



# Primary Diagnostics Laboratory

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PATIENT INFORMATION						BILL TO	SPECIMEN	COLLECTION
LAST NAME	FIRST NAME	MIDDLE IN	BIRTH DATE	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	<input type="checkbox"/> PATIENT <input type="checkbox"/> ACCOUNT <input type="checkbox"/> OTHER	DATE	TIME	
ADDRESS	APT#	CITY	STATE	ZIP				
PATIENT SOCIAL SECURITY NUMBER	TELEPHONE NUMBER	PATIENT CHART #	<input type="checkbox"/> FASTING <input type="checkbox"/> NON FASTING		LAB #			
RESPONSIBLE PARTY IF DIFFERENT FROM THE PATIENT				RELATIONSHIP TO INSURED				
LAST NAME	FIRST NAME	MIDDLE IN	<input type="checkbox"/> SELF <input type="checkbox"/> CHILD	<input type="checkbox"/> SPOUSE <input type="checkbox"/> OTHER				
SOCIAL SECURITY NUMBER	TELEPHONE NUMBER	PLEASE ATTACH FRONT AND BACK PHOTOCOPY OF PATIENT'S INSURANCE ID CARD			REFERRED BY			
INSURANCE / INSURANCE COMPANY INFORMATION								
INSURANCE COMPANY NAME	CITY			STATE			ZIP	
BILLING ADDRESS	CITY			STATE			ZIP	
<input type="checkbox"/> MEDICARE # & SUFFIX	INSURANCE ID#	GROUP/CATEGORY OR POLICY No.			REFERRING PHYSICIAN	SIGNATURE		
Information Release Authorization I authorize the release of any medical information necessary to process this claim and request payment of medical benefits to Primary Diagnostics Laboratory, Inc. I understand co-payments, deductibles and tests not covered by my insurance company are my responsibility.				Medicare Advance Beneficiary Notice I have been informed that Medicare will only pay for services that it determines to be "reasonable and necessary" under section 1862(a)(1) of Medicare law. I have been notified on the date above by the physician/supplier that he/she believes, that, in my case, Medicare is likely to deny payment, for the reason stated in (ABN). I have read the (ABN) on the reverse. If Medicare is likely to deny payment, for the reason stated in (ABN), I agree to be personally and fully responsible for the payment.				
PATIENT OR AUTHORIZED PERSON SIGNATURE X _____				SIGNATURE (Medicare Beneficiary) X _____				
SPACE FOR ADDITIONAL INFORMATION, BILLING, SECONDARY INSURANCE INFORMATION, TESTS OR INSTRUCTIONS.								

STAT  VENIPUNCTURE  VERBAL ORDER  STANDING ORDER  CHART ORDER  HANDWRITTEN LOCATION COLLECTED: \_\_\_\_\_  
NOTE: SEE REVERSE FOR COMPONENTS OF EACH PANEL IN CASE YOU WANT TO ORDER THEM SEPERATELY. SELECT THE INDIVIDUAL PROFILE COMPONENTS AND WRITE THE TEST # , CPT CODES AND TEST NAMES BELOW: \_\_\_\_\_

ORGAN OR DISEASE PANELS											
255	Acute Hepatitis Panel	80074	GEL	Q685	HCV Ab w/Rflx to Ab Verification	86803	GEL	Q689	Fungus Culture	87101	Steril Trnspt
251	Basic Metabolic Panel	80048	GEL	856	HIV-1/0/2 Antibodies	86703	GEL	1117	Genital Culture, Routine	87070	Bact Trnspt
