

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

ADDITIONAL TESTS & CUSTOM PANELS

Table of individual tests including Amylase, ANA, BNP, CBC, CK, CRP, DHEA-S, ESR, Estradiol, Ferritin, FSH, FSH and LH, Gest DM Scrn, GGT, Glucose, HCG, HCV RNA, Hematocrit, Hemoglobin, Hemoglobin A, C, Hepatitis A, B, C, HIV, Homocysteine, HSV, Insulin, LDL Direct, Lipase, Magnesium, Microalbumin, Phosphorus, Progesterone, Prolactin, Protein/Creatinine Ratio, PT, PSA, T, T3, T4, Testosterone, TSH, TSH & Free T4, TSH w/FT4 Reflex, T-Spot Tuberculosis, Uric Acid, Urinalysis, Urinalysis C/S if Ind, Vitamin B12, Vitamin D 25-OH.

Blank area for additional tests and custom panels.

FAX to CALL to COPY to

CYTOLOGY and PATHOLOGY sections with checkboxes for Pap, Source, Hx, HPV, Hysterectomy, Pregnant, Post Partum, and various testing options.

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.

MICROBIOLOGY

BAGS RF FZ RT

SOURCE (REQUIRED): ANTIBIOTIC(S):

Table of microbiology tests including Culture, Aerobic, Culture, Anaerobic & Aerobic, Culture, Fungus, Culture, Stool w/Shiga Tox, Culture, Strep A, Culture, Throat, Culture, Urine, Occult Blood, OVA and Parasites, Gram Stain, C. Difficile, Giardia Direct Detect, Vaginitis Panel, Vaginitis Panel + Trich, Vaginitis Panel + GC/CT, GC/CT - Aptima, Group B Strep - PCR, H. Pylori - Urea Breath Test, Herpes Simplex Virus - PCR, MRSA/MSSA - PCR, Rapid Grp A Strep, RSV, Rapid.

Quadrel Label area with four columns for NAME.

## 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](http://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/>”