



SPECIMEN INFORMATION

COLLECTION DATE _____

COLLECTION TIME _____ AM PM

FASTING **STAT**

YES NO

LAB USE ONLY

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

72	ABO BLOOD TYPING	LAV	25	LIPID PANEL (w/LDL)	SST
34	ANEMIA PROFILE	SST	26	LIVER/ HEPATIC PANEL	SST
40	AUTO IMMUNE PANEL	SST	31	MALE HORMONE PANEL	SST
21	BMP	SST	35	PANCREATIC PANEL	SST
18	CBC w/DIFF	LAV	55	PROSTATE HEALTH INDEX	SST
22	CMP	SST	57	PSA TOTAL & FREE PSA	SST
33	DIABETIC PROFILE	GRY, SST, LAV	29	RHEUMATOID PANEL	LAV, SST
32	FEMALE HORMONE PANEL	SST	28	RENAL PANEL	SST
45	HEPATITIS PANEL	SST	92	RESPIRATORY VIRAL (PCR) PANEL	SWAB
48	IRON PROFILE	SST	73	STD PANEL	SST, SC
56	IMMIGRATION PANEL	GRN, SST, SC	23	THYROID PROFILE	SST
27	LIPID PANEL w/cal LDL	SST	38	THYROID ANTIBODIES	SST

893	AMH	SST	74	MICROALBUMIN / CREAT RATIO	SC
105	AMYLASE	SST	118	PHOSPHORUS	SST
452	ANA*	SST	854	PROLACTIN	SST
455	ANTI-DNA(DS)*	SST	132	PSA, TOTAL	SST
369	APO A1	SST	453	RF SCREEN	SST
422	APO B	SST	309	SHBG	SST
456	ASO SCREEN	SST	QFT	QUANTIFERON TB GOLD	GRN
122	BUN	SST	164	RBC FOLATE	SST
450	C3	SST	803	RPR	SST
451	C4	SST	15	SPEP	SST
108	CALCIUM	SST	305	T3 FREE	SST
137	CORTISOL	SST	302	T3 TOTAL	SST
899	COVID IGG TRIMERIC AB	SST	304	T4 FREE	SST
112	CREATININE, SERUM	SST	303	T4 TOTAL	SST
211	CRP, QUANT	SST	307	T3, UPTAKE	SST
218	CRP, HS	SST	312	TpoAb	SST
111	CREATINE KINASE	SST	311	IgAb	SST
236	CYSTATIN C	SST	425	TRANSFERRIN	SST
313	DHEA-S	SST	306	TESTOSTERONE, TOTAL	SST
165	EPO	SST	301	TSH	SST
851	ESTRADIOL	SST	1525	TROPONIN T*	SST
128	FERRITIN	SST	231	HS TROPONIN I	SST
129	FOLATE	SST	16	UPEP*	UR
832/833	FSH/LH	SST	123	URIC ACID	SST
113	GGT	SST	811	VARICELLA ZOSTER IgG Ab	SST
155	GLUCOSE PLASMA	GRY	130	VITAMIN	
133	HbA1c W/REF HGB ELECTROPHORESIS	SST	131	VITAMIN B-12	SST
515	HCG QUALITATIVE URINE	UR	131	VITAMIN D, 25-HYDROXY	SST
209	HCG QUANT, SERUM	SST	232	HEMATOLOGY & COAGULATION	
208	HCG QUALITATIVE	SST	163	BNP	LAV
801	HEP B sAB	SST	229	D-dimer	BLU
809	HEP B sAG	SST	229	NT-PRO BNP*	SST
802	HEP C Ab	SST	47	OCCULT BLOOD*	CARD
812	HEP A Ab (TOTAL)	SST	158	PROTHROMBIN TIME (PT/INR)	BLU
813	HEP B CORE Ab	SST	210	PTT	BLU
317	HgH	SST	210	SEDIMENTATION RATE (ESR)	LAV
817	HIV COMBO AG/Ab	SST	19	URINALYSIS	
831	HSV 1 IgG	SST	19B	URINALYSIS, W/REFLEX TO MICROSCOPY	UR
821	HSV 2 IgG	SST	19C	URINALYSIS, W/REFLEX TO UTI (PCR)	UR
260	IgA	SST	19C	URINALYSIS, W/REFLEX TO URINE CULTURE	UR
486	IgF 1	SST	440	MICROBIOLOGY	
261	IgG	SST	340	CT	SWAB
263	IgM	SST	430	GC	SWAB
262	IgE	SST	390	HPV	THINPREP
1005	ImmunoFixation	SST	490	HPV SELF COLLECT	SUREPATH
1006	ImmunoFixation	UR	A001	HPV SELF COLLECT	SWAB
161	INSULIN, SERUM	SST	590	UTI BY (PCR)*	SC
116	LDH	SST	590	URINE CULTURE SENSITIVE	UR
853	LH	SST	331	TUMOR MARKERS	
175	LIPASE, SERUM	SST	331	CA-125 (OV-125)	SST
174	LYME TOTAL	SST	334	CA 15.3 (Br-MONITOR)	SST
170/171	LYME IgG/IgM ABS	SST	332	CA 19.9 (GI MONITOR)	SST
117	MAGNESIUM, SERUM	SST	335	AFP	SST
806	MEASLES IgG Ab (RUBEOLA)	SST	333	CEA (NON-SMOKER)	SST

