

# Princeton Biomedical Laboratories (Bio-Med<sub>DX</sub> Labs)

a BioMed Systems Company

ACCESSION # \_\_\_\_\_

SPECIMEN DATE: \_\_\_\_\_  
 TIME \_\_\_\_\_  a.m.  p.m.

CLIENT INFORMATION  Physician's or Authorized Signature _____ PATIENT'S ADDRESS (Street, City, State, Zip Code) _____  TELEPHONE NUMBER (     )-     -	PATIENT'S LAST NAME     FIRST NAME     M.I. _____ PATIENT'S SOCIAL SECURITY NO.     AGE     SEX     DATE OF BIRTH _____ ICD-9 CODES     DIAGNOSIS     ICD-9 CODES     DIAGNOSIS _____ Bill To: <input type="checkbox"/> MEDICARE <input type="checkbox"/> MEDICAID <input type="checkbox"/> CLIENT <input type="checkbox"/> BLUE SHIELD <input type="checkbox"/> PATIENT <input type="checkbox"/> OTHER MEDICAID NO. / MEDICARE NO. / INSURANCE POLICY NO. _____ INSURED'S GROUP NO. (Or Group Name) _____     PATIENT'S RELATIONSHIP TO INSURED INSURED'S NAME (if different from patient) _____     SELF    SPOUSE    CHILD    OTHER PRIMARY INS. CO. _____     (ATTACH A COPY OF INSURANCE CARD) ADDRESS _____
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MUST ALWAYS BE COMPLETED  
COMPLETE FIRST TIME ONLY

**CMS requires that physicians shall only order tests that are medically necessary for the diagnosis and treatment of this patient.**

SECONDARY MEDICAL INSURANCE COVERAGE - Enter Name of Policyholder, Plan Name, Address, Policy Number and attached signed form. (Attach copy of Insurance card)

**REMEMBER TO ...**

RECORD DIAGNOSIS CODE(S)

MARK TEST(S) REQUIRED

AUTHORIZED SIGNATURE

1173	HIV RNA Quant. Ultrasens	PPT	729	Nortriptyline	R
938	HIV II AB EIA	SST	703	Phenobarbital	R
1132	Homocysteine	SST	713	Phenytoin (Dilantin)	R
608	HSV I & II AB IgG	SST	1206	Lamictal	R
569	Insulin	R/SST	710	Theophylline	R
399	Lyme AB IGG/IGM	SST	711	Valproic Acid (Depakene)	R
357	Mononucleosis Screen	SST		<b>TOXICOLOGY</b>	
1471	Mumps IgG		736	OraSure Drug Screen	
310	Occult Blood	ST	589	Urine, Alcohol	U
564	Progesterone	SST	507	Ur, Drugs of Abuse (10)w/Alcohol	U
559	Prolactin	SST	724	Ur, Drugs of Abuse (5)w/Alcohol	U
554	*PROSTATIC SPECIFIC ANTIGEN (PSA)SST		717	Urine, Drugs of Abuse 5 Tests	U
553	*PROSTATIC ACID PHOSPHATASE (PAP)SST		714	Urine, Drugs of Abuse 10 Tests	U
245	Protein Electrophoresis	SST		<b>MICROBIOLOGY</b>	
271	*PT (PROTHROMBIN TIME)	BL	785	Acid Fast Culture	SC
272	*PTT (PARTIAL THROMBO TIME)	BL	784	Acid Fast Smear	SC
282	Reticulocyte Count	L	317	Culture, Blood	
361	Rheumatoid Factor (RA)	SST	314	Culture, Genital	CUL
360	*RPR, TP PA IF POSITIVE	SST	311	Culture Sputum	SC
397	Rubella AB (IGG)	SST	305	Culture, Stool	ST
438	Rubeola IGG	SST	316	Culture, Throat	CUL
280	Sedimentation Rate (ESR)	L	301	*CULTURE, URINE	SC
281	Sickle Cell Screen	L	302	Culture, Wound Source	CUL
893	Thyroid Peroxidase AB	SST	327	GC/Chlamydia by DNA probe	SW
231	*T3 UPTAKE	SST	331	GC/Chlamydia DNA	U
202	*T3, TOTAL	R	312	Gram Stain	SL
232	*T4 TOTAL	SST	212	Ova & Parasites Para Pac	ST
236	*T4, FREE	SST		<b>PHLEBOTOMIST USE ONLY</b>	
235	*TSH	SST	900	Travel	
567	Testosterone, Total	SST	901	Venipuncture	
797	Urinalysis w/ Microscopic	U		<b>GYN CYTOLOGY</b>	
2797	Urinalysis w/o Microscopic	U	793	Pap Smear Thin Prep	
581	Urine Pregnancy	U	792	Pap Smear 1 Slide	
1434	Varicella Zoster (IGG)	SST		Check Appropriate Box (✓)	
572	Vitamin B12 & Folate	R		LMP Date: _____	
				<b>TDM</b>	
709	Carbamazepine (Tegretol)	R	( )	Cervical	
915	Clozaril (Clozapine)	R		Vaginal	
701	*DIGOXIN	R		Previous Pap Smear Date	
875	Lead, Blood	L		Date:     /     /	
702	Lithium	R		<b>HISTORY</b>	

