

BILL PHYSICIAN BILL PATIENT OR THIRD PARTY

PATIENT NAME (LAST, FIRST, M.I.)

ACC. NO.

DATE OF BIRTH SEX ICD 1) 2) 3) 4) DATE COLLECTED TIME COLLECTED TIMED URINE HRS: VOL: ML PHYSICIAN/PROVIDER SIGNATURE HOURS FASTING: NAME & ADDRESS OF RESPONSIBLE PARTY STAT CITY STATE/ZIP PHONE NUMBER

PRIMARY INSURANCE COMPANY NAME ATTACH COPY OF CARD INSURANCE ADDRESS POLICY IDENTIFICATION NUMBER GROUP NUMBER

SECONDARY INSURANCE COMPANY NAME ATTACH COPY OF CARD INSURANCE ADDRESS POLICY IDENTIFICATION NUMBER GROUP NUMBER

INDIVIDUAL TESTS

Table of individual tests including AMYLASE, ANA, BNP, CBC, CK, CRP, DHEA-S, ESR, ESTRADIOL, FERRITIN, FSH, GGT, GLUCOSE, HCG, HEMATOOCRIT, HEMOGLOBIN, HEPATITIS, HIV, HOMOCYSTEINE, HSV, INSULIN, LDL, LIPASE, MAGNESIUM, MICROALBUMIN, PHOSPHORUS, PROGESTERONE, PROLACTIN, PROTEIN/CREATININE RATIO, PT, PSA, T, T3, T4, TESTOSTERONE, THYROGLOBULIN, TREPONEMAL, TSH, TSH & FREE T4, TSH w/FT4 REFLEX, T-SPOT, URIC ACID, URINALYSIS, URINALYSIS C/S IF IND, VITAMIN B12, VITAMIN D 25-OH.

ADDITIONAL TESTS & CUSTOM PANELS

Blank area for additional tests and custom panels.

Fax to, Call to, Copy to information fields.

CYTOLOGY

PATHOLOGY

Pap: Diagnostic Screening Source: Cervical Vaginal LMP: Hx ABN Pap, Hx Positive HPV, Hysterectomy, Pregnant, Post Partum, Abh Bleeding.

Specimen type & site:

Pertinent Clinical Information:

Pap Testing Options: 5211 Pap only, 5211 Pap, reflex HPV if ASCUS, 5211 Pap, reflex HPV if abnormal, 5215 Pap + HPV, 5234 Truswab, 5217 Pap + HPV, reflex HPV genotyping, 5219 Pap + GC/CT, 5223 Pap + GC/CT/Trich, 5225 Pap + HPV/GC/CT/Trich, 5227 Age Based Pap.

Diagnosis code (ICD)

Legend for symbols: SERUM FROM RED TOP, SPUN SST, PROTECT FROM LIGHT, PINK, LAVENDER, PLASMA, BLUE, GREEN, SWAB, APTIMA, AFFIRM, VIRAL MEDIA, FRESH STOOL, FREEZE, ENTERIC TRANSPORT, O&P KIT, URINE.

BAGS RF FZ RT

MICROBIOLOGY

Table of microbiology tests including ABO GROUP AND RH, ARTHRITIS PANEL II, BASIC METABOLIC PANEL, CMP + LIPIDS, COMPREHENSIVE METABOLIC PANEL, DRUG SCREEN, URINE PAIN MGT, EBV ANTIBODY PANEL, ELECTROLYTE PANEL, GLUTEN SENSITIVITY PANEL, HEPATIC FUNCTION PANEL, HEPATITIS ABC PANEL, HEPATITIS BC PANEL, IRON AND IRON BINDING, IRON DEFICIENCY PANEL, LIPID PANEL, MATERNAL QUAD PANEL, MEGALOBlastic ANEMIA PANEL, PRENATAL PANEL I, RENAL FUNCTION PANEL, THYROID AUTOANTIBODY GROUP.

Quadrel Label grid with NAME fields for patient identification.

PROFILES / PANELS

1942 BASIC METABOLIC PANEL CPT CODES: 80048

ANION GAP
BUN/CREAT. RATIO
CALCIUM
CARBON DIOXIDE
CHLORIDE
CREATININE, SERUM
GFR ESTIMATION
GLUCOSE
POTASSIUM
SODIUM
UREA NITROGEN

1943 COMPREHENSIVE METABOLIC PANEL CPT CODES: 80053

A/G RATIO
ALBUMIN
ALKALINE PHOS
ALT(SGPT)
ANION GAP
AST(SGOT)
BILIRUBIN, TOTAL
BUN/CREAT. RATIO
CALCIUM
CARBON DIOXIDE
CHLORIDE
CREATININE, SERUM
GFR ESTIMATION
GLOBULIN
GLUCOSE
POTASSIUM
PROTEIN
SODIUM
UREA NITROGEN