PLEASE NOTE: * 1 = SEND OUT TO A CLIA REFERENCE LABORATORY.
PLEASE REFER THE BACK PAGE FOR SPECIFIC TEST IN EACH PANEL.

ADDITIONAL TESTS/PROFILES

Empty space for additional tests or profiles.

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



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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.

72 <input type="checkbox"/> ABO GROUPING AND RH TYPE	126 <input type="checkbox"/> Potassium, Serum	813 <input type="checkbox"/> Hep B Core Ab	106 <input type="checkbox"/> BILIRUBIN, Direct	125 <input type="checkbox"/> Carbon Dioxide	594 <input type="checkbox"/> Total Volume, Urine
423 <input type="checkbox"/> RH TYPE	107 <input type="checkbox"/> Bilirubin, Total	837 <input type="checkbox"/> Hep A Ab IgM	103 <input type="checkbox"/> ALT (SGPT)	108 <input type="checkbox"/> Calcium, Serum	531 <input type="checkbox"/> Protein, Urine, Random
424 <input type="checkbox"/> BLOOD GROUP	119 <input type="checkbox"/> Protein, Total, Serum	846 <input type="checkbox"/> Hep Be Ab	142 <input type="checkbox"/> Globulin	101 <input type="checkbox"/> Albumin	593 <input type="checkbox"/> Creatinine, 24hr, Urine
	104 <input type="checkbox"/> AST (SGOT)	809 <input type="checkbox"/> Hep BsAg		112 <input type="checkbox"/> Creatinine, Serum	595 <input type="checkbox"/> Volume Collected, Urine
34 <input type="checkbox"/> ANEMIA PROFILE	139 <input type="checkbox"/> Albumin/Globulin Ratio	812 <input type="checkbox"/> Hep A Ab	74 <input type="checkbox"/> MALB / CREAT RATIO	127 <input type="checkbox"/> Sodium, Serum	
18 <input type="checkbox"/> CBC w/DIFF		838 <input type="checkbox"/> Hep Bc IgM	551 <input type="checkbox"/> Microalbumin, Urine, Random	124 <input type="checkbox"/> Chloride, Serum	50 <input type="checkbox"/> VAGINAL (PCR) PANEL
264 <input type="checkbox"/> Retic	33 <input type="checkbox"/> DIABETIC PROFILE	845 <input type="checkbox"/> Hep Be Ag	552 <input type="checkbox"/> Malbumin/ Creat Ratio, UR	114 <input type="checkbox"/> Glucose	Bacterial Vaginosis (Swab)
22 <input type="checkbox"/> CMP	18 <input type="checkbox"/> CBC w/DIFF		522 <input type="checkbox"/> Creatinine, Urine, Random	150 <input type="checkbox"/> eGFR Calc	Candida species (Yeast infections)
129 <input type="checkbox"/> Folate, Serum	22 <input type="checkbox"/> CMP	56 <input type="checkbox"/> IMMIGRATION PROFILE			including Candida glabrata (Swab)
48 <input type="checkbox"/> IRON PROFILE	161 <input type="checkbox"/> Insulin	811 <input type="checkbox"/> Varicella Zoster IgG	31 <input type="checkbox"/> MALE HORMONE PANEL	29 <input type="checkbox"/> RHEUMATOID PANEL	Candida group (Swab)
425 <input type="checkbox"/> Transferrin	133 <input type="checkbox"/> HbA1c w/Ref HgB Electrophoresis	805 <input type="checkbox"/> Mumps IgG	306 <input type="checkbox"/> Testosterone, Total	452 <input type="checkbox"/> ANA Screen EIA	Candida krusei (Swab)
130 <input type="checkbox"/> Vitamin B12	155 <input type="checkbox"/> Glucose Plasma	807 <input type="checkbox"/> Rubella IgG	309 <input type="checkbox"/> Sex Hormone Binding Glob	453 <input type="checkbox"/> RF	Trichomonas Vaginalis (Swab)
