



CENTRAL CLINICAL LABS
 6858 W. ARCHER AVE. • CHICAGO, IL 60638
 TEL. (773) 788-1577 • FAX (773) 788-1579

ORDERING PHYSICIAN INFORMATION

SPECIMEN INFORMATION

STAT	DATE COLLECTED	TIME COLLECTED : <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	FOR LAB USE: DATE RECEIVED
PATIENT LAST NAME (Please Print)		FIRST NAME (Please Print)	
SEX M <input type="checkbox"/> F <input type="checkbox"/>	DATE OF BIRTH M D Y	PATIENT'S RELATIONSHIP TO INSURED <input type="checkbox"/> SELF <input type="checkbox"/> DEPENDENT <input type="checkbox"/> SPOUSE <input type="checkbox"/> OTHER	BILL TO: <input type="checkbox"/> PATIENT <input type="checkbox"/> CLIENT
BILLING ADDRESS		APT. NO.	
CITY	STATE	ZIP	TEL. NO. (9-5)
MEDICAID NUMBER		MEDICARE NUMBER	SUFFIX
BILLING INFORMATION AND ABN NAME OF INSURANCE / HMO / PPO		PATIENT - READ AND SIGN	
IF REQUIRED, ATTACH COMPLETED SIGNED FORM CERTIFICATE OR I.D. No.		MEDICAL RELEASE: I authorize the release of any medical information to process this claim and request payment of benefits to Central Clinical Laboratory and shall be personally responsible for any unpaid balance.	
INSURANCE CLAIM MAILING ADDRESS		IF HIV TEST IS ORDERED, I AGREE TO BE TESTED.	
CITY	STATE	ZIP	PATIENT OR AUTHORIZED PERSON SIGNATURE (Must) X
		PHYSICIAN OR AUTHORIZED PERSON SIGNATURE (Must)* X	

DIAGNOSIS	DIAGNOSIS	DIAGNOSIS
(ICD-9)	(ICD-9)	(ICD-9)

SPACE BELOW FOR ADDITIONAL INSTRUCTIONS / TESTS. SOME TESTS COVERED BY MEDICARE HAVE LIMITED COVERAGE (See ABN)

Please (x) Desired Profile(s) / Tests See Back of Requisition for Panel Components and Specimen Requirements ANY PROFILE COMPONENT MAY BE ORDERED SEPARATELY									
HEALTH PROFILES (See Reverse)			INDIVIDUAL TESTS			INDIVIDUAL TESTS (Cont'd)			MICROBIOLOGY
715	HEALTH CARE (R, L, U)	129	AMYLASE	SST	121	IRON	SST	156	CHLAMYDIA / GC, DNA Probe
716	COMPREHENSIVE HEALTH (R, L, U)	172	ANA LATEX	SST	213	LEAD	L	702	GENITAL CULTURE
717	THYROID - COMP. (R)	176	BLOOD GROUP, ABO, Rh	L	214	LITHIUM	SST	709	STOOL, culture
751	ANEMIA - DEFICIENCY (R, L, U)	600	CBC w/ Diff	L	217	PROLACTIN	SST	227	STOOL, OVA & PRASITES
759	PRE-NATAL PROFILE (2R, L, U)	203	CEA	SST	235	PROGESTERONE	SST	701	THROAT, BETA-STREP culture
400	CHEM-SCREEN (R)	182	CORTISOL <input type="checkbox"/> AM <input type="checkbox"/> PM	SST	204	PSA, 3RD GEN	SST	700	URINE, ROUTINE, C/S
752	ARTHRITIS / RHEUMATOID (2R, L, U)	173	C-REACTIVE PROTEIN	SST	339	PRO TIME PANEL	BL	704	WOUND, SUPERFICIAL, C/S
753	DIABETES PROFILE (2R, L, U)	195	DIGOXIN	SST	198	RETICULOCYTE	L		
763	HEPATITIS PROFILE (2R, L, U)	196	DILANTIN	SST	157	RPR	SST	CYTOLOGY	
756	CARDIAC PROFILE (2R, L, U)	136	FERRITIN	SST	152	SEDIMENTATION RATE (ESR)	L	206	PAP SMEAR
777	FEMALE HORMONE (2R, L, U)	103	GLUCOSE fasting	G	153	SICKLE CELL	L	301	THIN PREP
PANELS (SEE REVERSE)		234	H. PYLORI Ab	SST	215	TESTOSTERONE	SST		
304	ELECTROLYTE (R)	181	HCG, Qual	SST	199	THEOPHILINE	SST	SOURCE: <input type="checkbox"/> cervix <input type="checkbox"/> vaginal <input type="checkbox"/> endocervical	
602	BASIC METABOLIC (R)	238	HSV I&II	SST	133	T3-UPTAKE	SST	LMP:/...../.....
603	RENAL FUNCTION (R)	186	HAV-Ab	SST	134	T4-TOTAL	SST		ROUTINE screen
601	COMPREHENSIVE METABOLIC (R)	185	HBs-Ab	SST	135	TSH	SST		Pregnant / Postpartum
305	HEPATIC FUNCTION (R)	184	HBs-Ag	SST	264	URINE, MICROALBUMIN	UR		Abnormal PAP / Biopsy
351	HEPATITIS ACUTE (R)	253	HCV-Ab	SST	205	URINE, PREGNANCY, Qualit.	UR		
600	CBC / DIFF / PLTS (L)	183	HgBA1C (glycohemoglobin)	L	298	VITAMIN D 25-OH	SST		OTHER
310	LIPID PANEL (R)	193	HIV I & II Ab	SST	350	VITAMIN B12/FOLATE (SST)	SST		
302	URINALYSIS (UR)								