252	Comp Metabolic Panel	80053	GEL	Q615	HIV-1/0/2 Antibodies NY only	86703	GEL	1127	Gram Stain	87205	SLD
127	Electrolyte Panel	80051	GEL	Q548	H pylori Urea Breath	83013	Blue & Pink bag	788	Trichomonas Screen	87081	Bact Trnspt
253	Hepatic Function Panel	80076	GEL	Q414	H pylori Stool Antigen	87338	Fecal transport	Q426	Mycobacterial Identificat	87149	Bact Trnspt
139	Lipid Panel	80061	GEL	131	Iron serum	83540	GEL	1112	Lower Respiratory Culture	87070	Steril Trnspt
137	Lipid Panel w/LDL:HDL Ratio	80061	GEL	335	TIBC	83550	GEL	Q486	Occult Blood, Fecal, IA	82274	Polymed bot
138	Lipid Panel w/TCHDL Ratio	80061	GEL	6173	LDH	83615	GEL	X606	Ova and Parasites urine	87177	O & P Kit
136	Lipid Panel w/Non HDL Chol	80061	GEL	139	Lipid Cascade	80061	GEL&NMR Lipo Tube	Q720	Parasite Exam Trichome	87209	O & P Kit
254	Renal Function Panel	80069	GEL	752	Lithium (Eskalith)	80178	GEL	X244	Stool Yersenia	87046	Fecal Trnspt
				336	Magnesium	83735	GEL	6036	Salmonella/Shigella	87427	Sal Screening kit
				863	Mononucleosis Test, Qual	86308	GEL	1108	Stool Culture	87045	Fecal transport
107	CBC w Diff w Plt	85025	LAV	422	NMR Lipo Profile	83704	NMR Lipo Tube	1104	Throat Beta-Hemolytic Strep Cult, Group A	87081	Bact Trnspt
107A	CBC w/o Diff w Plt	85027	LAV	743	Phenobarbital (Luminal)	80184	SER	1103	Upper Respiratory Culture Routine	87070	Bact Trnspt
109	Differential (Auto)	85004	LAV	742	Phenytoin (Dilantin)	80185	SER	1109	Urine, Culture, Routine	87086	Um Cul Trnspt
5053	Hematocrit	85014	LAV	309	Phosphorus	84100	GEL				
5052	Hemoglobin	85018	LAV	302	Potassium	84132	GEL				
5067	Platelet Count	85049	BLU	708	Prolactin	84146	GEL				
5051	RBC Count	85041	LAV	716	PSA Total	84153	GEL	611	Barb	80301	UA Trnspt
5050	WBC Count	85048	LAV	739	PSA, Free	84154	GEL	616	Benzo	80301	UA Trnspt
0050	Differential/Total WBC Count	85004	LAV	R739	PSA, FREE: PSA Total Ratio	84153	GEL	658	Bup	80301	Urine Trnspt
"	"	"	"	"	"	"	"	612	Cocaine	80301	Urine Trnspt
"	"	"	"	"	"	"	"	"	"	"	"
				218	Prothrombin Time (PT)/ INR	85610	BLU	X457	Ecstasy(MDMA)	80301	Urine Trnspt
				7110	PT and PTT Activated	85610	BLU	618	ETOH	80301	Urine Trnspt
X707	ABO AND Rh Typing	86900	LAV	"	"	85730	BLU	654	Fentanyl	80302	Urine Trnspt
"	"	86901	LAV	"	"	85730	BLU	649	Meperidine	80302	Urine Trnspt
"	"	"	"	202	PTT Activated	85730	BLU	659	Methadone (MTD)	80301	Urine Trnspt
312	Albumin	82040	GEL	804	Rheumatoid Arthritis Factor	86431	GEL	613	Methamphetamine	80301	Urine Trnspt
313	Alkaline Phosphatase	84075	GEL	809	RPR	86592	GEL	X917	Opiate	80301	Urine Trnspt
316	ALT (SGPT)	84460	GEL	840	Rubella Antibodies, IgG	86762	GEL	614	Oxy	80301	Urine Trnspt
333	Amylase	82150	GEL	203	Sed Rate Westergren	85652	LAV	6108	PCP	80301	Urine Trnspt
801	Antinuclear Antibodies	86038	GEL	301	Sodium	84295	GEL	617	PPX	80301	Urine Trnspt