	179 <input type="checkbox"/> C-Peptide	QFTT <input type="checkbox"/> QUANTIFERRON TB GOLD	852 <input type="checkbox"/> FSH	123 <input type="checkbox"/> Uric Acid, Serum	
40 <input type="checkbox"/> AUTO IMMUNE PANEL		803 <input type="checkbox"/> RPR	854 <input type="checkbox"/> Prolactin	450 <input type="checkbox"/> C3	80 <input type="checkbox"/> CARDIAC MARKER PROFILE
480 <input type="checkbox"/> SCL-70 AB	36 <input type="checkbox"/> ELECTROLYTE PANEL	806 <input type="checkbox"/> Measles IgG	308 <input type="checkbox"/> Testosterone, Free, calc	455 <input type="checkbox"/> DS DNA	231 <input type="checkbox"/> HS Troponin I (SST)
455 <input type="checkbox"/> DS DNA	127 <input type="checkbox"/> Sodium, Serum	808 <input type="checkbox"/> N. Gonorrhea, Urine (NAAT)	851 <input type="checkbox"/> Estradiol, Sensitive	456 <input type="checkbox"/> ANTI-STREPTOLYSIN (ASO)	230 <input type="checkbox"/> CK-MB (SST)
467 <input type="checkbox"/> SJOGRENS La/SS-B	124 <input type="checkbox"/> Chloride, Serum	801 <input type="checkbox"/> Hep BsAb	853 <input type="checkbox"/> LH	211 <input type="checkbox"/> CRP, Serum	234 <input type="checkbox"/> BNP (plasma) (SST)
465 <input type="checkbox"/> CENTROMERE B. ANTIBODY	126 <input type="checkbox"/> Potassium, Serum	521 <input type="checkbox"/> Chlamydia, Urine (NAAT)	313 <input type="checkbox"/> DHEA-Sulfate	210 <input type="checkbox"/> ESR (Sedimentation Rate)	218 <input type="checkbox"/> hs-CRP (SST)
463 <input type="checkbox"/> SM (SMITH) ANTIBODY	125 <input type="checkbox"/> Carbon Dioxide		101 <input type="checkbox"/> Albumin	451 <input type="checkbox"/> C4	163 <input type="checkbox"/> D-dimer (BLU)
461 <input type="checkbox"/> SM/RNP AB		48 <input type="checkbox"/> IRON PROFILE		18 <input type="checkbox"/> CBC w/diff	761 <input type="checkbox"/> Myoglobin
452 <input type="checkbox"/> ANA Screen EIA	32 <input type="checkbox"/> FEMALE HORMONE PANEL	115 <input type="checkbox"/> Iron	37 <input type="checkbox"/> MEASLES/MUMPS/RUBELLA		92 <input type="checkbox"/> RESPIRATORY VIRAL (PCR) PANEL
466 <input type="checkbox"/> SJOGRENS Ro/SS-A	309 <input type="checkbox"/> Sex Hormone Binding Glob	167 <input type="checkbox"/> TIBC, Calc	805 <input type="checkbox"/> Mumps IgG	805 <input type="checkbox"/> Mumps IgG	<input type="checkbox"/> ADDITIONAL TESTS
464 <input type="checkbox"/> JO-1 AB	308 <input type="checkbox"/> Testosterone, Free, calc	128 <input type="checkbox"/> Ferritin	807 <input type="checkbox"/> Rubella IgG	807 <input type="checkbox"/> Rubella IgG	314 <input type="checkbox"/> iPTH (SST)
462 <input type="checkbox"/> RNP ANTIBODY	852 <input type="checkbox"/> FSH	121 <input type="checkbox"/> UIBC	806 <input type="checkbox"/> Measles IgG	806 <input type="checkbox"/> Measles IgG	179 <input type="checkbox"/> C-Peptide (SST)
	856 <input type="checkbox"/> Progesterone	168 <input type="checkbox"/> % Saturation			162 <input type="checkbox"/> Homocysteine (SST)
21 <input type="checkbox"/> BMP	313 <input type="checkbox"/> DHEA-Sulfate	129 <input type="checkbox"/> Folate, Serum	86 <input type="checkbox"/> OCCULT BLOOD STOOL(FOBT)	86 <input type="checkbox"/> OCCULT BLOOD STOOL(FOBT)	149 <input type="checkbox"/> Fructosamine (SST)
