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ACCESSION
 STICKER
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COMPLETE BLOOD COUNT AND CHEMISTRY REQUISITION FORM

PHYSICIAN & PRACTICE INFORMATION	MUST COMPLETE ALL BLUE HIGHLIGHTED SELECTIONS
<p>I attest that the requested testing is medically necessary and appropriate based on the patient's diagnosis and treatment plan. I have personally completed the diagnosis codes above to indicate the accurate diagnosis for this patient.</p> <p>Physician Signature: _____</p>	PATIENT INFORMATION
	<p>Last Name _____ First Name _____ MI _____</p> <p>_____/_____/_____ Social Security: _____ - _____ - _____ <input type="checkbox"/> Male <input type="checkbox"/> Female</p> <p>Date of Birth _____</p> <p><input type="checkbox"/> Self-Pay <input type="checkbox"/> Commercial Insurance <input type="checkbox"/> W/C: (Date of Injury): _____ <input type="checkbox"/> Medicare</p> <p style="text-align: center;">DX CODES (ICD 10): _____</p>

PANELS AND PROFILES	
Basic Metabolic Panel	Complete Metabolic Panel (CMP)
Renal Panel	Electrolytes Panel
Kt/V: Patient Weight: ____ (kg), UF ____ (liters), T ____ (hours)	Hepatic Function Panel
Complete Blood Count (CBC)	Lipid Profile
Chemistry Profile	Thyroid Panel

INDIVIDUAL TESTS		COMPLETE MALE WELLNESS PANEL	COMPLETE FEMALE WELLNESS PANEL
Albumin BCP Alkaline Phosphatase ALT Amylase Anti-Tg Anti-TPO Apolipoprotein B AST Bilirubin (Direct) Bilirubin (Total) BUN (Urea Nitrogen) Kt/V and URR Calcium Chloride Cholesterol CO ₂ Complement C4 Cortisol C-Peptide Creatinine eGFR, AA eGFR CRP (C-reactive Protein) DHEA-s Direct LDL (DLDL) Estradiol Ferritin Folate Glucose Hemoglobin A1c	HDL (Ultra) Homocysteine Insulin Iron TIBC (Total Iron Binding Capacity) LDH (Lactate Dehydrogenase) Lipoprotein (a) Lithium Magnesium Phosphorus Potassium Prealbumin Progesterone Total Protein PTH Rheumatoid Factor (RF) Sodium T-Uptake T3-Free T3-Total T4-Total T4-Free Testosterone Transferrin Triglycerides TSH Uric Acid Valproic Acid (DEPAKOTE) Vitamin B12 Vitamin D	Amylase Apolipoprotein B Bilirubin (Direct) C-Peptide Calcium Cholesterol CBC CMP Complement C4 Direct LDL (DLDL) Ferritin Folate Hemoglobin A1c CRP (C-reactive Protein) Homocysteine Iron TIBC (Total Iron) Insulin LDH (Lactate Dehydrogenase) Lipoprotein (a) Lithium HDL (Ultra) PTH Rheumatoid Factor (RF) T-Uptake Testosterone Transferrin Triglycerides T-3-Free/ T3-Total T-4-Free/ T4-Total TSH Vitamin B12 Vitamin D	Amylase Apolipoprotein B Bilirubin (Direct) C-Peptide Calcium Cholesterol CBC CMP Complement C4 Direct LDL (DLDL) Estradiol Ferritin Folate Hemoglobin A1c CRP (C-reactive Protein) Homocysteine Iron TIBC (Total Iron) Insulin LDH (Lactate Dehydrogenase) Lipoprotein (a) Lithium HDL (Ultra) Progesterone PTH Rheumatoid Factor (RF) T-Uptake Transferrin Triglycerides T-3 Free/ T-3 Total T-4 Free/ T-4 Total TSH Vitamin B12 Vitamin D

SPECIMEN INFORMATION			
Date Collected: ____/____/____	Time Collected: _____	Fasting: Yes No STAT	