315	AST (SGOT)	84450	GEL	715	Testosterone, Total	84403	GEL	619	Carisoprodol (Soma)	80302	Urine Trnspt
712	B12	82607	GEL	T715	Testosterone Tot/Women/Children	84403	GEL	657	TCA	80301	Urine Trnspt
713	Folate	82746	GEL	740	Theophylline	80198	GEL	652	THC	80301	Urine Trnspt
319	Bilirubin Total	82247	GEL	888	Thyroid Cascade Profile	84439	GEL	624	Tramadol	80302	Urine Trnspt
305	BUN	84520	GEL	"	"	84481	GEL	651			
308	Calcium	82310	GEL	"	"	86376	GEL				
803	C-Reactive Protein (CRP), Quant	86140	GEL	704	T4 Free	84439	GEL				
733	hs Cardiac Creactive Protein (CRP)	86141	GEL	734	T3 Free	84481	GEL	616	Benzodiazepines	80301	Urine Trnspt
751	Carbamazepine (Teagretol)	80156	GEL	735	Thyroid peroxidase (TPO)	86376	GEL	X917	Methamphetamine	80301	Urine Trnspt
719	CEA	82378	GEL	702	Thyroxine (T4)	84436	GEL	620	Amphetamines	80301	Urine Trnspt
6041	Cholesterol, Total	82465	GEL	Q100	T. pallidum screening Cascade	86592	GEL	611	Barbiturates	80301	Urine Trnspt
306	Creatinine	82565	GEL	"	"	86780	GEL	640	Cocaine metabolites	80301	Urine Trnspt
741	Digoxin (Lanoxin)	80162	GEL	"	"	86593	GEL	624	Cannabinoids	80301	Urine Trnspt
709	Estradiol	82670	GEL	809	RPR screening	86592	GEL	613	Methadone	80301	Urine Trnspt
337	Ferritin	82728	GEL	Q411	FTA-ABS	86780	GEL	614	Opiates	80301	Urine Trnspt
178	FSH	83001	GEL	825	RPR Titer	86593	GEL	6108	Oxycodone	80301	Urine Trnspt
707	LH	83002	GEL	327	Triglycerides	84478	GEL	619	Propoxyphene	80301	Urine Trnspt
317	GGT	82977	GEL	703	Trilodthyronine (T3)	84480	GEL				
3070	Glucose Plasma	82947	GRY	701	T3 Uptake	84479	GEL				
307	Glucose Serum	82947	GEL	705	TSH, 3rd generation	84443	GEL	616	Benzodiazepines	80301	Urine Trnspt
698	hCG, B-Subunit, Qual (serum Preg)	84703	GEL	310	Uric Acid	84550	GEL	620	Amphetamines	80301	Urine Trnspt
711	hCG, Beta Subunit, Quant	84702	GEL	110	Urinalysis, Microscopic on Positives	81003	UA Trnspt	611	Barbiturates	80301	Urine Trnspt
328	HDL Cholesterol	83718	GEL	Q818	Vitamin D, 25-Hydroxy	82306	GEL	640	Cocaine metabolites	80301	Urine Trnspt
339	Hemoglobin A1c	83036	LAV					624	Cannabinoids	80301	Urine Trnspt
813	Hep A Antibody, IgM	86709	GEL								
811	Hep B Surface Antibody	86706	GEL								
810	Hep B Surface Antigen	87340	GEL	X008	Aerobic Bacterial Culture	87070	Bact Trnspt				

## Advance Beneficiary Notice

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, although it would otherwise be covered, is not "reasonable and necessary" under Medicare program standards, Medicare will deny payment for that service. I have been notified by my physician/supplier that he or she believes, that in any case Medicare is likely to deny payments for the services identified below. If Medicare denies payment, I agree to be personally and fully responsible for payment. (If no signature appears on the requisition the doctor will be charged.)

