

General Test Requisition

HEALTHQUEST
LABORATORY

45 Reade Place
Poughkeepsie, NY 12601
010209

Acct # _____
Acct Name _____
Acct Address _____
Acct Phone _____ FAX _____

Patient Information			Specimen Information		
(Last Name) _____			Date Collected _____	Time Collected _____	<input type="checkbox"/> AM Fasting <input type="checkbox"/>
(First Name) _____			<input type="checkbox"/> PM Non Fasting <input type="checkbox"/>		
Patient Address _____ Apt. # _____					
City _____		State _____	Zip _____		
<input type="checkbox"/> Male	Date of Birth (Month, Day, Year)	Patient Soc. Sec. #	Please Bill To: <input type="checkbox"/> Patient <input type="checkbox"/> Insurance		
<input type="checkbox"/> Female	MM DD YYYY	_____	Insured's Name (if different from Patient)		Patient Relationship to Insured
Telephone Number () _____					<input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent
Ordering Physician Information			Medicare I.D. Number _____ Medicaid I.D. Number (Physician's Signature Req.) _____		
			Policy I.D. Number (Include Prefix or Suffix)		Group # _____
			Primary Insurance Name and Group Name		
PHONE () _____					
<input type="checkbox"/> FAX () _____					
ICD Diagnosis Codes (Enter All That Apply)					
① _____			② _____		
③ _____			④ _____		
⑤ _____			⑥ _____		

INDICATE ADDITIONAL TESTS HERE							
<p>Please (x) Desired / Test(s)</p> <p>Reflex tests are performed at an additional charge.</p> <p style="background-color: #e0e0e0;">PANEL/PROFILE OFFERINGS</p> <p><input type="checkbox"/> Electrolyte Panel <input type="checkbox"/> Hepatic Function Panel <input type="checkbox"/> Basic Metabolic Panel w/eGFR <input type="checkbox"/> Comp. Metabolic Panel w/eGFR <input type="checkbox"/> Lipid Panel <input type="checkbox"/> Hepatitis Panel</p> <p style="background-color: #e0e0e0;">OTHER TESTS</p> <p><input type="checkbox"/> Abo/RH/AB Screen <input type="checkbox"/> Albumin <input type="checkbox"/> Alkaline Phosphatase <input type="checkbox"/> ALT (SGPT) <input type="checkbox"/> Amylase, Serum <input type="checkbox"/> ANA <input type="checkbox"/> AST (SGOT) <input type="checkbox"/> Bilirubin, Direct <input type="checkbox"/> Bilirubin, Total <input type="checkbox"/> CA 19-9 <input type="checkbox"/> CA 125 <input type="checkbox"/> CA 27.29 <input type="checkbox"/> Calcium <input type="checkbox"/> Carbon Dioxide <input type="checkbox"/> CBC w/Diff <input type="checkbox"/> CEA <input type="checkbox"/> Chloride <input type="checkbox"/> Cholesterol, Total <input type="checkbox"/> C-Reactive Protein <input type="checkbox"/> Creatinine <input type="checkbox"/> Digoxin <input type="checkbox"/> ESR <input type="checkbox"/> Ferritin <input type="checkbox"/> Folate</p>	<p><input type="checkbox"/> GGT <input type="checkbox"/> Glucose <input type="checkbox"/> Glucose Fasting <input type="checkbox"/> HBsAg <input type="checkbox"/> HCG, Total, QN <input type="checkbox"/> HDL Cholesterol <input type="checkbox"/> Hematocrit <input type="checkbox"/> Hemoglobin <input type="checkbox"/> Hemoglobin A1C <input type="checkbox"/> Hepatitis A AB <input type="checkbox"/> Hepatitis B Core AB <input type="checkbox"/> Hepatitis C AB <input type="checkbox"/> HGB A1C <input type="checkbox"/> Iron and TIBC <input type="checkbox"/> LD (Lactate Dehydrogenase) <input type="checkbox"/> Lipase <input type="checkbox"/> Lyme Disease <input type="checkbox"/> Lyme Disease Screen w/Reflex to WB <input type="checkbox"/> Magnesium <input type="checkbox"/> Microalbumin, Random Urine <input type="checkbox"/> Phenytoin (Dilantin*) <input type="checkbox"/> Phosphorus <input type="checkbox"/> Potassium <input type="checkbox"/> Protein, Total <input type="checkbox"/> PSA, Screen <input type="checkbox"/> PT (Prothrombin Time) <input type="checkbox"/> PTT (aPTT) <input type="checkbox"/> Rheumatoid Factor <input type="checkbox"/> RPR <input type="checkbox"/> Rubella AB <input type="checkbox"/> Sodium <input type="checkbox"/> T3, Total <input type="checkbox"/> T3, Uptake <input type="checkbox"/> T4, Free <input type="checkbox"/> T4, Total <input type="checkbox"/> Triglycerides</p> <p><input type="checkbox"/> TSH w/Reflex to Free T4 <input type="checkbox"/> TSH <input type="checkbox"/> UA Complete <input type="checkbox"/> Urea Nitrogen (BUN) <input type="checkbox"/> Uric Acid <input type="checkbox"/> Varicella Zoster <input type="checkbox"/> Vitamin B-12 <input type="checkbox"/> Vitamin B12/Folate <input type="checkbox"/> Vitamin D, 25</p> <p style="background-color: #e0e0e0;">MICROBIOLOGY / VIROLOGY</p> <p>SOURCE:</p> <p># Additional charge ID/Susceptibilities</p> <p><input type="checkbox"/> Culture, Genital <input type="checkbox"/> Culture, Urine <input type="checkbox"/> Culture, Virus <input type="checkbox"/> Culture, Wound <input type="checkbox"/> Mycobacteria Culture, Sputum, <input type="checkbox"/> O & P Stool <input type="checkbox"/> Occult Blood-Fecal <input type="checkbox"/> Strep Group A Culture, Throat</p>						
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