

<b>COLLECTOR</b>	<b>COLLECT DATE</b>	<b>COLLECT TIME</b>	<b>Provider's Name:</b> _____
<b>Patient's Name:</b> _____ <b>DOB:</b> _____ <b>Gender:</b> _____ <b>Address:</b> _____ <b>City:</b> _____ <b>Zip:</b> _____ <b>Phone:</b> _____			<b>NPI:</b> _____ <b>Phone:</b> _____ <b>Facility:</b> _____ <b>Clinical Indication:</b> _____ <b>ICD:</b> _____, _____, _____, _____

**Patient Consent:** I certify that I have provided this specimen voluntarily for analytical testing collections services provided by Medex Diagnostic Services. I also understand that, I can go to a different lab, or collection services provider if I wish. The information provided on this form is accurate. I authorize Medex Diagnostic Services or MMZ clinical Laboratories to release results of this testing to the treating physician or facility, my insurance carries, health plan, or third party administrator. I assign and authorize insurance payment for lab services to MMZ Clinical Laboratories & Medex Diagnostic Services. I acknowledge that MMZ Clinical Lab And Medex Diagnostic Services may be an out-of-network provider with my insurer. I understand my insurance carrier may not approve and may not reimburse medical testing service bill in full due to usual and customary rate limits, benefits exclusions, coverage limits, lack of authorization, medical necessity, or otherwise. I also acknowledge that my provider may have some relation/interest in the testing Laboratory. I understand that I am responsible for fees not paid in full, co-payments, and policy deductibles, except where my liability is limited by contract or State or Federal Law. I understand that MMZ Clinical Lab & Medex Diagnostic Services may use my specimen and testing results for research, development, education, and potential publication purposes, so as long as the information has been properly anonymized pursuant to any and all applicable laws.

**Date :** \_\_\_\_\_ **Patient's Signature:** \_\_\_\_\_

PANELS:				INDIVIDUAL TESTS:											
HE40401	CBC (Auto)	@	WB	GC31001	a-1-Antitripsin		S	EH33051	ACTH		S	EH33052	BhCG	@	S
HE40402	CBC With Diff (Auto)	@	WB	GC31002	Albumin		S	EH33053	CK-MB		S	EH33054	CEA	B	S
HE40403	WBC Diff (Auto)	@	WB	GC31003	ALP		S	EH33055	Cortisol		S	EH33056	DHEA-S		S
HE40404	Hemoglobin	@	WB	GC31004	ALT		S	EH33057	Estradiol		S	EH33058	Ferritin	@	S
HE40405	Hematocrit	@	WB	GC31005	AST		S	EH33059	Folate	@ #	S	EH33060	Folate RBC	B @	WB
HE40406	Platelet	@	WB	GC31006	Amylase		S	EH33061	h LH		S	EH33062	h FSH		S
HE40407	Leukocyte Count	@	WB	GC31007	Bilirubin (Total)		S	EH33063	h TSH	B	S	EH33064	Hybritech PSA (Free)	B	S
HE40408	Other			GC31008	Bilirubin (Direct)		S	EH33065	Hybritech PSA	B #	S	EH33066	Insulin (Ultrasense)		S
HE40409	HbA1C			GC31009	BUN		S	EH33067	Intrinsic Factor AB		S	EH33068	Myoglobin		S
				GC31010	Calcium		S	EH33069	Ostase Alkaline Phosphate		S	EH33070	Pregnenolone		S
BMP99001	Basic Metabolic Panel		S	GC31011	Cholesterol (Total)	B	S	EH33071	Progesterone		S	EH33072	PTH Intact		S
CMP99002	Comprehensive Metabolic Panel		S	GC31012	Cholesterol, LDL	B	S	EH33073	Thyroglobulin		S	EH33074	TSH (Fast)	B	S
LYT99003	Electrolyte Panel		S	GC31013	Cholesterol, HDL	B	S	EH33075	T3 Free		S	EH33076	T3 Total		S
LFT99004	Liver Function Test/ Hepatic Panel	@	S	GC31014	Cholesterol LDL/HDL Ratio		S	EH33077	T4 Free	B	S	EH33078	T4 Total	B	S
LIP99005	Lipid Panel	B	S	GC31015	Chloride (Cl)		S	EH33079	T-Uptake	B	S	EH33080	Testosterone		S
RFT99006	Renal Function Test/ Kidney Function Test	@	S	GC31016	CO <sub>2</sub> Bicarbonate		S	EH33081	Testosterone (Free & Dire)		S	EH33082	TPO AB		S
ANE99008	Anemia Panel	@	S+WB	GC31017	CRP		S	EH33083	SHBG		S	EH33084	Vitamin B <sub>12</sub>	B	S
CVP99009	Cardio-vascular Panel	@	S	GC31018	CRP hs	@	S	EH33085	Vitamin D, 25 Hydroxy	B	S	EH33086	Myoglobin (Urine)		UR
CEP99010	Tumor Markers	@	S	GC31019	Creatinine		S	EH33087	AFP (ONTD)	@	S	EH33088	Digoxin		S/P
SKP99011	Skeletal Profile	@	S	GC31020	Creatinine Kinase (CK)		S	EH33089	Triage BNP	B	S	EH33090	Triage BNP	B	S
BHP9001	Basic Health Panel	@	S	GC31021	GGT	@	S								
SHP9003	Standard Health Panel	@	S	GC31022	Glucose	B	S								
CHP9004	Comprehensive Health Panel	@	S+WB	GC31023	Iron	@	S								
THP9005	Thyroid Panel	@	S	GC31024	Iron Binding Capacity Tot.	@	S								
RHP9006	Reproductive Health Panel	@	S	GC31025	Lactate		S								
				GC31026	Lactate Dehydrogenase		S								
				GC31027	Lipase		S								
				GC31028	Lithium		S								
				GC31029	Magnesium		S								
				GC31030	Phosphorus		S								
				GC31031	Potassium (K <sup>+</sup> )		S								
				GC31032	Prealbumin		S								
				GC31033	Sodium (Na <sup>+</sup> )		S								
				GC31034	Total Protein		S								
				GC31035	Transferrin		S								
				GC31036	Triglycerides		S								
				GC31037	Troponin		S								
				GC31038	Uric Acid		S								
				GC31039	Valproic Acid		S								
				GC31040	ANA		S								
				GC31041	Ammonia (Plasma)		P								
				GC31042	Alb/Creat. Ratio (Urine)		UR								

Processing of some of the tests takes longer than normal and results will be delayed

@,B Limited or no coverage by Medicare, limited frequency of the tests.

**BILL TO:**  
 Medicare/Medicaid      Client      Patient

Insurance: \_\_\_\_\_

Attach copy of the insurance card with requisition.

**Notice of Medical necessity:** As a prescribing physician, you should order laboratory tests that are reasonable and medically necessary for the diagnosis and treatment of your patient. Upon request you or your staff must be able to provide documentation to support the medical necessity of the Laboratory tests marked on this requisition form of MMZ Clinical Lab or Medex Diagnostic Services to perform.

**PHYSICIAN'S SIGNATURE:** \_\_\_\_\_ **Date:** \_\_\_\_\_