___ CHEM. PROFILE OR COMPONENTS	___ HDL	___ URINE CULTURE	___ CEA	___ DIGOXIN
___ CBC	___ IgG,IgM, IgA	___ IRON	___ HLAB27	___ RH FACTOR
___ URINALYSIS	___ PSA	___ IBC	___ PAP SMEAR	___ ENNAB
___ T-UPTAKE	___ SED RATE	___ RPR	___ ACID PHOSPHOTASE	___ DRUG SCREENING
___ T4	___ OCCULT BLOOD	___ FERRITIN	___ GLYCOHEMOGLOBIN	
___ TSH	___ FOLIC ACID	___ HIV	___ PROTHROMBIN TIME	

### PANELS AND PROFILES DETAILS

VALIDITY TESTING SCREEN				IMMUNE STATUS							
NOTE: VALIDITY TESTING WILL BE PERFORMED ON ALL URINE DRUG SCREENS FOR THE PRESENCE OF ADULTERANTS.				803	CRP (Qualitative)	86140	RED TOP				
				733	CRP (Quantitative)	86141	RED TOP	820	IgE	82785	GEL/Red top
				6054	C3 Complement	86160	Lav Top	6054	C3 Complement	86160	Lav Top
1098	U creatinine	82570	Urine Trnspt	6049	C4 Complement	86160	Lav Top	6049	C4 Complement	86160	Lav Top
1035	SG	81003	Urine Trnspt	526	Lupus Anticoagulant comp	85613	Blue Top		<b>CARDIAC PROFILE</b>		
1037	PH	83986	Urine Trnspt	804	RA Factor	86431	RED TOP	318	CPK	82550	GEL/Red top
X829	Synthetic Marijuana	80304	Urine Trnspt	803	CRP QUANTITATIVE	86140	GEL	314	LDH	83615	GEL
411	OXIDANT	83986	Urine Trnspt	R310	<b>RHEUMATIC PROFILE II</b>	85652	GEL	315	AST (SGOT)	84450	GEL
911	<b>COMPLETE WELLNESS PANEL</b>					86140	GEL	X207	LIPOPROTEIN (a)	83695	GEL
	<b>HEMATOLOGY</b>					86200	GEL	X836	Apolipoprotein B	82172	GEL
	<b>LIVER FUNCTION</b>					86431	GEL	X837	Apolipoprotein (A-1)	82172	GEL
	<b>THYROID</b>								<b>CORONARY PROFILE</b>		
	<b>DIABETES</b>					82310	GEL		Cholesterol	82465	RED TOP
	<b>CHEMISTRY</b>					84550	GEL	326	HDL	83718	GEL
	<b>CARDIOVASCULAR</b>					86038	RED TOP	328	LDL	84478	GEL
	<b>HORMONE</b>					86060	RED TOP	330	VLDL	83721	GEL
	<b>URINALYSIS</b>					86140	RED TOP	6173	LDL	84478	GEL
255	<b>ACUTE HEPATITIS</b>	80074	GEL	308	Calcium	86200	GEL	Q512	Triglycerides	80081	N/A
846	Hepatitis B Core IgM	86705	GEL	310	Uric Acid	86200	GEL	Q708	<b>OBSTETRICAL PANEL I</b>	85025	LAV
845	Hepatitis A IgM AB	86709	GEL	801	ANA	86038	RED TOP	809	RPR	86592	GEL/Red top
814	Hepatitis C Antibody	86803	GEL	802	ASO	86060	RED TOP	810	HIV 1 & 2 EIA	86850	LAV
810	HBsAg	87340	GEL	803	CRP QUANTITATIVE	86140	RED TOP	840	Antibody Screen	86900	LAV
251	<b>BASIC METABOLIC PANEL</b>	80048	GEL	6054	C3 Complement	86160	Lav Top	810	ABO Grouping	86901	LAV
308	Calcium Total	82310	GEL	6049	C4 Complement	86160	Lav Top	810	Rh typing	87340	GEL
304	CO2 Carbon Dioxide	82374	GEL	804	RA Factor	86431	RED TOP	810	HbsAg (Antigen)	86762	GEL
303	Chloride	82435	RED TOP	R309	<b>RHEUMATIC PROFILE I</b>	86200	GEL	810	RUBELA	87491	Genprobe/APTIMA
