

CLINICAL REQUISITION

HDX Labs
 Medical Director: Jennifer Loch, DO
 CLIA #10D2281222



8465 Merchants Way. Ste. 206
 Jacksonville, FL 32222

Practice _____
 Address _____
 Phone _____
 Provider _____

ACCOUNT NUMBER: _____

☎: 904.742.8744
 ☎: 770.206.2366

Please attach a copy of the patient face sheet and insurance information

1 PATIENT INFORMATION

Last _____ First _____
 DOB ____/____/____ SS#: _____-____-____ Gender: Male Female
 Address _____ Email _____
 Phone _____-____-_____

2 INSURANCE INFORMATION: BILL

Insurance Worker's Comp
 Clinic *Date of Injury:* _____
 Patient **Please attach WC data sheet*

3 CONSENT FOR TESTING

The specimen identified on this form is my own. I have not adulterated it in any way. I am voluntarily submitting this specimen for analysis by my healthcare provider and/or third-party laboratory. I authorize the laboratory to release the results of this test to the ordering healthcare provider. The laboratory is authorized to bill my insurance carrier and to receive payment of benefits for the tests my healthcare provider orders. I further authorize the laboratory and my healthcare provider to release to my insurance carrier any medical information necessary to process this claim. HDx Labs accepts payments from many patients' insurance companies accepts payments and is in network with many insurance companies. HDx Labs will bill patients for insurance deductibles, co-payments, and co-insurance amounts deemed by the insurance company to be responsibility of the patient. HDx Labs will bill patients the cost of services if no coverage is available. HDx Labs will work with patients on an individual basis to establish payment options on any outstanding balances through the Financial Assistance Program. Uninsured patients will be billed directly.

PATIENT SIGNATURE: X _____ DATE: _____

4 SPECIMEN COLLECTION INFORMATION

Collector _____
 Date/Time _____
 Fasting: Yes No

5 PROVIDER SIGNATURE

X _____
 In my professional judgement, the tests I order for the patient are medically necessary. Documentation to support medical necessity for all tests ordered should be recorded in the patient's chart.

6	ICD-10	1	2	3	4	5
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7 TEST REQUESTS

AMA Panels

- 9325 Acute Hepatitis Panel ST
- CH101 Basic Metabolic Panel ST
- CH100 Comp Metabolic Panel ST
- CH111 Electrolyte Panel ST
- CH104 Hepatic Function Panel ST
- CH102 Lipid Panel ST
- CH161 Lipid Panel w/ Calc VLDL ST
- CH105 Renal Function Panel ST

Tests

- 3800 ABO/Rh Type L
- CH162 AST ST
- CH163 ALT ST
- 3550 ANA (Anti-Nuclear Abs) ST
- CH176 Amylase ST
- HM100 CBC w/ diff, w/ plts L
- HM101 CBC w/o diff, w/ plts L
- CH174 CK (Creatine Kinase) ST
- CH125 Ferritin ST
- CH181 CRP, High Sensitivity ST
- CH135 DHEA Sulfate ST
- CH164 Direct Bilirubin ST
- CH136 Estradiol ST

- CH133 Folic Acid ST
- CH144 FSH ST
- CH118 GGT ST
- 2725 Hepatitis A Ab, Total ST
- 2737 Hepatitis B Surface Ab ST
- 2739 Hepatitis B Surface Ag ST
- 4675 Hepatitis C Ab ST
- CH120 Hgb A1c (Glycohemoglobin) L
- 3540 HIV Ag/Ab Combo ST
- CH142 Homocysteine ST
- 4592 HSV 1 & 2 IgG ST
- CH123 Iron ST
- CH124 Iron and IBC ST
- CH126 LDH (Lactate Dehydrogenase) ST
- CH143 LH ST
- CH177 Lipase ST
- CH119 Magnesium ST
- CH159 Microalbumin/Creat, Rand U
- CH127 Microalbumin Random w/o Creat U
- 6012 MRSA Culture Swab
- 7017 Occult Blood Screen (1-3) STL
- CH165 Phosphorous ST
- CH154 Potassium ST
- CH145 Progesterone ST
- CH146 Prolactin ST
- CH150 PSA, Total Diagnostic ST
- CH151 PSA, Total Medicare Screen ST
- 1425 PT w/INR B
- CH141 PTH, Intact ST
- 1430 PTT B
- CH110 Glucose GY or ST

- 2714 HCG, Qualitative ST
- 2713 HCG, Quantitative ST
- CH182 RF (Rheumatoid Factor) ST
- 3502 RPR w/ Reflex Titer ST
- HM200 Sedimentation Rate (ESR) L
- CH147 SHBG SST
- CH137 T3, Free ST
- 2817 T3, Uptake ST
- 4275 T3, Reverse ST
- CH178 T3, Total ST
- CH138 T4, Free ST
- CH179 T4, Total ST
- CH149 Testosterone ST
- CH148 Free & Total Testo+SHBG+AB ST
- CH196 Thyroid Peroxidase Ab ST
- (TPO) CH139 TSH ST
- CH140 TSH w/ Reflex to Free T4 ST
- CH131 Uric Acid ST
- UA100 Urinalysis, reflex microscopic UP
- UA101 Urinalysis, culture if indic. UP, UC
- UA102 Urinalysis W/ Microscopic UP
- UA103 Microscopic Urinalysis UP
- 6049 Urine Culture UC
- CH113 Vitamin B12 ST
- CH152 Vitamin D, 25 Hydroxy ST

B = Blue top U = Urine Tube
 GY = Gray Top Tube UP = Urine Preservative Tube
 L = Lavender Tube UC = Urine Culture Tube
 RT = Plain Red Top Tube STL = Stool
 ST = Serum Separator Tube

AFFIX TO SPECIMEN TUBE

RECEIVED IN LAB

Patient Name _____

Date of Birth _____