GENERAL REQUEST FORM - 121275

Quest Diagnostics Nichols Institute
14225 Newbrook Drive, P.O. Box 10841
Chantilly, VA 20153-0841 Phone: (703) 802-6900 • (800) 336-3718

Quest Diagnostics

PROVIDE ADDITIONAL INFORMATION FOR REPORTABLE CONDITIONS ON BACK OF FIRST PAGE.

PATIENT (LAST NAME, FIRST, MIDDLE INITIAL) PRINT OR TYPE	SEX F ☐ M ☐	BIRTHDATE (MM/DD/YYYY) ___/___/___
PATIENT ADDRESS / CITY	SPECIMEN TYPE/SOURCE	FROZEN SUBMITTED ☐
STATE / ZIP / COUNTY	IF URINE: ☐ RANDOM ☐ TIME COLLECTED HRS ____ TV ____ ML	
PATIENT HOME PHONE NUMBER / PATIENT WORK PHONE NUMBER	COLLECTION DATE & TIME ___/___/___	
PATIENT'S SOCIAL SECURITY # / HISTORY # / PATIENT I.D. / REQUESTING PHYSICIAN (FULL NAME - PRINT)	ROOM / BED NO.	
REPORT INFORMATION (Will print on report)	SPECIAL INSTRUCTIONS FOR QUEST DIAGNOSTICS	

* 3 0 1 1 8 5 5 8 *

30118558

PLEASE PLACE LABEL AND NAME OF PATIENT ON CONTAINERS

30118558A 30118558B
30118558C 30118558D

▼ **PRIMARY BILLING PARTY**

▼ **SECONDARY BILLING PARTY**

01-bill CLIENT
10=Other_____

ADDITIONAL DIAGNOSIS INFORMATION (Please enter ICD-9 code next to test below)

REQUESTING PHYSICIAN UPIN #	REQUESTING PHYSICIAN MEDICAID ID #
PRIMARY BILLING PARTY	**SECONDARY BILLING PARTY**
INSURANCE CARRIER	INSURANCE CARRIER
ID#	ID#
GROUP#	GROUP#
INSURANCE ADDRESS	INSURANCE ADDRESS
NAME OF INSURED PERSON	NAME OF INSURED PERSON
RELATIONSHIP TO PATIENT	RELATIONSHIP TO PATIENT

I authorize the release of any medical information necessary to process a claim and request payment benefits be made to Quest Diagnostics Nichols Institute.

X _____ / /
PATIENT OR AUTHORIZED SIGNATURE DATE

X _____
PHYSICIAN'S SIGNATURE (MANDATORY-MEDICAID)

840 AM KFC
U.S. DEPARTMENT OF STATE
BLDG SA1, ROOM L219
2401 E STREET, NW
WASHINGTON, DC 20522-0102
GV 05 AUG 2004

STAT CALL PHONE ☐ ☐ ( )

CUSTOM TEST PROCEDURES

___ 118 HGB ELECTROPHOR
___ 563 ANGIO-1-CONV ENZYME
___ 904 ANTI-THYROID AB GRP
___ 1389 RHEUM. FACTOR/RF
___ 062 FTA-ABS
___ 702 RPR, QUANT

CODE	ADDITIONAL TEST PROCEDURES	ICD-9

PANELS							ICD-9
☐ 440 Electrolyte Panel ▼							
☐ 11206 Basic Metabolic Panel ▼							
☐ 11209 Hepatic Function Panel ▼							
☐ 11208 Renal Function Panel ▼							
☐ 11207 Comp. Metabolic Panel ▼							
☐ 070 Carbon Dioxide	•	•		•	•	SS	
☐ 271 Sodium	•	•		•	•	SS	
☐ 231 Potassium	•	•		•	•	SS	
☐ 079 Chloride	•	•		•	•	SS	
☐ 097 Creatinine	•	•		•		SS	
☐ 329 BUN	•	•		•		SS	
☐ 148 Glucose	•	•		•		SS	
☐ 425 Calcium	•	•		•		SS	
☐ 237 Protein, Total	•		•			SS	
☐ 5890 Albumin	•	•	•			SS	
☐ 047 Bilirubin, Total	•		•			SS	
☐ 1888 Bilirubin, Direct			•			SS	
☐ 221 Alk. Phos. (ALP)	•		•			SS	
☐ 320 AST / SGOT	•		•			SS	
☐ 319 ALT / SGPT	•		•			SS	
☐ 587 GGT						SS	
☐ 331 Uric Acid						SS	
☐ 222 Phosphorus			•			SS	
☐ 080 Cholesterol						SS	
☐ 321 Triglycerides						SS	
☐ 113 LDH, Total						SS	
☐ 099 CPK						SS	
☐ 316 ANTI-NUCLEAR ANTIBODIES (ANA)						SS	
☐ 2594 CBC (Hgb, Hct, WBC, RBC, Plt)						L	
☐ 074 CBC w/Diff						L	
☐ 995 CEA						SS	
☐ 037 CORONARY RISK PROFILE = Triglycerides, Cholesterol HDL Cholesterol						SS	
☐ 098 CREATININE CLEARANCE UR/24						SS	

