLY**

**ORDERING FACILITY INFO**

PATIENT NAME LAST FIRST MI  
DATE OF BIRTH PATIENT S.S.# SEX  M  F  
RACE ETHNICITY GENDER IDENTITY SEXUAL ORIENTATION  
PATIENT ADDRESS (STREET ADDRESS, APT#)  
CITY STATE ZIP  
PATIENT'S TELEPHONE PATIENT'S EMAIL

PHYSICIAN: \_\_\_\_\_ NPI: \_\_\_\_\_  
ICD10 CODE(S) \_\_\_\_\_

**BILLING/ INSURANCE INFORMATION**

CHECK BOX  BILL PATIENT  BILL CLIENT  BILL MEDICARE  BILL MEDICAID  BILL INSURANCE  
INSURANCE NAME AND ADDRESS (PLEASE ATTACH COPY OF CARD)  
SUBSCRIBER NAME RELATIONSHIP  SELF  SPOUSE  DEPENDENT  
INS. ID & GROUP POLICY OR CREDIT CARD #

Patient Signature Required for Third Party Billing  
I authorize release of any medical or other information necessary to process my claim and authorize payment of my medical benefits to Avantic Medical Lab.  
MEDICARE ADVANCE BENEFICIARY NOTICE OF NONCOVERAGE (ABN). PLEASE SEE REVERSE.  
PATIENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
PHYSICIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**DIAGNOSTIC PROFILES/PANELS**

20	CBC CBC/PLATELET COUNT/ AUTO DIFF	LAV	33	DIABETIC PANEL CMP, CBC, GLU(P), A1C, INSULIN,	GRY SST LAV	701	ALBUMIN, SERUM	SST	806	MEASLES IgG Ab (RUBEOLA)	SST
22	CMP NA, K, CL, CO2, GLU, BUN, CREAT, ALT, CA, GLOB, ALKP, ALB, T.BILL, TP, AST	SST	34	ANEMIA PROFILE CBC, IRON, UIBC, FOLATE, FERR, VIT B-12, CMP, TRANS	SST	103	ALT	SST	805	MUMPS Ab IgG	SST
29	RHEUMATOID PANEL ANA, ASO, RF, CRP, URIC ACID, SEDRATE, C3, C4, ANTI-DNA	LAV SST	40	AUTO IMMUNE PANEL ANA SCREEN, ANTI-DsDNA, ENA PLUS SCREEN, ANTI-SSA, ANTI-SSB, ANTI-SMA, ANTI-SMIRNP, ANTI-CENTROMERE ANTI-JO-1, ANTI-SCL-70, ANTI-SSDNA	SST	104	AST	SST	118	PHOSPHORUS	SST
23	THYROID PANEL TSH, FT3, FT4	SST	31	MALE HORMONE PANEL TESTO-F&T, DHEA-S, SHBG, ESTRADIOL, FSH, LH, PROLACTIN	SST	105	AMYLASE	SST	126	POTASSIUM	SST
26	LIVER/ HEPATIC PANEL ALB, T.BILL, D.BILL, ALKP, AST, ALT, TP, GLOB	SST	32	FEMALE HORMONE PANEL TESTO-F&T, DHEA-S, SHBG, ESTRADIOL, FSH, LH, PROLACTIN, PROGESTERONE	SST	452	ANA	SST	854	PROLACTIN	SST
28	RENAL PANEL NA, K, CL, CO2, BUN, GLU, CREAT, CA, ALB, POS	SST	27	LIPID PROFILE CHOL, TRIG, HDL, VLDL, CALC	SST	455	ANTI-DNA(DS)	SST	132	PSA, TOTAL	SST
35	PANCREATIC PANEL AMYLASE, LIPASE, CA, TP	SST	25	LIPID PROFILE (W LDL) CHOL, TRG, HDL, LDL, VLDL, CALC	SST	456	ASO SCREEN	SST	143	PSA, FREE	SST
38	THYROID ANTIBODIES ANTI THY-AB, TPO-AB	SST	21	BMP NA, K, CO2, CL, GLU, BUN, CREAT, CA	SST	122	BUN	SST	453	RF SCREEN	SST
						108	CALCIUM	SST	309	SHBG	SST
						109	CHOLESTEROL	SST	822	QUANTIFERON TB GOLD	GRN
						120	TRIGLYCERIDES	SST	803	RPR	SST
						137	CORTISOL	SST	807	RUBELLA IgG AB	SST
						112	CREATININE, SERUM	SST	305	T3 FREE	SST
						211	CRP, QUANT	SST	302	T3 TOTAL	SST
						218	CRP, HS	SST	304	T4 FREE	SST
						111	CREATINE KINASE	SST	303	T4 TOTAL	SST
						313	DHEA-S	SST	307	T3, UP	SST
						851	ESTRADIOL	SST	312	TPO Ab	SST
						128	FERRITIN	SST	311	TG, AB	SST
						129	FOLATE	SST	425	TRANSFERRIN	SST
						852	FSH /LH	SST	306	TESTOSTERONE, TOTAL	SST
						113	GGT	SST	301	TSH	SST
						114	GLUCOSE	SST	123	URIC ACID	SST
						808	GONORRHEA N, URINE	URN	811	VARICELLA ZOSTER IgG Ab	SST
						133	HGB A1C	LAV		<b>VITAMIN</b>	
						515	HCG QUALITATIVE, URINE	URN	130	VITAMIN B-12	SST
						209	HCG QUANT, SERUM	SST	131	VITAMIN D, 25-HYDROXY	SST
						208	HCG QUALITATIVE	SST		<b>HEMATOLOGY</b>	
						801	HEP BsAB	SST	020	CBC/PLATELET COUNT / DIFF	LAV
						809	HEP BsAG	SST	56/157	PROTHROMBIN TIME (PT/INR)	BLU
						802	HEP C Ab	SST	158	PTT	BLU
						812	HEP A Ab (TOTAL)	SST	212	SEDIMENTATION RATE (ESR)	LAV
						813	HEP B CORE Ab	SST		<b>MICROBIOLOGY</b>	
						817	HIV COMBO AG/Ab	SST		OCCULT BLOOD	CARD
						902	IGE, TOTAL	SST	746	THROAT CULTURE	SWAB
						161	INSULIN, SERUM	SST	590	URINE CULTURE W/ SENSITIVITY	SC
						115	IRON / UIBC / TIBC	SST	019	URINALYSIS, COMPLETE	SC
						116	LDH	SST		<b>TUMOR MARKERS</b>	
						853	LH	SST	331	CA-125	SST
						175	LIPASE, SERUM	SST	334	CA 15.3	SST
						170	LYME IgG ABS	SST	332	CA 19.9	SST
						171	LYME IgM ABS	SST	335	AFP	SST
						117	MAGNESIUM, SERUM	SST	333	CEA (NON-SMOKER)	SST