1407 ELECTROLYTE PANEL CPT CODES: 80051

ANION GAP
CARBON DIOXIDE
CHLORIDE
POTASSIUM
SODIUM

1944 HEPATIC FUNCTION PANEL CPT CODES: 80076

A/G RATIO
ALBUMIN
ALKALINE PHOS
ALT(SGPT)
AST(SGOT)
BILIRUBIN, DIR.
BILIRUBIN, IND.
BILIRUBIN, TOTAL
GLOBULIN
PROTEIN

1454 LIPID PANEL CPT CODES: 80061

CHOL/HDL
CHOLESTEROL
HDL
LDL
NON-HDL CHOL
TRIGLYCERIDES
VLDL

1941 RENAL FUNCTION PANEL CPT CODES: 80069

ALBUMIN
ANION GAP
BUN/CREAT. RATIO
CALCIUM
CARBON DIOXIDE
CHLORIDE
CREATININE, SERUM
GFR ESTIMATION
GLUCOSE
PHOSPHORUS, INORG
POTASSIUM
SODIUM
UREA NITROGEN

3805 ABO GROUP AND RH CPT CODES: 86900, 86901

ABO
RH

1441 ARTHRITIS PANEL II CPT CODES: 82310, 84075, 84100, 84550, 85651, 86038 86060, 86140, 86431

ALKALINE PHOS
ANA PATTERN
ANA TITER
ASG QUANT
C-REACTIVE PROT
ESR
PHOSPHORUS, INORG
RHEUMATOID FACTOR
URIC ACID

1443 AUTOIMMUNE PANEL CPT CODES: 83516, 86038, 86140, 86160x2, 86235x8, 86431

ANA PATTERN
ANA TITER
CENTROMERE AB
COMPLEMENT C3
COMPLEMENT C4
C-REACTIVE PROT
dsDNA ANTIBODY
HISTONE AB
JO-1 AB
RHEUMATOID FACTOR
SCLERODERMA AB
SJOGRENS A AB
SJOGRENS B AB
SM/RNP AB
SMITH AB

1959 CMP + LIPIDS CPT CODES: 80053, 80061

COMPREHENSIVE METABOLIC PANEL
LIPID PANEL

7000 DRUG SCREEN, URINE PAIN MGT CPT CODES: 80307, 82570

ALCOHOL, URINE
AMPHETAMINES
BARBITURATES
BENZODIAZEPINES
CANNABINOIDS
COCAINE
CREATININE, URINE
ECSTASY
METHADONE
OPIATES
OXYCODONE
PHENCYCLIDINE

14475 EBV ANTIBODY PANEL CPT CODES: 86663, 86664, 86665x2

EBV EARLY, IgG
EBV NUCLEAR, IgG
EBV, IgM
EBV, IgG

14472 GLUTEN SENSITIVITY PANEL CPT CODES: 82784 83516x3

GLIADIN (DGP) - IgA
GLIADIN (DGP) - IgG
IMMUNOGLOBULIN A
TISSUE TRANSG. IgA

1517 HEPATITIS ABC PANEL CPT CODES: 86704, 86706, 86709, 86803, 87340

ANTI-HAV, IgM
ANTI-HBc, TOTAL
ANTI-HBs
ANTI-HCV
HBsAg

1884 HEPATITIS BC PANEL CPT CODES: 86704, 86706, 86803, 87340

ANTI-HBc, TOTAL
ANTI-HBs
ANTI-HCV
HBsAg

1448 IRON DEFICIENCY PANEL CPT CODES: 82728, 83540, 84466

FERRITIN
IRON
TIBC
TRANSFERRIN
UIBC
% SATURATION

91011 MATERNAL QUAD PANEL CPT CODES: 82105, 82677, 84702, 86336

AFP
ESTRIOL
HCG
INHIBIN A
(Collect at 14-24 weeks gestation only)

2140 MEGALOBLASTIC ANEMIA PANEL CPT CODES: 82607, 82746

FOLATE
VITAMIN B12

1001 PRENATAL PANEL I CPT CODES: 85025, 86762, 86780, 86850, 86900, 86901, 87340

ABO
RH
ANTIBODY SCREEN
TREPONEMAL AB
CBC
RUBELLA AB
HBsAg

1416 THYROID AUTOANTIBODY GROUP CPT CODES: 86376 86800

T. PEROXIDASE IgG
THYROGLOBULIN IgG

CPT Coding is based on AMA CPT booklet. Specific CPT coding rules vary among third-party payors.

See www.interpathlab.com for complete listing of patient service centers in your area.

Alert for Medicare Patients

All tests must be reviewed for Medical Necessity. Complete and attach the Advance Beneficiary Notice if applicable. (Federal Form: CMS-R-131 03/20)

ABN signed

ABN not required

“Medical Necessity can be verified on the Interpath Laboratory website at:
<https://www.interpathlab.com/physicians-and-hospitals/professional-links/abn-information/>”