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Patient Name _____ DOB _____



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8430 Juniper Creek Lane, San Diego, CA 92126
 Tel: (858) 217-5918 Fax: (866) 789-9580
 Lab Director: Amadeo Pesce, Ph.D.
 CLIA #05D0567262

**Customer Information****REQUISITION FOR BLOOD WELLNESS TESTING**

Last Name: _____ DOB: ____/____/____

First Name: _____ Gender: M FDate Collected: ____/____/____ Attach patient demographic with insurance cardTime Collected: ____:____ AM / PM Uninsured Patient

Ordering Provider: _____ Diagnosis Code(s): _____

Fasting: Yes No

FEMALE WELLNESS PANEL	ORGAN OR DISEASE PANEL	THYROID (continued)	ALPHABETICAL TESTS
<input type="checkbox"/> CMP, CBC, HBA1C, TSH, T3 Free, T4 Free, Cortisol, CRP, DHEA, Estradiol, Ferritin, Folate, FSH, Insulin, Iron, LH, Magnesium, Progesterone, SHBG, Testosterone Free/Total*, Vitamin D 25-OH, Uric Acid, Lipid Panel, B12, Phosphorus GEL + LAV	<input type="checkbox"/> Basic Metabolic Panel** 80048 GEL <input type="checkbox"/> CBC 85025 LAV <input type="checkbox"/> Comp. Metabolic Panel** 80053 GEL <input type="checkbox"/> Lipid Panel** 80061 GEL <input type="checkbox"/> Liver Function Test-LFT 80010 GEL <input type="checkbox"/> Renal Function Panel 80069 GEL	<input type="checkbox"/> Total T3 84480 GEL <input type="checkbox"/> PTH 83970 GEL <input type="checkbox"/> TPO 86376 GEL	<input type="checkbox"/> Homocysteine 83090 GEL <input type="checkbox"/> Iron 83540 GEL <input type="checkbox"/> Leutinizing Hormone (LH) 83002 GEL <input type="checkbox"/> Lipase 83690 GEL <input type="checkbox"/> Lp-PLA2 83698 GEL <input type="checkbox"/> Magnesium 83735 GEL <input type="checkbox"/> Potassium 84132 GEL <input type="checkbox"/> Progesterone 84144 GEL <input type="checkbox"/> Prolactin 84146 GEL <input type="checkbox"/> Protein Total 84155 GEL <input type="checkbox"/> PSA, Total 84153 GEL <input type="checkbox"/> PTH 83970 GEL <input type="checkbox"/> SHBG 84270 GEL <input type="checkbox"/> Sodium 84295 GEL <input type="checkbox"/> Total Testosterone 84403 GEL <input type="checkbox"/> TPO 86376 GEL <input type="checkbox"/> Triglycerides 84478 GEL <input type="checkbox"/> Uric Acid 84550 GEL <input type="checkbox"/> Vitamin D 25-OH 82306 GEL
<b style="background-color: #e91e63; color: white;">MALE WELLNESS PANEL	<b style="background-color: #e91e63; color: white;">DIABETES	<b style="background-color: #e91e63; color: white;">ALPHABETICAL TESTS	
<input type="checkbox"/> CMP, CBC, HBA1C, TSH, T3 Free, T4 Free, Cortisol, CRP, DHEA, Estradiol, Ferritin, Folate, FSH, Insulin, Iron, LH, Magnesium, Progesterone, SHBG, Testosterone Free/Total*, Vitamin D 25-OH, Uric Acid, Lipid Panel, PSA (total), B12, Phosphorus GEL + LAV	<input type="checkbox"/> HBA1C 83036 LAV <input type="checkbox"/> Glucose 82947 GEL <input type="checkbox"/> Insulin 83525 GEL	<input type="checkbox"/> Albumin 82040 GEL <input type="checkbox"/> Apolipoprotein A1 82172 GEL <input type="checkbox"/> Apolipoprotein B 82172 GEL <input type="checkbox"/> B12 82607 GEL <input type="checkbox"/> BUN 84520 GEL <input type="checkbox"/> Calcium 82310 GEL <input type="checkbox"/> Cholesterol 82465 GEL <input type="checkbox"/> Cortisol 82533 GEL <input type="checkbox"/> Creatine Kinase (CK) 82550 GEL <input type="checkbox"/> Creatinine 82565 GEL <input type="checkbox"/> CRP 86141 GEL <input type="checkbox"/> DHEA-S 82626 GEL <input type="checkbox"/> Estradiol 82670 GEL <input type="checkbox"/> Ferritin 82728 GEL <input type="checkbox"/> Folate 82746 GEL <input type="checkbox"/> FSH 83001 GEL <input type="checkbox"/> HbA1c 83036 LAV <input type="checkbox"/> HDL Cholesterol 83718 GEL	
<b style="background-color: #e91e63; color: white;">CARDIAC WELLNESS PANEL	<b style="background-color: #e91e63; color: white;">ANEMIA		
<input type="checkbox"/> Lipid Panel, Apolipoprotein A1, Apolipoprotein B, APO A/APO B Ratio, Lipoprotein (A), Homocysteine	<input type="checkbox"/> Iron 83540 GEL <input type="checkbox"/> Ferritin 82728 GEL <input type="checkbox"/> Folate 82746 GEL <input type="checkbox"/> B12 82607 GEL <input type="checkbox"/> Transferrin 84466 GEL <input type="checkbox"/> Iron (%SAT) 83540/84466 GEL		
	<b style="background-color: #e91e63; color: white;">THYROID		
	<input type="checkbox"/> TSH 84443 GEL <input type="checkbox"/> Free T4 84439 GEL <input type="checkbox"/> Total T4 84436 GEL <input type="checkbox"/> Free T3 84481 GEL		