**ADDITIONAL TESTS/PROFILES**

Empty space for additional tests and profiles.

Empty space for additional tests and profiles.

SST SPUN USST UNSPUN SER SERUM TRNSPT FRZ FRSTRNS R RED LAV LAVENDER SLD SLIDE BLU BLUE GRY GREY GRN GREEN RYB RYL BLUE YEL YEL ACID PLS PLASMA URN URINE 24U 24HR URINE FL FLUID SC STERILE CUP BACT BACT TRNSP URN CUL TRNSP

PLEASE BE ADVISED THAT MEDICARE DOES NOT PAY FOR SCREENING PROFILES/PANELS. WHEN ORDERING TESTS FOR MEDICARE AND MEDICAID PATIENTS, PLEASE SELECT ONLY THOSE TESTS THAT ARE MEDICALLY NECESSARY FOR THE DIAGNOSIS OR THE TREATMENT OF THE PATIENT. FOR THE COMPOSITION MAKE UP OF AVANTIC MEDICAL LAB PANELS, PLEASE REFER TO THE LABORATORY REFERENCE MANUAL. ANY PROFILE COMPONENT MAY BE SEPARATELY ORDERED AS AN INDIVIDUAL TEST.



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### ADVANCED BENEFICIARY NOTICE

Medicare will only pay for services that it determines to be reasonable and necessary under section 1882 (a) (1) of the Medicare Law. If Medicare determines that a particular service, although it would otherwise be covered, is not reasonable and necessary under the Medicare Program standards, Medicare will deny payment for that service. Medicare usually does not pay for these tests for the reported diagnosis. By signing the Patient/Responsible Party Signature on the front of this requisition, you are confirming your agreement to assume financial responsibility for the payment of these tests.