LAB USE SST Lav Gray Blue Urine Swab Slide Stool Other Ok
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TEST PANEL POLICY

Central Clinical Laboratory's policy is to provide referring physicians who wish to order testing combination the flexibility to choose the appropriate tests. A set of well recognized panels and profiles is offered that do not distance the physician from making decisions regarding which test is medically necessary. All tests in the panels may be ordered individually, and when ordered as a panel, one single CPT code may be applied. If the test combinations shown below do not meet your individual needs, we'll gladly customize another panel for you.

HEALTH PROFILES	
400 CHEM SCREEN: CMP, Lipid Panel	752 ARTHRITIS/RHEUMATOID: Healthcare, Uric Acid
715 HEALTH-CARE: CMP, Lipid, CBC, T3, T4, TSH, Ferritin, Iron, CRP, ASO, ANA, RF, HBSAB, HBSAG, UA, CPK, Amylase	753 DIABETES PROFILE: Healthcare, Glyco, Microalbumin
716 COMPREHENSIVE HEALTH: Healthcare, VB12, Folate, RPR	763 HEPATITIS PROFILE: Healthcare, HAVAB, HBCAB, HBSAG, HCVAB
717 THYROID COMP: T-3 Uptake, T4-Total, TSH, T4-Free, Anti-TPO, Intact PTH, Free T3	756 CARDIAC PANEL: Healthcare, Homocysteine, HSCRP, CK-MB, PRO-BNP
751 ANEMIA-DEFICIENCY: Healthcare, Reticulocyte count, VB12, Folate	777 FEMALE (GYN) HORMONE: Healthcare, LH, FSH, Prolactin, Progesterone, Cortisol, Estradiol, B-HCG
759 PRENATAL PROFILE: Healthcare, ABORH, Antibody Screen, Rubella, HBA1C, RPR, Hepatitis Panel, Herpes Type I & II, HIV, GC & Chlamydia	

HEALTH PANELS	
304 ELECTROLYTE: Na, K, Cl, CO2	600 HEMATOLOGY: CBC W/DIFF & PLTS
602 BASIC METABOLIC: Na, K, CL, CO2, BUN, Creatinine, Glucose	302 URINALYSIS: Dip stick with microscopy
603 RENAL FUNCTION: Na, K, CL, CO2, BUN, Creatinine, Glucose, Albumin, Phosphate, Calcium	310 LIPID PANEL: Cholesterol-Total, HDL-Cholesterol, Triglycerides, LDL, VLDL
305 HEPATIC FUNCTION: Albumin, ALT (SGPT), AST (SGOT), Alkaline Phosphatase (ALP), Bilirubin-Direct, Bilirubin-Total, Protein-Total	351 HEPATITIS ACUTE: HAV Ab, HBC Ab, HBS-Ag, HCV Ab
601 COMPREHENSIVE METABOLIC: Na, K, CL, CO2, BUN, Creatinine, Glucose, Albumin, Phosphate, Calcium, AST (SGOT), ALT (SGPT), Bilirubin-Total, Protein-Total	

MEDICARE ADVANCE BENEFICIARY NOTICE (ABN) STATEMENT

Medicare will only pay for services that it determines to be "reasonable and necessary" under Section 1862(a)(1) of the Medicare law. If Medicare determines that a particular service is not reasonable and necessary under Medicare program standards, Medicare will deny payment for that service.

I have been notified by my physician/provider that in my case, Medicare is likely to deny payments for this test(s): _____, for the following reason:

- Medicare usually does not pay for this service for the provided diagnosis.
- Medicare does not pay for tests that do not have FDA approval (investigational use).
- Medicare usually does not pay for routine exam/lab work.
- Medicare usually does not pay for this many services for my condition.
- Other _____

IF YOU AGREE, SIGN ON FRONT