



ADVANTA ANALYTICAL LABORATORIES
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CLINICAL BLOOD REQUISITION

BILL TO

CLIENT

INSURANCE

MEDICAID

MEDICARE

PATIENT

Complete below, and attach patient demographic.

PATIENT INFORMATION	LAST NAME		FIRST NAME		MI	SOCIAL SECURITY #		DOB	AGE	SEX
	STREET ADDRESS			CITY		STATE	ZIP CODE	PHONE #		
	REFERRING PHYSICIAN					REFERRING PHYSICIAN PHONE #				

Please attach a front and back copy of primary and secondary insurance cards.

INSURANCE	MEDICARE #		MEDICAID #		ID #	GROUP #				
	INSURANCE Co/HMO		INSURANCE ADDRESS: STREET ADDRESS			CITY	STATE	ZIP CODE		
	EMPLOYER		NAME OF INSURED		INSURED SS#		RELATIONSHIP TO PATIENT			

Please specify collection information and results delivery below.

COLLECTION INFORMATION	COLLECTOR NAME			PHONE RESULTS <input type="checkbox"/>	PHONE # (DAY)		PHONE # (EVENING)	
	COLLECTION DATE	COLLECTION TIME	FASTING? <input type="checkbox"/> Yes <input type="checkbox"/> No	FAX RESULTS <input type="checkbox"/>	FAX #			

Indicate tube quantities below.

Indicate sample type with a check-mark.

VACUAINER	BLUE <input type="checkbox"/>	SST <input type="checkbox"/>	RED <input type="checkbox"/>	LAVENDER <input type="checkbox"/>	SAMPLE TYPE	SERUM <input type="checkbox"/>	PLASMA <input type="checkbox"/>	URINE <input type="checkbox"/>	OTHER <input type="checkbox"/>
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Please specify chief complaint, any additional complaints, and their diagnosis codes

COMPLAINT DIAGNOSIS CODES	COMPLAINT 1 DIAGNOSIS CODE	COMPLAINT 2 DIAGNOSIS CODE	COMPLAINT 3 DIAGNOSIS CODE	COMPLAINT 4 DIAGNOSIS CODE	COMPLAINT 5 DIAGNOSIS CODE
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For specimen requirements and test by panel, see other side.

PANELS	<input type="checkbox"/> Wellness-Female	<input type="checkbox"/> Advanced Cardiac Panel	<input type="checkbox"/> Comp Metabolic	<input type="checkbox"/> Hepatitis Panel	<input type="checkbox"/> OB Panel
	<input type="checkbox"/> Wellness-Male	<input type="checkbox"/> Basic Metabolic	<input type="checkbox"/> Electrolyte Profile	<input type="checkbox"/> Liver Profile	<input type="checkbox"/> Renal Function Profile

INDIVIDUAL TESTS	<input type="checkbox"/> Albumin SST	<input type="checkbox"/> Cortisol SST	<input type="checkbox"/> Hepatitis B Surf. Ag SST	<input type="checkbox"/> Progesterone SST	<input type="checkbox"/> Sickle Cell Screen LAV
	<input type="checkbox"/> ANA Screening, Titer SST	<input type="checkbox"/> Creatinine SST	<input type="checkbox"/> Hepatitis B Surf. Ab SST	<input type="checkbox"/> Protein, Total SST	<input type="checkbox"/> Sodium SST
	<input type="checkbox"/> Amylase SST	<input type="checkbox"/> DHEA-S R RED	<input type="checkbox"/> Hepatitis C Antibody SST	<input type="checkbox"/> PT LIGHT BLUE	<input type="checkbox"/> T3 Free SST
	<input type="checkbox"/> Bilirubin, Total SST	<input type="checkbox"/> Estradiol SST	<input type="checkbox"/> H. pylori Ab SST	<input type="checkbox"/> PSA SST	<input type="checkbox"/> T4 SST
	<input type="checkbox"/> Bilirubin, Total & Direct SST	<input type="checkbox"/> Ferritin SST	<input type="checkbox"/> HIV 1 & 2 SST	<input type="checkbox"/> PTT LIGHT BLUE	<input type="checkbox"/> Free T4 SST
	<input type="checkbox"/> BUN SST	<input type="checkbox"/> Folate SST	<input type="checkbox"/> Iron SST	<input type="checkbox"/> RA Quantitative SST	<input type="checkbox"/> TIBC SST
	<input type="checkbox"/> Calcium SST	<input type="checkbox"/> Glucose SST	<input type="checkbox"/> LDH SST	<input type="checkbox"/> Reticulocyte Count LAV	<input type="checkbox"/> Triglycerides SST
	<input type="checkbox"/> CBC w/diff LAV	<input type="checkbox"/> Glyco Hgb (A1C) LAV	<input type="checkbox"/> Lipase SST	<input type="checkbox"/> RPR SST	<input type="checkbox"/> TSH SST
	<input type="checkbox"/> Chloride SST	<input type="checkbox"/> HCG, Qual SST	<input type="checkbox"/> Magnesium SST	<input type="checkbox"/> Sed. Rate (ESR) LAV	<input type="checkbox"/> Type & RH 10 ML LAV
	<input type="checkbox"/> Cholesterol SST	<input type="checkbox"/> HCG, Quan SST	<input type="checkbox"/> Potassium SST	<input type="checkbox"/> SGOT (AST) SST	<input type="checkbox"/> Vitamin D - 25-OH RED
	<input type="checkbox"/> CK-Creatine Kinase SST	<input type="checkbox"/> HDL Cholesterol SST	<input type="checkbox"/> Prealbumin SST	<input type="checkbox"/> SGPT (ALT) SST	<input type="checkbox"/> Vitamin B12 RED

