



Advanced Medical Analysis, LLC
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LAB TEST REQUISITION

CLIENT NUMBER

ICD-9:

PATIENT INFORMATION
PATIENT'S LAST NAME, FIRST, MIDDLE INITIAL, SEX, DATE OF BIRTH, BILLING ADDRESS, APT. NO., PATIENT'S PHONE NUMBER, PHYSICIAN, CITY, STATE, ZIP CODE, PATIENT I.D., BILL TO: DOCTOR, PATIENT, MEDICARE, MEDI-CAL, INSURANCE, IPA, BILLING INFORMATION: INSURANCE COMPANY, ADDRESS, CITY/STATE/ZIP, SUBSCRIBER #, GROUP NO., MEDI-CAL NO., MEDICARE NO., NAME OF IPA, PATIENT'S SIGNATURE REQUIRED, CONFIDENTIALITY WAIVER

SPECIAL DIAGNOSIS GROUPS AND ADDITIONAL TEST REQUESTS, COMMENTS / INSTRUCTIONS SPECIMEN SOURCE, STAT, FAX, CALL, FASTING, RANDOM

MEDICARE APPROVED PANELS
00049 BASIC METABOLIC SS, 07004 ELECTROLYTES SS, 80061 LIPID PANEL SS, 80055 PRENATAL/OB PANEL PNK, L, SS, 00124 INHALANT PLUS SS, 80059 HEPATITIS PANEL SS, 07036 LIVER PANEL (HEPATIC) SS, 08852 RENAL PANEL SS, 00234 SO.CALIF PROFILE SS, 06566 ARTHRITIS PROFILE SS, L, 05120 IgG SUBCLASSES SS

ALLERGY IMMUNOCAP: PANEL
00235 PEDIATRIC PROFILE SS, 02224 ANA PANEL SS, 06038 CORONARY RISK SS, 07100 LDL SUBFRACTIONS SS, 00124 INHALANT PLUS SS, 07113 ANEMIA PROFILE SS, L, 06487 HEPATITIS COMPREHENSIVE SS, 00518 URINE DRUG SCREEN U, 00234 SO.CALIF PROFILE SS, 06566 ARTHRITIS PROFILE SS, L, 05120 IgG SUBCLASSES SS

INDIVIDUAL TESTS
04890 ABO TYPE + RH PNK, 08720 DILANTIN R, 01854 HEPATITIS C Ab SS, 04651 PT LB, 04821 ANA SCREEN RFLX, ENA SS, 04590 ESR (SED RATE) L, 6002 HEPATITIS C bDNA (F)PPT, 03140 PTT LB, 04791 ANTIBODY SCREEN R, 02106 ESTRADIOL SS, 04141 HGB A1C L, 05162 RHEUMATOID FACTOR SS, 06750 APOLIPO A1 SS, 06025 FERRITIN SS, 01740 HGB. ELECTROPHORESIS L, 05260 RPR, RFLX, TPPA (CONFIRM) SS, 06751 APOLIPO B SS, 04450 FIBRINOGEN LB, 01981 HIV bDNA (F)PPT, 05210 RUBELLA SS, 08900 BNP PPT, 01350 FOLATE SS, 02965 HIV PCR (ROCHE) QNT (F)PPT, 01442 T3, FREE SS, 08727 C3 SS, 02250 FSH SS, 01962 HIV I/II WITH WB RFLX SS, 02413 T3, TOTAL SS, 04961 C4 SS, 03610 GLUCOSE, FASTING GY, 06709 HOMOCYSTEINE SS, 02410 T3, UPTAKE SS, 00687 CA - 125 SS, 03618 GLUCOSE, RANDOM GY, 07441 H. PYLORI IGG SS, 02445 T4, FREE SS, 04100 CBC L, 0361X GLUCOSE, HR PP GY, 02730 LEAD L, 02430 T4 SS, 00825 CEA SS, 02067 GLUCOSE, 1hr post 50gms. GY, 01964 LH SS, 08685 TEGRETOL R, 00960 CHOLESTEROL, TOTAL SS, 02010 HCG, QUAL - SERUM SS, 02820 LITHIUM SS, 02350 TESTOSTERONE, TOTAL FREE SS, 08725 CORTISOL SS, 02005 HCG, QUANT. (BETA SUB-UNIT) SS, 02995 MICROALBUMIN, RANDOM U, 06026 TROPONIN I SS, 01090 CPK SS, 02000 HCG, (QUAL) URINE U, 02996 MICROALBUMIN, 24 HR U, 02471 TSH R, 05930 CRP (WIDE RANGE) SS, 01858 HEPATITIS A (TOTAL) SS, 02300 PROGESTERONE SS, 00120 URINALYSIS U, 08007 D-DIMER (QUANT) (FP)LB, 01859 HEPATITIS B SURFACE AB SS, 03390 PROTEIN ELECTROPHORESIS SS, 00545 VALPROIC ACID R, 08714 DIGOXIN SS, 01856 HEPATITIS B SURFACE AG SS, 04778 PSA (TOTAL) COMPLEX SS, 04020 VITAMIN B12 R

MICROBIOLOGY
05587 CULTURE, ANAL/RECTAL BETA STREP SW, 05544 CULTURE, MISC CULT, 07041 CULTURE, VAGINAL CULT, 055XX OVA + PARASITES # STOOL, BETA CULTURE, BETA STREP. ONLY SW, 05539 CULTURE, SPUTUM CUP, 05578 CULTURE, WOUND CULT, 05469 WET MOUNT CALL, 0552X CULTURE, BLOOD X CALL, 05538 CULTURE, STOOL CUP, 08721 G.C & CHLAMYDIA-DNA BDS, 07515 STOOL WBC STOOL, 07241 CULTURE, CERVIX SW, 05542 CULTURE, THROAT CULT, 05470 GRAM STAIN SOURCE AFFIRM, CAND/GARD/TRICH KIT, 05810 CULTURE, GC CULT, 05590 CULTURE, URINE CUP, 0064X OCCULT BLOOD X

CYTOLOGY & HISTOLOGY
Pap Smear, Vaginal, Cervical, Endocervical, Age, LMP, IF ASCUS OR ABOVE HPV, HISTORY: Cervicitis, Depo-Vera, Hysterectomy, IUD, Pregnant Weeks, HPV, GC, CHLAMYDIA, GC/CHLAMYDIA, Birth Control, Post Partum, Post Menopause, Pre Abnormal, Biopsy Source

CALIFORNIA STATE LAW 1050 (g) (2A) REQUIRES PATIENT NAME, COMPLETE PATIENT HISTORY AND SLIDES PROPERLY LABELED

LAB USE
COND., SS, R, GY, GN, BDS, FS, O&P, WM, VTM, CT, OTHER, L, LB, BDU, Y, UA, PPT, U24, SW, TP, PNK, COMPONENTS ON BACK