



CENTRAL CLINICAL LABS

7330 E. EARLL DRIVE, SUITE H | 3802 E. UNIVERSITY DR., SUITE 5
 SCOTTSDALE, AZ 85251 | PHOENIX, AZ 85034
 TEL. (480) 990-1343 | TEL. (480) 990-1335
 FAX (480) 990-1337 | FAX (480) 990-1337

SPECIMEN INFORMATION

STAT	DATE COLLECTED	TIME COLLECTED	FOR LAB USE: DATE RECEIVED
		: <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	

PATIENT LAST NAME (Please Print)	FIRST NAME (Please Print)
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SEX	DATE OF BIRTH	BILL TO:	PATIENT I.D.
M F	M D Y	<input type="checkbox"/> PATIENT <input type="checkbox"/> CLIENT <input type="checkbox"/> INSURANCE	

BILLING ADDRESS	APT. NO.
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CITY	STATE	ZIP	TEL. NO. (9-5)
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MEDICARE NUMBER WITH SUFFIX	
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OTHER INSURANCE	PATIENT - READ AND SIGN
INSURANCE CARRIER	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. IF HIV TEST IS ORDERED, I AGREE TO BE TESTED. PATIENT OR AUTHORIZED PERSON SIGNATURE (Must) X
ID #	
GROUP #	
NAME OF INSURED PERSON	
RELATIONSHIP TO PATIENT	
INSURANCE ADDRESS	PHYSICIAN OR AUTHORIZED PERSON SIGNATURE (Must)* X
CITY, STATE, ZIP	

ORDERING PHYSICIAN INFORMATION		
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) / Test 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	
AZ715	HEALTH CARE (2SST, L, U)	129	AMYLASE SST	462	IRON PANEL SST	156	CHLAMYDIA / GC, DNA Probe
AZ716	COMPREHENSIVE HEALTH (2SST, L, U)	172	ANA LATEX SST	213	LEAD L	702	GENITAL CULTURE
AZ717	THYROID - COMP (2SST)	176	BLOOD GROUP, ABO, Rh L	214	LITHIUM R	709	STOOL, culture
AZ751	ANEMIA - DEFICIENCY (2SST, L, U)	RFX	CBC w/ B12 & FOLATE SST	217	PROLACTIN SST	227	STOOL, OVA & PARASITES
759	PRE-NATAL PROFILE (2SST, L, U)	RFX2	CBC w/ IRON & TIBC SST	235	PROGESTERONE SST	701	THROAT, BETA-STREP culture
752	ARTHRITIS / RHEUMATOID (2SST, L, U)	182	CORTISOL <input type="checkbox"/> AM <input type="checkbox"/> PM SST	204	PSA SST	700	URINE, ROUTINE, C/S
753	DIABETES PROFILE (2SST, L, U)	173	C-REACTIVE PROTEIN SST	339	PRO TIME PANEL BL	704	WOUND, SUPERFICIAL, C/S
AZ763	HEPATITIS PROFILE (2SST, L, U)	195	DIGOXIN R	157	RPR SST		
756	CARDIAC PROFILE (2SST, L, U)	196	DILANTIN R	152	SEDIMENTATION RATE (ESR) L		CYTOLOGY
777	FEMALE HORMONE (2SST, L, U)	136	FERRITIN SST	RA	RHEUMATOID FACTOR SST	206	PAP SMEAR
	PANELS (SEE REVERSE)	FBS	GLUCOSE fasting SST/G	2094	TESTOSTERONE PANEL SST	301	THIN PREP
304	ELECTROLYTE (SST)	234	H. PYLORI Ab SST	FT3	T3-FREE SST		
602	BASIC METABOLIC (SST)	181	HCG, Qual SST	133	T3-TOTAL SST		SOURCE: <input type="checkbox"/> cervix <input type="checkbox"/> vaginal <input type="checkbox"/> endocervical
603	RENAL FUNCTION (SST)	238	HSV I&II SST	FT4	T4-FREE SST		LMP:
601	COMPREHENSIVE METABOLIC (SST)	186	Hep. A-Ab SST	134	T4-TOTAL SST		ROUTINE screen
305	HEPATIC FUNCTION (SST)	187	Hep. Bc-Ab SST	135	TSH SST		Pregnant / Postpartum
351	HEPATITIS ACUTE (SST)	185	Hep. Bs-Ab SST	264	URINE, MICROALBUMIN UR		Abnormal PAP / Biopsy
600	CBC / DIFF / PLTS (L)	184	Hep. Bs-Ag SST	205	URINE, PREGNANCY, Qualit. UR		
310	LIPID PANEL (SST)	253	Hep. C-Ab SST	298	VITAMIN D 25-OH SST		OTHER
302	URINALYSIS (UR)	183	HgBA1C (glycohemoglobin) L	AZ350	VITAMIN B12/FOLATE SST		
303	URINALYSIS, MICROSCOPIC (UR)	193	HIV I & II Ab SST				

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

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	
715 HEALTH-CARE: CMP, Lipid, CBC, T3, T4, TSH, Ferritin, Iron, CRP, ASO, ANA, RF, HBSAB, HBSAG, UA, CPK, Amylase	752 ARTHRITIS/RHEUMATOID: Healthcare, Uric Acid
716 COMPREHENSIVE HEALTH: Healthcare, VB12, Folate, RPR	753 DIABETES PROFILE: Healthcare, Glyco, Microalbumin
717 THYROID COMP: T-3 Uptake, T4-Total, TSH, T4-Free, Anti-TPO, Intact PTH, Free T3	763 HEPATITIS PROFILE: Healthcare, HAVAS, HBCAB, HBSAG, HCVAB
751 ANEMIA-DEFICIENCY: Healthcare, Reticulocyte count, VB12, Folate	756 CARDIAC PANEL: Healthcare, Homocysteine, HSCRP, CK-MB, PRO-BNP
759 PRENATAL PROFILE: Healthcare, ABORH, Antibody Screen, Rubella, HBA1C, RPR, Hepatitis Panel, Herpes Type I & II, HIV, GC & Chlamydia	777 FEMALE (GYN) HORMONE: Healthcare, LH , FSH, Prolactin, Progesterone, Cortisol, Estradiol, 8-HCG

HEALTH PANELS	
304 ELECTROLYTE: Na, K, Cl, C02	601 COMPREHENSIVE METABOLIC: Na, K, CL, C02, BUN, Creatinine, Glucose, Albumin, Phosphate, Calcium, AST (SGOT), ALT (SGPT), Bilirubin-Total, Protein-Total
602 BASIC METABOLIC: Na, K, CL, C02, BUN, Creatinine, Glucose	600 HEMATOLOGY: CBC W/DIFF & PLTS
603 RENAL FUNCTION: Na, K, C L, C02, 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: Hep. A-Ab, Hep. Bc-Ab, Hep. Bs-Ab, Hep. Bs-Ag, Hep. C-Ab

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