Additional test(s) please list below:

ADDITIONAL TESTS		
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Provider's testing orders are identified with a check-marked box above for testing to be performed at Advanta Analytical Laboratories and its contracted testing laboratories. The provider certifies the testing is medically necessary.

PROVIDER SIGNATURE	PROVIDER SIGNATURE	DATE
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I verify that I am providing Advanta Analytical Laboratories and its contracted testing laboratories with a sample of my blood for the purpose of testing. I understand that if my insurance carrier does not pay and denies the claim as an uncovered service, I am responsible for payment.

PATIENT SIGNATURE	PATIENT SIGNATURE	DATE
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SPECIMEN REQUIREMENTS AND TESTS BY PANEL

R = Reference Testing

ADVANCED CARDIAC TESTS

Total Requirements: 3-SST 1-Lav 1-Urine (99mLs)

TEST	CPT CODE	TUBE TYPE
ApoA1	R 82172	SST
ApoB	R 82172	SST
hs-CRP	R 86141	SST
Microalbumin / Creatinine	82570 82043	Urine 99 mLs
MPO	R 83516	SST
OmegaCheck	R 82542	LAV
Lipid Panel	80061	SST

MALE & FEMALE WELLNESS TESTS

Total Requirements: 2-SST 4-Red 2-Lav

TEST	CPT CODE	TUBE TYPE
Complete Blood Count	85025	LAV
Complete Metabolic Panel	80053	SST
Cortisol, Total	82533	SST
DHEA-s	R 82627	RED
Estradiol	82670	SST
Ferritin	82728	SST
Folate	82746	SST
FSH: Follicle-Stimulating Hormone	83001	RED
Hemoglobin A1C	83036	LAV
HGH: Human Growth Hormone	R 83003	RED
Insulin-Like Growth Factor - 1	R 84350	RED
Insulin-Like Growth Factor Binding Protein-3	R 83520	RED
Intact PTH / CAL	83970 82310	SST
TIBC (Calculated)	83550	SST
Lipid Panel	80061	SST
LH: Lutenizing Hormone	83002	SST
Magnesium	83735	SST
Progesterone	84144	SST
Prolactin (FEMALE ONLY)	84146	SST
PSA: Prostate-Specific Antigen, Total (MALE ONLY)	84153	SST
SHBG: Sex Hormone Binding Globulin	R 84270	SST
T3, Free	84481	SST
T4, Free	84439	SST
Testosterone, Free & Total	R 84403	RED
TSH: Thyroid Stimulating Hormone	84443	RED
Vitamin B12	82607	RED
Vitamin D, 25-Hydroxy	82306	RED

BASIC METABOLIC PANEL

CHEM 8 | CPT 80048

Total Requirements: 1-SST

BUN
Calcium
Creatinine
Chloride
Carbon Dioxide (CO₂)
Glucose
Potassium
Sodium

LIPID PROFILE/CARDIAC RISK

CPT 80061

Total Requirements: 1-SST

HDL Cholesterol
Triglycerides
Percent HDL Cholesterol
LDL Calc

LIVER PROFILE

CPT 80076

Total Requirements: 1-SST

Alk. Phosphatase
ALT (SGPT)
AST (SGOT)
Albumin
Bilirubin, Total & Direct
Protein, Total

ELECTROLYTES PANEL

CPT 80051

Total Requirements: 1-SST

Sodium
Potassium
Chloride
Carbon Dioxide (CO₂)

HEPATITIS PANEL

CPT 80074

Total Requirements: 1-SST

Hepatitis B Surf Ag
Hepatitis B Core Ab, IgM
Hepatitis A Ab, IgM
Hepatitis C Antibody

OB PANEL

CPT 80055

Total Requirements: 2-SST 2-LAV

CBC
Type & Rh
Antibody Screen
RPR
Rubella
Hepatitis B Surf. Ag

COMP. METABOLIC PANEL

CHEM 14 | CPT 80053

Total Requirements: 1-SST

Albumin
Alk. Phosphatase
ALT (SGPT)
AST (SGOT)
Bilirubin, Total
BUN
Calcium
Carbon Dioxide (CO₂)
Chloride
Creatinine
Glucose
Potassium
Protein, Total
Sodium

RENAL PROFILE

CPT 80069

Total Requirements: 1-SST

Glucose
BUN
Creatinine
Sodium
Potassium
Chloride
Carbon Dioxide (CO₂)
Calcium
Phosphorus
Albumin