PIONEER DIAGNOSTIC LABS LLC | Build a Trust |
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ORDERING PROVIDER INFORMATION			PATIENT INFORMATION		
PROVIDER NAME			LAST NAME	FIRST NAME	MI
PHYSICIAN NAME			ADDRESS		
PHYSICIAN ADDRESS			CITY	STATE	ZIP
CITY	STATE	ZIP	DATE OF BIRTH	Fasting ☐Yes ☐No	PHONE
PHYSICIAN PHONE			EMAIL		
PHYSICIAN EMAIL			RACE / ETHINICITY ☐ American Indian or Native Alaskan ☐ Black or African American ☐ Asian ☐ Hispanic or Latino ☐ Hawaiian or Pacific islander ☐ White		

INSURANCE INFORMATION			
☐BILL TO INSURANCE (COPY ID CARD(S) FRONT & BACK OR COMPLETE BELOW) ☐BILL PATIENT ☐BILL PHYSICIAN ☐MEDICARE ☐ MEDICAID			
NAME OF INSURED (DIFFERENT FROM PATIENT)		PATIENT RELATIONSHIP TO INSURED:	
		☐ SELF	☐ SPOUSE ☐ DEPENDENT
PRIMARY INSURANCE NAME AND PLAN	POLICY #	GROUP #	
INSURANCE ADDRESS		INSURANCE PHONE	

SPECIMEN INFORMATION			
SPECIMEN TYPE:		COLLECTION INFORMATION	
☐ BLOOD Tube ☐ Urine Sample ☐ Stool sample ☐ Pleural Fluid ☐ Skin Swab ☐ Nasal ☐ Nasopharyngeal Swab ☐ Vaginal Swab ☐ Viral Transport Medium ☐ Bone Marrow ☐ Bronchoalveolar Lavage ☐ Peripheral Blood ☐ CSF ☐ Biopsy		DATE COLLECTED	TIME COLLECTED / COLLECTORS NAME :

ICD-10 CODES

Panel	Tests	ICD-10 Codes
Hematology	☐ CBC ☐ CBC with Diff ☐ Hemoglobin ☐ Hematocrit ☐ WBC's ☐ RBC's ☐ Platelets ☐ MCV ☐ MCH ☐ MCHC ☐ Reticulocyte Count ☐ Peripheral Blood Smear ☐ Bone Marrow Biopsy ☐ Hemoglobin Electrophoresis	D50-D64 (Anemias), D68 (Coagulation defects)
Coagulation	☐ PT ☐ aPTT ☐ INR ☐ Fibrinogen ☐ D-Dimer	D68.4 (Acquired coagulation disorders)
Basic Metabolic Panel	☐ Electrolytes ☐ Glucose ☐ Blood Urea Nitrogen (BUN) ☐ Creatinine ☐ Calcium	E87.6 (Electrolyte imbalance), N18 (CKD)
Lipid Panel	☐ Cholesterol ☐ LDL ☐ HDL ☐ Triglycerides	E78.0 (Hyperlipidemia), E78.5 (Hyperlipidemia)
Electrolytes	☐ Sodium ☐ Potassium ☐ Chloride ☐ Bicarbonate	E87.6 (Electrolyte Imbalance)
Urine Analysis	☐ Macroscopic ☐ Microscopic	R82.90 (Abnormal urine findings)
Renal Function Test	☐ Urea ☐ Creatinine ☐ eGFR ☐ Uric Acid	N18.9 (Chronic kidney disease)
Liver Function Test	☐ Total Protein ☐ Albumin ☐ Bilirubin (Total/Direct) ☐ AST ☐ ALT ☐ GGT	K76.9 (Liver disease), R74 (Abnormal LFTs)
Comprehensive Metabolic Panel	☐ BMP ☐ BUN/Creatinine Ratio ☐ Total Protein ☐ Albumin ☐ Total Bilirubin ☐ ALP ☐ ALT ☐ AST	R79.89 (Abnormal findings)