AUTHORIZATION & ATTESTATION	
<p>I certify that I have voluntarily provided a fresh unadulterated venous blood sample for analytical testing. The information provided on this form and on the label affixed to the specimen tube is accurate. I authorize lab to release the results of this testing to the ordering physician. I also authorize lab to bill my insurance provider and to receive payment of benefits for the tests ordered by my physician. I further authorize lab and the ordering physician to release to my insurance provider any medical information necessary to process this claim. I acknowledge that lab may be an out-of-network facility with my insurance provider.</p>	
BY SIGNING BELOW, I AUTHORIZE ALCALA TESTING TO PERFORM TESTING.	
Patient Signature: _____	Date: _____

List of Individual Tests per Profile/ Panel:

<p><u>Basic Metabolic Panel:</u> Glucose, BUN, Creatinine, eGFR, AA eGFR, Pediatric eGFR (calculated), Kt/V* (Hemodialysis Adequacy), URR (Urea Reduction Rate), Calcium, Potassium, Chloride, CO₂ (Bicarbonate)</p>	<p><u>(CMP) Complete Metabolic Panel:</u> Alkaline Phosphatase , ALT, AST, Albumin, Globulin (calculated), A/G Ratio, Bilirubin (Total), BUN, Calcium, Glucose, Sodium, Potassium, Chloride, CO₂ (Bicarbonate), Creatinine, eGFR, AA eGFR, Pediatric eGFR (calculated), Kt/V* (Hemodialysis Adequacy), URR (Urea Reduction Rate), Total Protein</p> <p style="text-align: center;">❖ <i>Included in Wellness Panel</i></p>	<p><u>Chemistry Profile:</u> Alkaline Phosphatase, ALT, AST, Albumin, Globulin (calculated), A/G Ratio, Bilirubin (Total), BUN, Calcium, Glucose, Sodium, Potassium, Chloride, CO₂ (Bicarbonate), Creatinine, eGFR, AA eGFR, Pediatric eGFR (calculated), Kt/V* (Hemodialysis Adequacy), URR (Urea Reduction Rate), Total Protein, Phosphorus, Uric Acid, Cholesterol</p>
<p><u>Lipid Profile:</u> Cholesterol (Total), HDL, LDL, Triglycerides</p>	<p><u>Electrolytes Panel:</u> Sodium, Potassium, CO₂ (Bicarbonate), Chloride</p>	<p><u>Renal Panel:</u> Albumin, Glucose, BUN, Creatinine, eGFR, AA eGFR, Pediatric eGFR (calculated), Kt/V* (Hemodialysis Adequacy), URR (Urea Reduction Rate), Phosphorus, Calcium, Sodium, Potassium, Chloride, CO₂</p>
<p><u>Thyroid Panel:</u> TSH, Anti-Tg, Anti-TPO, T3-Free, T3-Total, T4-Free, T4, T-Uptake</p>	<p><u>Hepatic Function Panel:</u> ALT, AST, Bilirubin (Total), Bilirubin (Direct), Alkaline Phosphatase, Albumin, Globulin (calculated), A/G Ratio, Total Protein, Prealbumin.</p>	
<p><u>(CBC) Complete Blood Count:</u> White Blood Cell Count (WBC), Lymphocytes, number and % (LYM), Mid-range, number and % (MID), Granulocytes, number and % (GRAN), Red Blood Cell Count (RBC), Hemoglobin (HGB), Hematocrit (HCT), Mean Corpuscular Volume (MCV), Mean Corpuscular Hemoglobin (MCH), Mean Corpuscular Hemoglobin Concentration (MCHC), Red Blood Cell Distribution (RDW), Platelet (PLT), Mean Platelet Volume (MOV)</p> <p style="text-align: center;">❖ <i>Included in Wellness Panel</i></p>		<p>(*) <i>requires Pre-Dialysis and Post-Dialysis SST vacutainer sample for pre-dialysis and post-dialysis BUN assays, Patient Weight (kg), UF (Ultrafiltrate removed – liters), and Dialysis time (T – hours).</i></p>