306	Creatinine	82565	GEL			86431	GEL	856	Chlamydia/Gonococcus NAA	87591	Genprobe/APTIMA
307	Glucose	82947	GEL	X860	RA IgG	82600	GEL	6069	<b>PRENATAL PROFILE</b>	80055	N/A
302	Potassium	84132	GEL	6030	RA IgA	86200	GEL	Q708	ABO grouping & RH typing	86900	LAV
301	Sodium	84295	GEL	310	Uric Acid	84550	GEL	Q428	CBC/DIFF/PLT	86912	GEL/Red top
305	BUN	84520	GEL	Q483	CCP Antibody	86200	GEL	810	HIV 1 & 2 EIA	86850	LAV
323	BUN/CREA Ratio	84520	GEL	802	ASO	86060	RED TOP	840	Antibody Screen	86900	LAV
		82565	GEL	803	CRP QUANTITATIVE	86140	RED TOP	Q512	ABO Grouping	86901	LAV
Q745	Osmolality	83930	RED TOP	526	Lupus Anticoagulant COMP	85613	Blue Top		Rh typing	86901	LAV
324	eGFRNa(Estimated GFR)	82565	RED TOP	804	RA Factor	86431	RED TOP	228	HbsAg (Antigen)	87340	GEL
325	eGFRAT (African American)	82565	RED TOP	254	<b>RENAL FUNCION PROFILE</b>	80069	GEL/RED TOP	Q423	RUBELA	86762	GEL
252	<b>COMPREHENSIVE META PANEL</b>	80053	GEL	312	Albumin	82040	GEL	107	Chlamydia/Gonococcus NAA	87491	Genprobe/APTIMA
307	Glucose	82947	GEL	308	Calcium	82310	GEL	809	<b>PRENATAL PROFILE</b>	80055	N/A
301	Sodium	84295	GEL	304	CO2	82374	GEL	856	ABO grouping & RH typing	86900	LAV
303	Chloride	82435	RED TOP	303	Chloride	82435	RED TOP	811	CBC/DIFF/PLT	86912	GEL/Red top
302	Potassium	84132	GEL	306	Creatinine	82565	GEL	Q700	HIV 1 & 2 EIA	86703	GEL
304	CO2	82374	GEL	307	Glucose	82947	GEL	6069	HBsAB	86706	GEL
315	AST (SGOT)	84450	GEL	309	Phosphorus	84100	GEL	810	Rubella Antibody	86762	GEL
316	ALT (SGPT)	84460	GEL	302	Potassium	84132	GEL	810	Antibody Screen	86850	LAV
313	Alkaline Phosphatase	84075	GEL	301	Sodium	84295	GEL	709	HBsAG Antigen	87340	GEL
308	Calcium	82310	GEL	305	BUN	84520	GEL	X361	<b>OVARIAN FUNCTION</b>		
311	Total protein	84155	GEL	323	BUN/CREA Ratio	84520	GEL	706	Estradiol	82677	GEL
312	Albumin	82040	GEL			82565	GEL	707	Estriol	82677	GEL/Red top
321	Globulin	82784	GEL/RED TOP	Q745	Osmolality	83930	RED TOP	710	FSH	83001	GEL
322	Albumin : Globulin Ratio	82040	GEL	11	<b>ANEMIA PROFILE A</b>	83540	GEL	708	LH	83002	GEL
		82784	GEL			83550	SS		Progesterone	84144	GEL/Red top
305	BUN	84520	GEL			85025	LAV	110	Prolactin	84146	GEL
306	Creatinine	82565	GEL			85045	LAV	706	<b>TESTICULAR PANEL</b>		
323	BUN : Creatinine Ratio	84520	GEL	712	B12 (Cyanocobalamin)	82607	GEL	707	Urinalysis	81003	UA Trnspt
		82565	GEL	337	Ferritin	82728	GEL	Q640	FSH	83001	GEL
319	Total Bilirubin	82247	GEL	713	Folic Acid	82746	GEL	708	LH	83002	GEL
Q745	Osmolality	83930	RED TOP	Q716	Haptoglobin	83010	GEL/RED TOP	716	Acid Phosphatase	84066	GEL