### COMMONLY USED DIAGNOSIS CODES

D64.9	ANEMIA, UNSPECIFIED	B17.8	VIRAL HEPATITS, SPECIFIED
C22.8	MALIGNANT NEOPLASM OF LIVER	R10.9	ABNORMAL PAIN, UNSPECIFIED
Z34.90	SUPERVISION OF OTHER NORMAL PREGNANCY	K75.9	UNSPECIFIED HEPATITIS 042 HIV
110	ESSENTIAL HYPERTENSION, BENIGN	R79.89	ABNORMAL BLOOD CHEMISTRY
E88.01	$\alpha$ -1, ANTITRYPSIN DEFICIENCY	T78.40XA	UNSPECIFIED ALLERGY
K76.9	DISORDER OF LIVER, UNSPEC	D50.9	IRON DEFICIENCY, UNSPECIFIED
Z01.419	GYNECOLOGICAL EXAM, ROUTINE	T56.0X4A	TOXIC EFFECT, LEAD, UNSPEC
J30.81	ALLERGY DUE TO ANIMALS	A69.20	LYME DISEASE
R53.81-R53.83	MALAISE AND FATIGUE	E83.49	DISORDERS OF MAGNESIUM METABOLISM
M06.9	RHEUMATOID ARTHRITIS	B05.9	MEASLES
L98.9	SKIN DISORDER, UNSPECIFIED	J30.89	ALLERGY DUE TO OTHER ALLERGENS
C56.9	MALIGNANT NEOPLASM OF OVARY	J03.00, J02.0	STREPTOCOCCAL SORE THROAT
R97.8	TUMOR MARKERS, ABNORMAL	R19.5	UNSPECIFIED ABNORMAL STOOL
C79.81	MALIGNANT NEOPLASM OF BREAST	R19.7	DIARRHEA
C26.0	MALIGNANT NEOPLASM OF INTESTINAL TRACT, UNSPECIFIED	B97.7	HUMAN PAPILLOMA VIRUS
C50.919	MALIGNANT NEOPLASM OF BREAST, UNSPECIFIED SITE	R80.9	PROTEINURIA
E07.0	DISORDERS OF THYROCALCITONIN SECRETION	N40.0	HYPERTROPHY PROS W/O URINE OBST
K90.0	CELIAC DISEAS	N42.9	DISORDER OF PROSTATE, UNSPEC
E27.8	DISORDERS OF ADRENAL GLANDS, SPECIFIED	Z79.01	ENCOUNTER LONG TERM USE OF CO AG
E11.9	DIABETES	148.91	ATRIAL FIBRILLATION
110	ESSENTIAL HYPERTENSION, MALIGNANT	Z00.00	GENERAL MEDICAL EXAM, ROUTINE
R07.9	CHEST PAIN, UNSPECIFIED	A64	VENEREAL DISEASE, UNSPEC
E78.0-E78.5	MIXED HYPERLIPIDERMIA	B06.9	RUBELLA
E28.2	POLYCYSTIC OVARIES	D57.1	SICKLE-CELL DISEASE, UNSPEC
E27.9	UNSPECIFIED DISORDER OF ADRENAL GLANDS	E03.9	HYPOTHYROIDISM, UNSPECIFIED
Z79.899	ENCOUNTER LONG-TERM USE OTHER MEDICINE	R31.9	HEMATURIA
B97.89	INFECTION, USPEC SITE	F19.20	DRUG DEPENDENCE, UNSPEC
J30.5	ALLERGY DUE TO FOOD	B01.9	VARICELLA
E28.2	POLYCYSTIC OVARIES	E55.9	VITAMIN D DEFICIENCY, UNSPEC
D84.9	IMMUNITY DEFICIENCY, UNSPEC	R63.4	LOSS OF WEIGHT
N76.1-N76.3	VAGINITIS, UNSPECIFIED	R31.9	HEMATURIA
R36.9	URETHRAL DISCHARGE	R42	DIZZINESS
E23.6	PITUITARY DISORDERS	R50.9	FEVER, UNSPECIFIED
K29.90	UNSPECIFIED GASTRITIS	R63.5	ABNORMAL WEIGHT GAIN
E10.9	DIABETES, UNCOMPLICATED	D51.1-D51.8	VITAMIN B12 DEFICIENCY
N91.2	ABSENCE OF MENSTRUATION	Z12.11	MALIGNANT NEOPLASM OF COLON
N94.89	UNSPEC ASSOC W/FE GENIT ORGN		