* Calculated
 ** See reverse for included tests

AUTHORIZATION/SIGNATURES

DONOR: I authorize Birdrock Laboratories to share the information on this form and my test results with my designated insurance carrier if necessary for reimbursement, to appeal any reimbursement denial, and authorize all reimbursements to be paid directly to the laboratory in consideration of services performed. I acknowledge that Birdrock Laboratories may be outside my network of insurance and I may be responsible for the amount due as determined by said insurance. I authorize Birdrock Laboratories to release the results of this testing to the treating authorized healthcare provider or facility.

ORDERING PROVIDER: I certify that the above ordered tests are medically necessary for the diagnosis and treatment of this patient. I have documented this test in the patient's chart.

Donor Authorization Signature: _____	Date: _____	Authorized Health Care Provider Signature (Required): _____	Date: _____
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The ICD10 codes listed below are the top diagnosis codes currently utilized by ordering physicians for the limited coverage test highlighted above that are also listed as medically supportive under Medicare's limited coverage policy. If you are ordering this test for diagnostic reasons that are not covered under Medicare policy, an Advance Beneficiary Notice form is required.

IRON TEST	LIPID TEST	GLUCOSE TEST	LIVER TEST	CBC TEST
D50.0	E03.8	E11.21	B18.2	D50.9
D50.8	E03.9	E11.22	E11.65	D64.9
D50.9	E11.22	E11.65	E11.9	E03.9
D51.0	E11.65	E11.9	E78.00	E11.65
D51.8	E11.69	E78.00	E78.2	E11.9
D51.9	E11.8	E78.2	E78.49	E53.8
D53.9	E11.9	E78.49	E78.5	E55.9
D63.1	E66.9	E78.5	E83.10	E78.00
D63.8	E78.00	I25.10	E83.40	E78.2
D64.9	E78.1	N39.0	E83.42	E78.5
E11.22	E78.2	R53.83	K74.3	I10
E11.65	E78.49	R73.01	K74.60	I25.10
E11.9	E78.5	R73.03	K76.0	K21.9
E61.1	I10	R73.09	K76.89	N18.3
I50.9	I11.9	R73.9	K76.9	N39.0
M25.50	I12.9	R79.89	R74.0]	R53.83
N18.4	I25.10	R79.9	R74.8	R73.01
N18.9	R79.89	R80.9	Z79.01	R73.09
R79.89	R79.9	Z13.1	Z79.899	R79.89
R79.9	Z79.899	Z79.899	Z94.4	Z79.899

<p>Comprehensive Metabolic Panel (CMP)</p> <p>Glucose Calcium Sodium Potassium Carbon Dioxide Chloride BUN Creatinine Micro Albumin Total protein ALP ALT AST Bilirubin</p>
<p>Basic Metabolic Panel</p> <p>Glucose Calcium Sodium Potassium Carbon Dioxide Chloride BUN Creatinine</p>
<p>Lipid Panel</p> <p>Cholesterol HDL LDL Triglycerides</p>

HEMAGLOBIN A1/C	THYROID TEST	PSA TEST	HISTOCOMPATIBILITY TEST
E10.9	D64.9	C61	M08.1
E11.21	E03.8	C79.51	M45.0
E11.22	E03.9	D40.0	M45.1
E11.29	E04.2	N40.0	M45.2
E11.40	E05.90	N40.1	M45.3
E11.42	E06.3	N40.2	M45.4
E11.59	E11.65	N41.9	M45.5
E11.65	E11.9	N42.9	M45.6
E11.69	E29.1	R31.0	M45.7
E11.8	E78.00	R31.9	M45.8
E11.9	E78.2	R33.9	M45.9
R73.01	E78.49	R35.0	Z52.008
R73.02	E78.5	R35.1	Z52.098
R73.03	E89.0	R39.11	
R73.09	I10	R39.12	
R73.9	I48.91	R39.14	
R79.89	R53.81	R39.15	
R79.9	R53.83	R97.20]	
Z79.4	R73.03	R97.21	
Z79.899	Z79.899	Z85.46	