



# CENTRAL CLINICAL LABS

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## SPECIMEN INFORMATION

STAT	DATE COLLECTED <b>REQUIRED</b>	TIME COLLECTED : <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	DRAW SITE
PATIENT LAST NAME (Please Print) <b>REQUIRED</b>		FIRST NAME (Please Print) <b>REQUIRED</b>	
SEX M   F	DATE OF BIRTH <b>REQUIRED</b> 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			
<b>OTHER INSURANCE</b>		<b>PATIENT - READ AND SIGN</b>	
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 <b>REQUIRED</b>	
CITY, STATE, ZIP			

ORDERING PHYSICIAN INFORMATION		
DIAGNOSIS <b>REQUIRED</b>	DIAGNOSIS <b>REQUIRED</b>	DIAGNOSIS <b>REQUIRED</b>
(ICD-10) <b>REQUIRED</b>	(ICD-10) <b>REQUIRED</b>	(ICD-10) <b>REQUIRED</b>
PHYSICIAN OR AUTHORIZED PERSON SIGNATURE (Must)* X <b>REQUIRED</b>		

**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 339	MAGNESIUM SST CDIFF 701	C. DIFF SCREEN WITH REFLEX			
603	RENAL FUNCTION SST EST 181	ESTRADIOL SST PHOS 702	PHOSPOROUS SST 702	GENITAL CULTURE			
601	COMPREHENSIVE METABOLIC SST 136	FERRITIN SST 217	PROLACTIN SST 709	STOOL,CULTURE			
305	HEPATIC FUNCTION SST FBS 235	GLUCOSE fasting SST/G 235	PROGESTERONE SST 227	STOOL, OVA & PARASITES			
351	HEPATITIS ACUTE SST 234	H. PYLORI Ab SST PSAPNL 339	PSA PANEL SST IFOBT 701	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 302	PTT BL 302	URINALYSIS W/REFLEX UR			
192	LIPID PANEL & DIRECT LDL SST 186	Hep. A-Ab SST 157	RPR SST 264	URINE, MICROALBUMIN UR			
462	IRON & TIBC SST 187	Hep. Bc-Ab SST RA 205	RHEUMATOID FACTOR SST 205	URINE,PREGNANCY Qual UR			
545	THYROID PANEL SST 185	Hep. Bs-Ab SST 2094	TESTOSTERONE PANEL SST VRE 704	VRE SCREEN			
	<b>INDIVIDUAL TESTS</b> 184	Hep. Bs-Ag SST FT3	T3-FREE SST 704	WOUND, SUPERFICIAL, C/S			
AMM	AMMONIA L 253	Hep. C-Ab SST 133	T3-TOTAL SST	<b>OTHER</b>			
130	AMYLASE / LIPASE SST 183	HgBA1C (glycohemoglobin) L FT4	T4-FREE SST				
172	ANA LATEX SST 190	HgBA1C w/eAG L 134	T4-TOTAL SST				
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	
<b>304 ELECTROLYTE:</b> Na, K, Cl, CO2	<b>600 HEMATOLOGY:</b> CBC WDIFF & PLTS
<b>602 BASIC METABOLIC:</b> Na, K, Cl, CO2, BUN, Creatinine, Glucose	<b>302 URINALYSIS W/REFLEX:</b> Urinalysis, UTI Panel (if needed)
<b>603 RENAL FUNCTION:</b> Na, K, Cl, CO2, BUN, Creatinine, Glucose, Albumin, Phosphate, Calcium	<b>310 LIPID PANEL:</b> Cholesterol-Total, HDL-Cholesterol, Triglycerides, LDL, VLDL
<b>305 HEPATIC FUNCTION:</b> Albumin, ALT (SGPT), AST (SGOT), Alkaline Phosphatase (ALP), Bilirubin-Direct, Bilirubin-Total, Protein-Total	<b>351 HEPATITIS ACUTE:</b> Hep. A-Ab, Hep. Bc-Ab, Hep. Bs-Ab, Hep. Bs-Ag, Hep. C-Ab
<b>601 COMPREHENSIVE METABOLIC:</b> Na, K, Cl, CO2, BUN, Creatinine, Glucose, Albumin, Phosphate, Calcium, AST (SGOT), ALT (SGPT), Bilirubin-Total, Protein-Total	<b>545 THYROID PANEL:</b> Free T3, Free T4, TSH, T3 Total, T4 Total

PCR PANELS		
<b>RESPIRATORY PANEL:</b>  Adenovirus, Coronavirus, Metapneumovirus, Rhinovirus/ Enterovirus, Influenza A, Influenza B, Parainfluenza Virus 1, Parainfluenza Virus 2, Parainfluenza Virus 3, Parainfluenza Virus 4, RSV, Bordetella pertussis, C. pneumoniae, M. pneumoniae	<b>C/ DIFF / GI PANEL</b>  Campylobacter, Clostridium difficile toxin A/B, Plesiomonas sheigelloides, Salmonella, Vibrio, Vibrio cholerae, Yersinia enterocolitca, EAEC, EPEC, ETEC, STEC, EIEC, Cryptosporidium, Cyclospora cayentanensis, Entamoeba histolytica, Giardia lamblia, Adenovirus F 40/41, Astrovirus, Norovirus GI/GII, Rotavirus A, Sapovirus.	<b>UTI PANEL</b>  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