PROCEDURES		ICD-9
☐ 859 FERRITIN	SS	
☐ 265 FOLATE	SS	
☐ 494 FSH	SS	
☐ 148 GLUCOSE ☐ Fasting ☐ 50 gm. ☐ Random ☐ 2 hr. P.P.	GY	
☐ 025 GLYCOHEMOGLOBIN (HbAIC)	L	
☐ 453 HBs Ag	SS	
☐ 718 HBS ANTIBODY (ANTI-HBS)	SS	
☐ 3571 HCV ANTIBODY (ANTI-HCV)	SS	
☐ 653 HCG, QUALITATIVE	SS	
☐ 730 HCG, QUANTITATIVE	SS	
☐ 964 HDL CHOLESTEROL	SS	
☐ 157 HEMATOCRIT L ☐ 158 HEMOGLOBIN	L	
☐ 1863 HIV-IAb If reactive, progresses to Western Blot for an additional charge	SS	
☐ 174 IRON	SS	
☐ 175 IRON & IBC	SS	
☐ 186 LEAD Please complete Section I on reverse.	DB/E	
☐ 056 PHENYTOIN (DILANTIN)	R	
☐ 353 PROTEIN, TOTAL, URINE	UR	
☐ 1054 PSA, TOTAL	SS	
☐ 13265 PSA, TOTAL, ANNUAL MEDICARE SCREEN	SS	
☐ 241 PT	LB	
☐ 213 PTT	LB	
☐ 251 RETICULOCYTE COUNT	L	
☐ 2377 RPR If reactive, progresses to an FTA-ABS for an additional charge	SS	
☐ 2058 RUBELLA	SS	
☐ 259 SED RATE	L	
☐ 441 TESTOSTERONE, TOTAL	SS	
☐ 8934 URINALYSIS WITHOUT MICRO	UR	
☐ 337 URINALYSIS w/micro if indicated	UR	
☐ 564 URINALYSIS COMPLETE	UR	
☐ 264 VITAMIN B12	SS	

THRYOID FUNCTION		ICD-9
☐ 248 T3 UPTAKE	SS	
☐ 734 T3, TOTAL	SS	
☐ 634 T4 (Thyroxine)	SS	
☐ 1850 T4, FREE	SS	
☐ 305 TSH	SS	

MICROBIOLOGY ▲ Sensitivities and/or ID's will be performed for an additional charge if indicated		ICD-9
☐ ▲ 6470 Throat Culture, Group A Beta Strep		
☐ ▲ 040 Throat Culture, Group A Beta Strep-Rapid Screen		
☐ ▲ 5824 Nose/Throat Culture	Source:	
☐ ▲ 5594 Respiratory Culture (includes eyes & ears)	Source:	
☐ ▲ 665 Urine Culture	UR	
☐ ▲ 5595 Urogenital Culture	Source:	
☐ ▲ 2897 Urogenital Culture, Group B Strep	Source:	
☐ ▲ 103 Blood Culture		
☐ ▲ 663 Wound Culture	Source:	
☐ ▲ 648 Enteric Profile I (stool) Salmonella, Shigella, Campylobacter Cultures		
☐ ▲ 6550 Culture, Campylobacter (Stool)		
☐ ▲ 664 Culture, Salmonella/Shigella (Stool)		
☐ ▲ 212 Ova & Parasites		
☐ ▲ 5189 AFB Culture, Smear & TB Sens	Source:	
☐ ▲ 870 Fungus Culture and Smear	Source:	

VIROLOGY		ICD-9
☐ 877 Culture, Chlamydia trachomatis	Source:	
☐ 841 Herpes Simplex Virus Culture	Source:	
☐ 2669 STD Probe Panel (DNA Probe GC & Chlamydia t.)	Source:	

Tests printed in RED are subject to National Coverage Determination and Medicare Local Medical Review Policies.

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NOTICE REGARDING MEDICARE PATIENTS: Tests should only be ordered that are medically necessary for diagnosis and treatment of a patient rather than for screening purposes.

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