ADDITIONAL TESTS/COMMENTS:

AMA PANELS-See reverse for components	161	*GLUCOSE, FASTING	G	566	Beta HCG Quantitative	SST
8101 Basic Metabolic Panel	SST	*GLUCOSE, RANDOM	G	791	Biopsy Source	
8001 Comp. Metabolic Panel	SST	*HDL, CHOLESTEROL	SST	803	CD4/CD8 T Cell Profile	L & GR
8107 Electrolyte Panel	SST	Iron Binding Capacity	SST	552	*CEA	SST
8005 Hepatic Function Panel	SST	*IRON, TOTAL	SST	555	Cortisol	R
8006 Renal Function Panel	SST	Lactic Dehydrogenase (LDH)	SST	355	CRP Quantitative	SST
1270 CBC WITH DIFF/PLATELET	L	Lipase	SST	524	Card, CRP	SST
1271 Hemogram	L	*MAGNESIUM	SST	558	Estradiol	SST
59 Hepatitis Acute	SST	Micro Albumin, Random	U	573	*FERRITIN	SST
8047 Lipid Profile	SST	Phosphorus	SST	549	FSH & LH	SST
<b>CHEMISTRIES</b>	8124	Potassium	SST	977	HCV RNA w Real Time PCR QN PPT/L	
8120 Albumin	SST	Pre Albumin	SST	928	Helicobacter Pylori AB Titer	SST
8114 Alkaline Phosphatase (ALP)	SST	Sodium	SST	226	*HEMOGLOBIN A1C	L
132 Ammonia	L	SGOT-(AST)	SST	227	Hemoglobin Electrophoresis	L
133 Amylase	SST	SGPT-(ALT)	SST	477	Hepatitis A Ab (IGG/IGM)	SST
8150 Bilirubin, Direct	SST	Total Protein	SST	478	Hepatitis A AB (IGM)	SST
8149 Bilirubin, Total	SST	*TRIGLYCERIDES	SST	479	Hepatitis B Core IGG/IGM AB	SST
8109 BUN	SST	Transferrin	SST	480	Hepatitis B Core IGM	SST
8112 Calcium	SST	Uric Acid	SST	476	Hepatitis B Surface AB	SST
8126 Carbon Dioxide	SST	<b>ALPHABETICAL LISTING,</b>	499	Hepatitis B Surface AB Titer	SST	
8125 Chloride	SST	<b>INDIVIDUAL TESTS</b>	475	Hepatitis B Surface AG	SST	
8121 *CHOLESTEROL	SST	ABO Blood Type & RH	R/L	481	Hepatitis Be AB	SST
8144 Creatine Phosphokinase	SST	Alpha Fetoprotein (AFP)	SST	482	Hepatitis Be AG	SST
8110 Creatinine, Serum	SST	Anti Mitochondrial AB	SST	483	Hepatitis C AB	SST
8152 *GGTP	SST	Anti Nuclear AB (ANA)	SST	578	HIV I Screen by EIA	SST
159 *GLUCOSE 2HR PP	G	ASO (Antistreptolysin O AB)	SST	2578	HIV I by Orasure	
*GLUCOSE TOLERANCE ___hr	G	Beta HCG Qualitative	SST	579	HIV I Western Blot Conf.	SST

