



CENTRAL CLINICAL LABS

3720 E. LA SALLE ST. • SUITE 103 • PHOENIX, AZ 85040
TEL. (480) 990-1335 • FAX (480) 990-1337
WWW.CCLLABS.COM

SPECIMEN INFORMATION

STAT	DATE COLLECTED REQUIRED	TIME COLLECTED : <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	DRAW SITE
PATIENT LAST NAME (Please Print) REQUIRED		FIRST NAME (Please Print) REQUIRED	
SEX M F	DATE OF BIRTH REQUIRED M D Y	BILL TO: <input type="checkbox"/> PATIENT <input type="checkbox"/> CLIENT <input type="checkbox"/> INSURANCE	PATIENT I.D.
ADDRESS			ROOM/BED #
CITY	STATE	ZIP	TEL. NO. (9-5)
MEDICARE NUMBER WITH SUFFIX			
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.	
ID #			
GROUP #			
NAME OF INSURED PERSON		IF HIV TEST IS ORDERED, I AGREE TO BE TESTED.	
RELATIONSHIP TO PATIENT			
INSURANCE ADDRESS			
CITY, STATE, ZIP		PATIENT OR AUTHORIZED PERSON SIGNATURE (Must) X	

ORDERING PHYSICIAN INFORMATION

DIAGNOSIS REQUIRED	DIAGNOSIS REQUIRED	DIAGNOSIS REQUIRED
(ICD-10) REQUIRED	(ICD-10) REQUIRED	(ICD-10) REQUIRED
PHYSICIAN OR AUTHORIZED PERSON SIGNATURE (Must)* X REQUIRED		

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

PCR PANELS (See Back for Information)

CGI	C. DIFF / GI PANEL
RVP	RSV PANEL
UTID	UTI PANEL BY PCR

Please (x) Desired Profile(s) / Test See Back of Requisition for Panel Components and Specimen Requirements ANY PROFILE COMPONENT MAY BE ORDERED SEPARATELY

PANELS (See Reverse)		INDIVIDUAL TESTS		INDIVIDUAL TESTS (Cont'd)		MICROBIOLOGY	
304	ELECTROLYTE SST	195	DIGOXIN R	462	IRON PANEL SST	156	CHLAMYDIA/GC,DNA Probe
602	BASIC METABOLIC SST	196	DILANTIN R	MG	MAGNESIUM SST	CDIF	C. DIFF SCREEN AB & AG
603	RENAL FUNCTION SST	EST	ESTRADIOL SST	PHOS	PHOSPOROUS SST	702	GENITAL CULTURE
601	COMPREHENSIVE METABOLIC SST	136	FERRITIN SST	217	PROLACTIN SST	709	STOOL,CULTURE
305	HEPATIC FUNCTION SST	FBS	GLUCOSE fasting SST/G	235	PROGESTERONE SST	227	STOOL, OVA & PARASITES
351	HEPATITIS ACUTE SST	234	H. PYLORI Ab SST	PSAPNL	PSA PANEL SST	IFOBT	FECAL OCCULT BLOOD
600	CBC / DIFF / PLTS L	181	HCG, Qual SST	339	PRO TIME W/INR BL	701	THROAT, BETA-STREP culture
310	LIPID PANEL SST	238	HSV I&II SST	PTT	PTT BL	302	URINALYSIS UR
192	LIPID PANEL & DIRECT LDL SST	186	Hep. A-Ab SST	157	RPR SST	302,700	URINALYSIS & URINE CULTURE UR
462	IRON & TIBC SST	187	Hep. Bc-Ab SST	RA	RHEUMATOID FACTOR SST	UACS	URINALYSIS & URINE CULTURE BY PCR UR
545	THYROID PANEL SST	185	Hep. Bs-Ab SST	2094	TESTOSTERONE PANEL SST	264	URINE, MICROALBUMIN UR
	INDIVIDUAL TESTS	184	Hep. Bs-Ag SST	FT3	T3-FREE SST	205	URINE,PREGNANCY Qual UR
AMM	AMMONIA L	253	Hep. C-Ab SST	133	T3-TOTAL SST	VRE	VRE SCREEN
130	AMYLASE / LIPASE SST	183	HgBA1C (glycohemoglobin) L	FT4	T4-FREE SST	704	WOUND, SUPERFICIAL, C/S
172	ANA LATEX SST	190	HgBA1C w/eAG L	134	T4-TOTAL SST		OTHER
176	BLOOD GROUP, ABO, Rh L	193	HIV 1/2 with Reflex SST	135	TSH SST		
BNP	B-Type Natriuretic Peptide L	LDH	Lactate Dehydrogenase (LDH) SST	278	VALPROIC ACID (DEPAKENE) R		
203	CEA SST	192	LDL Cholesterol, Direct SST	UA	URIC ACID SST		
182	CORTISOL <input type="checkbox"/> AM <input type="checkbox"/> PM SST	213	LEAD L	VANTH	VANCOMYCIN, TROUGH SST		
CRP	C-REACTIVE PROTEIN-HS SST	214	LITHIUM R	298	VITAMIN D 25-OH SST		
152	SEDIMENTATION RATE (ESR) L	131	FSH/LH SST	350	VITAMIN B12/FOLATE 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 PANELS	
304 ELECTROLYTE: Na, K, Cl, CO2	600 HEMATOLOGY: CBC WDIFF & PLTS
602 BASIC METABOLIC: Na, K, Cl, CO2, BUN, Creatinine, Glucose	302 URINALYSIS W/REFLEX: Urinalysis, UTI Panel (if needed)
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: Hep. A-Ab, Hep. Bc-Ab, Hep. Bs-Ab,Hep. Bs-Ag, Hep. C-Ab
601 COMPREHENSIVE METABOLIC: Na, K, Cl, CO2, BUN, Creatinine, Glucose, Albumin, Phosphate, Calcium, AST (SGOT), ALT (SGPT), Bilirubin-Total, Protein-Total	545 THYROID PANEL: Free T3, Free T4, TSH, T3 Total, T4 Total

PCR PANELS		
RESPIRATORY PANEL: Adenovirus, Coronavirus, Metapneumovirus, Rhinovirus/ Enterovirus, Influenza A, Influenza B, Parainfluenza Virus 1, Parainfluenze Virus 2, Parainfluenza Virus 3, Parainfluenza Virus 4, RSV, Bordetella pertussis, C. pneumoniae, M. pneumoniae	C/ DIFF / GI PANEL Campylobacter, Clostridium difficile toxin A/B, Plesiomonas sheigelloides, Salmanella, Vibrio, Vibrio cholerae, Yersinia enterocolitca, EAEC, EPEC, ETEC, STEC, EIEC, Cryptosporidium, CYclosport cayetanensis, Entamoeba historlytica, Giaria lamblia, Adenovirus F 40/41, Astrovirus, Norovirus GI/GII, Rotavirus A, Sapovirus.	UTI PANEL Urinalysis, Urinary Tract Infection (PCR) + Sensitivity Panel (if needed)

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