127 <input type="checkbox"/> Sodium, Serum	306 <input type="checkbox"/> Testosterone, Total		586 <input type="checkbox"/> OCCULT BLOOD STOOL #1	586 <input type="checkbox"/> OCCULT BLOOD STOOL #1	816 <input type="checkbox"/> Treponema Pallidum Ab Screening (SST)
124 <input type="checkbox"/> Chloride, Serum	851 <input type="checkbox"/> Estradiol, Sensitive	46 <input type="checkbox"/> IRON UIBC TIBC	588 <input type="checkbox"/> OCCULT BLOOD STOOL #3	588 <input type="checkbox"/> OCCULT BLOOD STOOL #3	800 <input type="checkbox"/> RPR Titer (SST)
114 <input type="checkbox"/> Glucose	853 <input type="checkbox"/> LH	115 <input type="checkbox"/> Iron	587 <input type="checkbox"/> OCCULT BLOOD STOOL #2	587 <input type="checkbox"/> OCCULT BLOOD STOOL #2	
112 <input type="checkbox"/> Creatinine, Serum	854 <input type="checkbox"/> Prolactin	167 <input type="checkbox"/> TIBC, Calc			
135 <input type="checkbox"/> Bun/Creatinine Ratio	101 <input type="checkbox"/> Albumin	121 <input type="checkbox"/> UIBC	35 <input type="checkbox"/> PANCREATIC PANEL	35 <input type="checkbox"/> PANCREATIC PANEL	
126 <input type="checkbox"/> Potassium, Serum			105 <input type="checkbox"/> Amylase	105 <input type="checkbox"/> Amylase	
125 <input type="checkbox"/> Carbon Dioxide	83 <input type="checkbox"/> GLUCOSE TOLERANCE 1HR	25 <input type="checkbox"/> LIPID PANEL w/LDL	108 <input type="checkbox"/> Calcium, Serum	108 <input type="checkbox"/> Calcium, Serum	73 <input type="checkbox"/> STD PANEL
122 <input type="checkbox"/> BUN	201 <input type="checkbox"/> Glucose-Fasting	109 <input type="checkbox"/> Cholesterol, Serum	175 <input type="checkbox"/> Lipase	175 <input type="checkbox"/> Lipase	808 <input type="checkbox"/> N. Gonorrhea, Urine (NAAT)
108 <input type="checkbox"/> Calcium, Serum	202 <input type="checkbox"/> Glucose-1 hour	110 <input type="checkbox"/> HDL Cholesterol	119 <input type="checkbox"/> Protein, Total, Serum	119 <input type="checkbox"/> Protein, Total, Serum	802 <input type="checkbox"/> Hep C Ab
		141 <input type="checkbox"/> VLDL Cholesterol, calc	114 <input type="checkbox"/> Glucose Serum	114 <input type="checkbox"/> Glucose Serum	809 <input type="checkbox"/> Hep BsAg
18 <input type="checkbox"/> CBC W/DIFF	82 <input type="checkbox"/> GLUCOSE TOLERANCE 2HR	120 <input type="checkbox"/> Triglycerides			521 <input type="checkbox"/> Chlamydia, Urine (NAAT)
	201 <input type="checkbox"/> Glucose-Fasting	134 <input type="checkbox"/> LDL Direct	55 <input type="checkbox"/> PROSTATE HEALTH INDEX	55 <input type="checkbox"/> PROSTATE HEALTH INDEX	803 <input type="checkbox"/> RPR
42 <input type="checkbox"/> CHLAMYDIA/GONORRHEA	203 <input type="checkbox"/> Glucose-2 hour	140 <input type="checkbox"/> Cholesterol/HDL Ratio	143 <input type="checkbox"/> free PSA	143 <input type="checkbox"/> free PSA	519 <input type="checkbox"/> Trichomonas, Urine (NAAT)
808 <input type="checkbox"/> N. Gonorrhea, Urine (NAAT)	202 <input type="checkbox"/> Glucose-1 hour		154 <input type="checkbox"/> PSA, free %	154 <input type="checkbox"/> PSA, free %	817 <input type="checkbox"/> HIV Combo Ag/Ab 4th Gen
521 <input type="checkbox"/> Chlamydia, Urine (NAAT)		27 <input type="checkbox"/> LIPID PANEL W/CAL LDL	132 <input type="checkbox"/> PSA, Total	132 <input type="checkbox"/> PSA, Total	801 <input type="checkbox"/> Hep BsAb
