Quest Diagnostics®

11971475-5 7091665-3

BILL TO:
- ☐ My Account
- ☐ Insurance Provided
- ☐ Lab Card/Select
- ☒ Patient

PRINT PATIENT NAME (LAST, FIRST, MIDDLE)

REGISTRATION # (IF APPLICABLE) | DATE OF BIRTH M M D D YEAR | SEX M

LAB REFERENCE # | CELL PHONE ( )

PATIENT ID # / MRN | PATIENT PHONE ( )

PATIENT EMAIL ADDRESS

PRINT NAME OF INSURED/RESPONSIBLE PARTY (LAST, FIRST, MIDDLE) - IF OTHER THAN PATIENT

PATIENT STREET ADDRESS (OR INSURED/RESPONSIBLE PARTY) APT. # KEY #

CITY | STATE | ZIP

ACCOUNT #: BIOGENEX LLC

NAME: 185 SUNNYSLOPE DR

ADDRESS: CITY, STATE, ZIP: SOUTHINGTON, CT 06489-2131

TELEPHONE #: 860-916-2554

DID YOU KNOW

Patient Service Center location and appointment scheduling information is on the back.

Each sample should be labeled with at least two patient identifiers at time of collection.

ICD Diagnosis Codes are Mandatory. Fill in the applicable fields below.

DATE COLLECTED | TIME : ☐ AM ☐ PM | TOTAL VOL/HRS. ____ ML ____ HR | ☐ Fasting ☐ Non Fasting

NPI/UPIN ORDERING/SUPERVISING PHYSICIAN AND/OR PAYORS (MUST BE INDICATED)

(X) 1386340859 DIMARTINO, DWIGHT

( ) 1811315138 WOLF, JOSEPH J

☐ ADDIT'L PHYS.: Dr. _____ NPI/UPIN

NON-PHYSICIAN PROVIDER: | NAME | I.D.#

☐ Fax Results to: ( )

Send Duplicate Report to: Client # OR NAME: ADDRESS: CITY: STATE ZIP

INSURANCE

Primary Insurance ☐ Medicare ☐ Medicaid ☐ Other
Insurance Company Name
ID # Group #
Insurance Address
Patient Is: ☐ Subscriber ☐ Spouse ☐ Other Dependent

Secondary Insurance ☐ Medicare ☐ Medicaid ☐ Other
Insurance Company Name
ID # Group #
Insurance Address
Patient Is: ☐ Subscriber ☐ Spouse ☐ Other Dependent

ABN may be required for tests with these symbols

Medicare Limited Coverage Tests
- @ = May not be covered for the reported diagnosis.
- F = Has prescribed frequency rules for coverage.
- & = A test or service performed with research/experimental kit.
- B = Has both diagnosis and frequency-related coverage limitations.

Provide signed ABN when necessary

Visit QuestDiagnostics.com/MLCP for Medicare coverage guidelines

ICD Codes (enter all that apply)

E29.1	E34.9	R96.1	R68.82	R53.83
E28.1	E28.0	R94.6		

PANEL COMPONENTS ON BACK

ORGAN / DISEASE PANELS

34392	☐ Electrolyte Panel	S
10256	☐ Hepatic Function Panel	S
10165	☒ Basic Metabolic Panel	S
10231	☐ Comp Metabolic Panel	S
@7600	☐ Lipid Panel, Standard	S
@14852	☐ Lipid Panel w/Reflex D-LDL	S
20210	☐ Obstetric Panel w/Reflex	Y,L,S
93802	☐ Obstetric Panel with Fourth Generation HIV w/reflex	Y,L,S
@10306	☐ Hepatitis Panel, Acute w/Reflex	S
10314	☐ Renal Function Panel	S
36336	☐ Celiac Disease Comp Panel w/Reflex	S

HEMATOLOGY

510	☐ Hemoglobin	L
509	☐ Hematocrit	L
1759	☐ CBC (H/H, RBC, Indices, WBC, PLT)	L
6399	☒ CBC (Includes Diff/Plt)	L
@8847	☐ PT with INR	B
@763	☐ PTT, Activated	B