324	eGFRNa (estimated GFR)	82565	RED TOP	131	Iron	83540	GEL	739	Prolactin	84146	GEL
325	eGFRAT (African American)	82565	RED TOP	107	CBC /DIF/PLT	85027	LAV TOP		PSA Total	84153	GEL
127	<b>ELECTROLYTES PANEL</b>	80051	GEL	205	Reticulocyte Count	85045	LAV TOP	770	PSA FREE	84154	GEL
304	CO2 Carbon Dioxide	82374	GEL	11B	<b>ANEMIA PROFILE B</b>	83540	GEL	107	HCG Qualitative (Females)	84702	GEL
301	Sodium	84295	GEL			83550	SS	201	CBC/DIFF/PLT	85025	LAV
303	Chloride	82435	RED TOP			85025	LAV	218	PT/INR	85610	BLU
302	Potassium	84132	GEL			85045	LAV	202	PT	85730	BLU
	<b>THYROID FUNCTION TESTS</b>					82607	GEL	856	PTT	86703	GEL
703	T3	84480	GEL			92728	GEL		HIV 1 & 2 EIA		
701	T3 Uptake	84479	GEL			82746	GEL	252	<b>PRE-OPERATIVE PROFILE</b>		
702	T4	84436	GEL	335	TIBC	83550	SS	110	Comprehensive Metabolic	80053	GEL
705	TSH	84443	GEL	712	B12 (Cyanocobalamin)	82607	GEL	107	Urinalysis	81003	UA Trnspt
697	FTI (Free T4 index (T7))	N/A	GEL	337	Ferritin	82728	GEL	218	FSH	85025	LAV
16	Thyroid profile w/o TSH	84436	GEL	X229	Folate, RBC	82747	2Frozen LAV	202	CBC/DIFF/PLT	85610	BLU
		84479	GEL			85014	2Frozen LAV		PTT	85730	BLU
17	Thyroid profile W/ TSH	84436	GEL	Q716	Haptoglobin	83010	Red top/GEL	715	<b>HORMONES</b>		
		84443	GEL	131	Iron	83540	GEL	725	Testosterone	84403	GEL
		84479	GEL	S400	Transferrin	84466	GEL/RED TOP	X194	Free Testosterone	84402	GEL
139	<b>LIPID PROFILE</b>	80061	GEL/RED TOP	107	CBC /Diff/PLT	85027	LAV TOP	726	DHEA	82627	GEL
326	Cholesterol	82465	RED TOP	205	Reticulocyte Count	85045	LAV TOP	714	SHBG	84270	GEL
328	HDL	83718	GEL	253	<b>LIVER FUCTION</b>	80076	GEL/Red top	707	Cortisol	82533	SER/Frozen
327	Triglycerides	84478	GEL	312	Albumin	82040	GEL	706	LH	83002	GEL
328	Chol/HDL	83718	GEL	319	Bilirubin Total	82247	GEL	Q718	FSH (Female only)	83001	GEL
329	LDL (Calculated)	83721	GEL	320	Bilirubin Direct	82248	GEL/Red top	709	Growth Hormone(GH)	83003	GEL
015	LDL Cholesterol (Direct)	83721	GEL	313	Alkaline Phosphatase	84075	GEL	710	Estradiol	82670	GEL
330	VLDL	84478	GEL	311	Protein Total	84155	Red top/GEL	716	Progesterone	84144	GEL
	<b>ARTHRITIS PANEL</b>					84450	GEL	708	PSA Total	84153	GEL
308	Calcium	82310	GEL	316	ALT (SGPT)	84460	GEL		Prolactin	84146	GEL
310	Uric Acid	84550	GEL	322	A/G Ratio	82040	GEL				
203	Sed rate,Westergren	85652	LAV			82784	GEL				
801	ANA	86038	RED TOP	321	Globulin	82784	GEL/Red top				
802	ASO	86060	RED TOP	334	Bilirubin Indirect (calculated)	84478	GEL				

(SS=GEL, L=LAV, U=Ua Transport, GR=Grey, RT=Red Top, Gel=Gel barrier, U=Urine Transport, BT=Blue Top, SF=Serum Frozen FT=Fecal Transport, NMR=NMR Lipo Tube, LT=Lavender Top)