Alcala Testing & Analysis Services
A Division of Alcala Pharmaceutical, Inc.

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ACCESSION STICKER HERE

COMPLETE BLOOD COUNT AND CHEMISTRY REQUISITION FORM

PHYSICIAN & PRACTICE INFORMATION

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.
Physician Signature:

MUST COMPLETE ALL BLUE HIGHLIGHTED SELECTIONS

PATIENT INFORMATION

_____ _____ _____
Last Name First Name MI

_____/_____/_____ Social Security: _____-_____-_____ ☐ Male ☐ Female
Date of Birth

☐ Self-Pay ☐ Commercial Insurance ☐ W/C: (Date of Injury): _____ ☐ Medicare

***DX CODES (ICD 10)*:** _____ _____ _____

PANELS AND PROFILES

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

INDIVIDUAL TESTS

- ☐ 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

O COMPLETE MALE WELLNESS PANEL

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 B_{12}
Vitamin D

O COMPLETE FEMALE WELLNESS PANEL

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 B_{12}
Vitamin D

SPECIMEN INFORMATION

Date Collected: _____/_____/_____ Time Collected: _____ Fasting: ☐ Yes ☐ No ☐ **STAT** ☐ HbA1c: Mitra™ DBS specimen

AUTHORIZATION & ATTESTATION

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.

BY SIGNING BELOW, I AUTHORIZE ALCALA TESTING TO PERFORM TESTING.

Patient Signature: _____ Date: _____

List of Individual Tests per Profile/ Panel:

Basic Metabolic Panel: Glucose, BUN, Creatinine, eGFR, AA eGFR, Pediatric eGFR (calculated), Kt/V* (Hemodialysis Adequacy), URR (Urea Reduction Rate), Calcium, Potassium, Chloride, CO_2 (Bicarbonate)	**(CMP) Complete Metabolic Panel:** Alkaline Phosphatase , ALT, AST, Albumin, Globulin (calculated), A/G Ratio, Bilirubin (Total), BUN, Calcium, Glucose, Sodium, Potassium, Chloride, CO_2 (Bicarbonate), Creatinine, eGFR, AA eGFR, Pediatric eGFR (calculated), Kt/V* (Hemodialysis Adequacy), URR (Urea Reduction Rate), Total Protein ❖ *Included in Wellness Panel*	**Chemistry Profile:** Alkaline Phosphatase, ALT, AST, Albumin, Globulin (calculated), A/G Ratio, Bilirubin (Total), BUN, Calcium, Glucose, Sodium, Potassium, Chloride, CO_2 (Bicarbonate), Creatinine, eGFR, AA eGFR, Pediatric eGFR (calculated), Kt/V* (Hemodialysis Adequacy), URR (Urea Reduction Rate), Total Protein, Phosphorus, Uric Acid, Cholesterol
Lipid Profile: Cholesterol (Total), HDL, LDL, Triglycerides	**Electrolytes Panel**: Sodium, Potassium, CO_2 (Bicarbonate), Chloride	**Renal Panel:** Albumin, Glucose, BUN, Creatinine, eGFR, AA eGFR, Pediatric eGFR (calculated), Kt/V* (Hemodialysis Adequacy), URR (Urea Reduction Rate), Phosphorus, Calcium, Sodium, Potassium, Chloride, CO_2
Thyroid Panel: TSH, Anti-Tg, Anti-TPO, T3-Free, T3-Total, T4-Free, T4, T-Uptake	**Hepatic Function Panel:** ALT, AST, Bilirubin (Total), Bilirubin (Direct), Alkaline Phosphatase, Albumin, Globulin (calculated), A/G Ratio, Total Protein, Prealbumin.	
(CBC) Complete Blood Count: White Blood Cell Count (WBC), Lymphocytes, number and 5 (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) ❖ *Included in Wellness Panel*		(*) *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).*