OTHER TESTS

7788	☐ ABO Group & Rh Type	Y
223	☐ Albumin	S
6517	☐ Albumin, Random Urine W/Creatinine	1
234	☐ Alkaline Phosphatase	S
823	☐ ALT	S
243	☐ Amylase	S
249	☐ ANA Screen, IFA, w/Reflex Titer and Pattern	S
5149	☐ Antibody ID, Titer and Typing, RBC	Y
795	☐ Antibody Scr, RBC w/Refl ID, Titer and AG	Y
822	☐ AST	S
285	☐ Bilirubin, Direct	S
287	☐ Bilirubin, Total	S
4420	☐ C-Reactive Protein (CRP)	S
303	☐ Calcium	S
11173	☐ CCP Ab IgG	S
@334	☐ Cholesterol, Total	S
374	☐ CK, Total	S
375	☐ Creatinine	S
8459	☐ Creatinine, Random Urine	1
@8293	☐ Direct LDL	S
402	☐ DHEA Sulfate, Immunoassay	S
15064	☐ Endomysial Antibody Screen (IgA) w/reflex titer	S
4021	☒ Estradiol	S
11290	☐ Fecal Globin by Immunochemistry	1
@457	☐ Ferritin	S
466	☐ Folate, Serum	S
470	☐ FSH	S
@482	☐ GGT	S
8477	☐ Glucose, Gestational Screen (50g), 135 cutoff	GY
19833	☐ Glucose, Gestational Screen (50g), 140 cutoff	GY
@483	☐ Glucose, Serum	S
8435	☐ hCG, Total, QL	S
@8396	☐ hCG, Total, QN	S
35645	☐ HCV RNA, Quantitative Real Time PCR	P
@496	☐ Hemoglobin A1c	L
@16802	☐ Hemoglobin A1c w/eAG	L
508	☐ Hepatitis A Ab, Total	S
499	☐ Hep B Surface Ab Qual	S
498	☐ Hep B Surface Ag w/Reflex Confirm	S
8472	☐ Hep C Antibody w/Reflex to Quant	S
94345	☐ Hepatitis C Ab w/Refl to HCV RNA, QN, PCR w/Refl Genotype Lipa	S
11348	☐ HCV RNA, QN PCR w/Reflex Genotype, LIPA*	P
91431	☐ HIV-1/2 AG/AB, 4th w/Reflex	S
@16185	☐ HIV 1 RNA, QL TMA	FP
10124	☐ hs CRP	S
6447	☐ HSV 1/2 IGG,Type Specific AB	S
539	☐ Immunoglobulin A	S
561	☐ Insulin	S
@7573	☐ Iron and Total Iron Binding Capacity	S
@571	☐ Iron	S
593	☐ LD	S
@599	☐ Lead, Blood	TN
615	☐ LH	S
606	☐ Lipase	S
6646	☐ Lyme Disease Ab w/Reflex to Blot (IgG, IgM)	S
8593	☐ Lyme Disease AB (IGG, IGM), Immunoblot	S
622	☐ Magnesium	S
964	☐ Measles Antibody (IGG)	S
8624	☐ Mumps Virus Antibody (IGG)	S
5259	☐ MMR	S
718	☐ Phosphate (As Phosphorus)	S
733	☐ Potassium	S
745	☐ Progesterone	S
746	☐ Prolactin	S
747	☐ Protein, Total And Protein Electrophoresis	S
1715	☐ Protein, Total W/Creat, Random Urine	U
B5363	☐ PSA, Total	S

Tuberculosis Screening

37737	☐ T-SPOT®.TB (*see back for addt'l instructions)	1
36970	☐ QuantiFERON®-TB Gold Plus, 1 Tube	GR
36971	☐ QuantiFERON®-TB Gold Plus, 4 Tubes, Draw Site Incubated	1
8837	☐ PTH, Intact & Calcium	LS
4418	☐ Rheumatoid Factor	S
799	☐ RPR (Monitoring) w/Reflex Titer	S
36126	☐ RPR (DX) w/Refl Titer and Confirmatory Testing	S
802	☐ Rubella Immune Status	S

COVID-19 Testing
Please refer to COVID-19 Test Requisition to order SARS-Co V-2 assays

809	☐ Sed Rate by Mod West	L
36170	☒ Testosterone, Free (Dialysis) and Total, MS	SR
18944	☐ Testosterone, Free	SR
15983	☐ Testosterone, Total, MS	SR
873	☐ Testosterone, Total, Males (Adult), IA	SR
267	☐ Thyroglobulin Antibodies	S
5081	☐ Thyroid Peroxidase Antibodies (TPO)	S
8821	☐ Tissue Transglutaminase Ab, IGA	S
11070	☐ Tissue Transglutaminase IgG	S
@896	☐ Triglycerides	S
@899	☒ TSH	S
@36127	☐ TSH w/Reflex T4, Free	S
34429	☒ T3, Free	S
859	☐ T3, Total	S
@867	☐ T4 (Thyroxine), Total	S
@866	☒ T4 (Thyroxine), Free	S
6448	☐ Urinalysis Macroscopic	U
7909	☐ Urinalysis Reflex	U
5463	☐ Urinalysis, Complete	U
3020	☐ UA, Complete, w/Reflex Culture*	U
294	☐ Urea Nitrogen (BUN)	S
905	☐ Uric Acid	S
4439	☐ Varicella-Zoster Virus Ab (IgG)	S
7065	☐ Vitamin B12/Folate, Serum Panel	S
927	☐ Vitamin B12	S
@16558	☐ Vitamin D 1,25	SR
@17306	☐ Vitamin D, 25-Hydroxy, Total, Immunoassay	S

MICROBIOLOGY

Source (Required) _____

4550	☐ Culture, Aerobic Bacteria*
4485	☐ Culture, Group A Strep*
5617	☐ Culture, Group B Strep*
394	☐ Culture, Throat*
@395	☐ Culture, Urine, Routine*(Inc. Indwelling Cath.)

Amplified Specimen Type (Aptima)
☐ Endocervical ☐ Urethral ☐ Urine

11363 ☐ *Chlamydia & N. gonorrhoeae* RNA, TMA

Stool Pathogens

34838	☐ *H pylori* Ag, EIA Stool	
14839	☐ *H pylori* Urea Breath Test	HB
681	☐ Ova And Parasites, Conc and Perm Smear	

* Additional charge for ID and Susceptibilities

ADDITIONAL TESTS: (INCLUDE COMPLETE TEST NAME AND ORDER CODE) **Reflex tests are performed at an additional charge.**

DHT 90567, SHBG 30740, Pregnenolone 31493

QHALG2

COMMENTS, CLINICAL INFORMATION: TOTAL TESTS ORDERED

Ordering provider signature, credentials & date requested (Required by certain payers)

Many payers (including Medicare and Medicaid) have medical necessity requirements. You should only order those tests which are medically necessary for the diagnosis and treatment of the patient.

SPECIMEN KEY ON BACK

FOLD HERE

Provide signed ABN when necessary

ICD Diagnosis Codes are mandatory. Fill in the applicable fields below.