	81 <input type="checkbox"/> GLUCOSE TOLERANCE 3HR	109 <input type="checkbox"/> Cholesterol, Serum	185 <input type="checkbox"/> p2PSA	185 <input type="checkbox"/> p2PSA	38 <input type="checkbox"/> THYROID ANTIBODIES
22 <input type="checkbox"/> CMP	201 <input type="checkbox"/> Glucose-Fasting	110 <input type="checkbox"/> HDL Cholesterol			312 <input type="checkbox"/> TpoAb
114 <input type="checkbox"/> Glucose	203 <input type="checkbox"/> Glucose-2 hour	141 <input type="checkbox"/> VLDL Cholesterol, calc	57 <input type="checkbox"/> PSA TOTAL AND FREE PSA	57 <input type="checkbox"/> PSA TOTAL AND FREE PSA	311 <input type="checkbox"/> TgAb
112 <input type="checkbox"/> Creatinine, Serum	202 <input type="checkbox"/> Glucose-1 hour	120 <input type="checkbox"/> Triglycerides	132 <input type="checkbox"/> PSA, Total	132 <input type="checkbox"/> PSA, Total	
102 <input type="checkbox"/> Alkaline Phosphatase	204 <input type="checkbox"/> Glucose-3 hour	138 <input type="checkbox"/> LDL calculated	154 <input type="checkbox"/> PSA, free %	154 <input type="checkbox"/> PSA, free %	23 <input type="checkbox"/> THYROID PROFILE
125 <input type="checkbox"/> Carbon Dioxide		140 <input type="checkbox"/> Cholesterol/HDL Ratio	143 <input type="checkbox"/> free PSA	143 <input type="checkbox"/> free PSA	301 <input type="checkbox"/> TSH
124 <input type="checkbox"/> Chloride, Serum	64 <input type="checkbox"/> GON/CHLAMYDIA/TRICH, URINE				302 <input type="checkbox"/> T3 Total
108 <input type="checkbox"/> Calcium, Serum	808 <input type="checkbox"/> N. Gonorrhea, Urine (NAAT)	26 <input type="checkbox"/> LIVER/HEPATIC PANEL	47 <input type="checkbox"/> PT W/INR	47 <input type="checkbox"/> PT W/INR	303 <input type="checkbox"/> T4 Total
103 <input type="checkbox"/> ALT (SGPT)	521 <input type="checkbox"/> Chlamydia, Urine (NAAT)	101 <input type="checkbox"/> Albumin	156 <input type="checkbox"/> Prothrombin Time	156 <input type="checkbox"/> Prothrombin Time	305 <input type="checkbox"/> FT3
135 <input type="checkbox"/> Bun/Creatinine Ratio	519 <input type="checkbox"/> Trichomonas, Urine (NAAT)	107 <input type="checkbox"/> Bilirubin, Total	157 <input type="checkbox"/> INR	157 <input type="checkbox"/> INR	304 <input type="checkbox"/> FT4 (Free Thyroxine)
142 <input type="checkbox"/> Globulin		102 <input type="checkbox"/> Alkaline Phosphatase			307 <input type="checkbox"/> T3, uptake
122 <input type="checkbox"/> BUN	45 <input type="checkbox"/> HEPATITIS PANEL	104 <input type="checkbox"/> AST(SGOT)	28 <input type="checkbox"/> RENAL PANEL	28 <input type="checkbox"/> RENAL PANEL	
127 <input type="checkbox"/> Sodium, Serum	801 <input type="checkbox"/> Hep BsAb	139 <input type="checkbox"/> Albumin/Globulin Ratio	122 <input type="checkbox"/> BUN	122 <input type="checkbox"/> BUN	62 <input type="checkbox"/> 24HR URINE CREAT\PROT
101 <input type="checkbox"/> Albumin	802 <input type="checkbox"/> Hep C Ab	119 <input type="checkbox"/> Protein, Total, Serum	126 <input type="checkbox"/> Potassium, Serum	126 <input type="checkbox"/> Potassium, Serum	522 <input type="checkbox"/> Creatinine, Urine, Random
					592 <input type="checkbox"/> Protein, 24hr, Urine