Laboratory Director: Ali Al Refae

Diabetes Panel	☐ Fasting Glucose ☐ HbA1c ☐ Insulin ☐ IGF-1	E10-E11 (Diabetes), R73.9 (Abnormal glucose)
Thyroid Panel	☐ TSH ☐ Free T3 ☐ Free T4	E03.9 (Hypothyroidism), E05.90 (Hyperthyroid)
Inflammation Panel	☐ CRP ☐ ESR ☐ Procalcitonin	R70.0 (Abnormal inflammatory markers)
Anemia Tests	☐ Iron ☐ Ferritin ☐ Transferrin ☐ TIBC ☐ Folate ☐ B12	D50-D53 (Anemia due to deficiencies)
Bone Profile	☐ Calcium ☐ Phosphate ☐ Alkaline Phosphatase ☐ Vitamin D	M85.9 (Bone disease)
Infectious Disease Testing	☐ HIV 1/2 Antibody ☐ Syphilis (RPR) ☐ EBV Antibody ☐ CMV Antibody ☐ Rubella IgG ☐ Measles IgG ☐ Mumps IgG ☐ Varicella IgG ☐ Lyme IgG ☐ Toxo IgG ☐ Toxo IgM ☐ Lyme IgM ☐ CMV IgG ☐ CMV IgM ☐ C. difficile ☐ H. pylori	A49.9 (Bacterial infections), B24 (HIV)
Other Chemistry	☐ Amylase ☐ Lipase ☐ CK ☐ LDH ☐ Ferritin ☐ Magnesium ☐ Phosphate ☐ Blood Gases (ABG) ☐ α1-Acid Glycoprotein ☐ β-2 Microglobulin Latex ☐ Antistreptolysin O (ASO) ☐ Apolipoprotein A-I ☐ Apolipoprotein B ☐Ceruloplasmin ☐ Haptoglobin† ☐ Ig Light Chains Kappa ☐Ig Light Chains Lambda ☐ Immunoglobulin A ☐ Immunoglobulin G ☐ Immunoglobulin M ☐ Lipoprotein	E87.3 (Metabolic derangement)
Oncology Markers	☐ CA 125 ☐ CEA ☐ AFP ☐ PSA ☐ CA 15-3/CA 27-29 ☐ CA 19-9 ☐ Beta-hCG ☐ Thyroglobulin	Z85 (Personal history of malignant neoplasm)
Hepatitis Panel	☐ Hepatitis A IgM ☐ Hepatitis B Surface Antigen (HBsAg) ☐ Hepatitis B Surface Antibody ☐ Hepatitis C Antibody	B16-B19 (Viral hepatitis)
Allergy Panel	☐ Total IgE ☐ Allergen-Specific IgE ☐ Food Allergy Panel	L50 (Allergies, hives)
Autoimmune Screening	☐ HCG (Pregnancy Test) ☐ ANA ☐ Anti-dsDNA ☐ Anti-CCP ☐ Rheumatoid Factor (RF) ☐ C3 ☐ C4 ☐ Lupus Anticoagulant	D89.89 (Autoimmune diseases), O00 (Pregnancy)
Endocrinology	☐ Testosterone ☐ Free Testosterone ☐ Estradiol ☐ Progesterone ☐ LH ☐ FSH ☐ Prolactin ☐ DHEA-S ☐ Cortisol ☐ Insulin ☐ SHBG ☐ TSH ☐ Free T3 ☐ Free T4 ☐ PTH ☐ Growth Hormone ☐ IGF-1 ☐ AMH ☐ ACTH	E34.9 (Endocrine disorders)
Microbiology	☐ Blood Culture ☐ Urine Culture ☐ Stool Culture ☐ Wound Culture ☐ Sputum Culture ☐ Throat Culture	A41.9 (Sepsis), R82 (Abnormal urine culture)
Molecular Dx	☐ UTI PCR Panel ☐ Respiratory PCR Panel ☐ Throat Infections PCR Panel ☐ Mini Respiratory PCR Panel ☐ COVID-19 PCR ☐ Flu A, B PCR ☐ Gastrointestinal PCR Panel ☐ Meningitis PCR Panel ☐ Hepatitis PCR Panel ☐ STI PCR Panel ☐ Wound PCR Panel ☐ Women Health PCR Panel ☐ Fungal Nail PCR panel ☐ Pharmacogenetics PCR Panel	Z20.828 (Viral exposure), Z11.59 (PCR screening)
Flow Cytometry	☐ Leukemia Panel ☐ Lymphoma Panel ☐ AML MDS Panel ☐ Multiple Myeloma Panel ☐ B-ALL Monitoring ☐ T-ALL Monitoring ☐ ZAP-70 ☐ TCR Beta Subgroups ☐ DNA Ploidy ☐ CD4/CD8 Ratio ☐ NK Panel ☐ PNH Panel CD55 ☐ Platelet Antibody Panel ☐ Neutrophil Function Tests ☐ Adhesion Molecule ☐ HLA B27 ☐ CD 40 Ligand Test ☐ Lymphocyte cross match ☐ immune deficiency Panel ☐ Stem cell Panel	C91-C96 (Leukemia, lymphoma)
Toxicology	☐ Amphetamines ☐ Barbiturates ☐ Benzodiazepines ☐ Cocaine ☐ Opiates ☐ PCP ☐ THC ☐ Tricyclic Antidepressants ☐ Ethyl Alcohol ☐ Methadone ☐ Acetaminophen ☐ Oxycodone	F11-F19 (Substance use), T50 (Poisoning)

Provider Consent

By submission of this test requisition and accompanying samples, I; (i) Authorize and direct you to perform the testing indicated; (ii) certify that I am authorized by state law to order the test(s) requested herein; (iii) certify that any custom panel and/or ordered test(s) requested on this test requisition form are reasonable and medically necessary for the diagnosis and/or treatment of a disease, illness, impairment, symptom, syndrome or disorder; (iv) the test results will determine my patients medical management and treatment decisions of this patient's condition on this date of service; (v) have obtained this patient's written informed consent to undergo any testing requested; and (vi) that the full and appropriate diagnosis code (s) are indicated to the highest level of specificity\\

Signature of Physician	**Date**

Laboratory Director: Ali Al Refae