**\*COVERED UNDER "LIMITED COVERAGE POLICY" OF MEDICARE - PLEASE INCLUDE RELEVANT DIAGNOSIS CODES**

Specimen Codes: **B** Biopsy    **BL** Blue Swab    **CUL** Gray    **G** Green    **GR** Lavender    **L** Plasma    **P** Red    **R** Sterile Cont.    **SC** Slide    **SL** Serum Sep. Tube    **SST** Stool    **ST** Probe Tec    **SW** White    **PPT** Urine    **U** Thin Prep    **VIAL** Yellow    **Y**

I authorize the release of any medical information necessary to process this claim and request payment of benefits to the laboratory. I permit a copy of this authorization to be used in place of the original.

# PRINCETON BIOMEDICAL LABORATORIES (BIO-MED<sub>DX</sub> LABS)

*A BioMed Systems Company*

1501 Lincoln Way, White Oak, PA 15131

(412) 678-1628 / FAX (412) 678-1384

## PANEL LISTING

**(Panels Listed on the Front of this Requisition)**

### **Electrolyte Panel (CPT 80051) (Test #8107)**

Carbondioxide (82374)  
Chloride (82435)  
Potassium (84132)  
Sodium (84295)

### **Lipid Profile (80061) (Test #8047)**

HDL (83718)  
Cholesterol (82465)  
Triglyceride (84478)

### **Renal Function Panel (CPT 80069) (Test #8006)**

Albumin (82040)  
BUN (84520)  
Calcium (82310)  
Carbondioxide (82374)  
Chloride (82435)  
Creatinine (82565)  
Phosphate (84100)  
Potassium (84132)  
Sodium (84295)

### **Acute Hepatitis Panel (CPT 80074) (Test #59)**

HAVAB, 1gM (86709)  
HbcAB, 1gM (86705)  
HBSAG (87340)  
Hepatitis C AB (86803)

### **Drugs of Abuse Screening, Urine (10 panel) (Test #714)**

Amphetamines  
Barbiturates  
Benzodiazepines  
Cocaine  
Methadone  
Methaqualones  
Opiates  
Phencyclidines  
Propoxyphene  
Tetrahydrocannabinoids

### **Basic Metabolic Panel (CPT 80048)**

BUN (84520)  
Calcium(82310)  
Carbondioxide (82374)  
Chloride (82435)  
Creatinine (82565)  
Glucose (82947)  
Potassium (84132)  
Sodium (84295)

### **Comp Metabolic Panel (CPT 80053) (Test #8001)**

Albumin (82040)  
ALP (84075)  
ALT(84460)  
AST (84450)  
Bilirubin, Total(82247)  
BUN (84520)  
Calcium (82310)  
Chloride (82435)  
Creatinine (82565)  
Glucose (82947)  
Potassium (84132)  
Sodium (84295)  
Protein, Total (84155)

### **Hepatic Function Panel (CPT 80076) (Test #8005)**

Albumin (82040)  
ALP (84075)  
ALT (84460)  
AST (84450)  
Bilirubin, Direct (82248) AND Bilirubin, Total (82247)  
Protein, Total (84155)

### **Drugs of Abuse (5 Panel) (Test #717)**

Amphetamines  
Barbiturates  
Cocaine  
Opiates  
Tetrahydrocannabinoids

### **Drugs of Abuse (OraSure Panel) (Test #736)**

Amphetamines  
Cannabinoids (THC)  
Cocaine  
Opiates  
Phencyclidine (PCP)