



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		
	_____	_____	_____ MI
	____/____/____	Social Security: _____ - _____ - _____ <input type="checkbox"/> Male <input type="checkbox"/> Female	
	<input type="checkbox"/> Self-Pay <input type="checkbox"/> Commercial Insurance <input type="checkbox"/> W/C: (Date of Injury): _____ <input type="checkbox"/> Medicare		
	DX CODES (ICD 10): _____		

PANELS AND PROFILES	
<input type="radio"/> Basic Metabolic Panel	<input type="radio"/> Complete Metabolic Panel (CMP)
<input type="radio"/> Renal Panel	<input type="radio"/> Electrolytes Panel
<input type="radio"/> Kt/V: Patient Weight: _____ (kg), UF _____ (liters), T _____ (hours)	<input type="radio"/> Hepatic Function Panel
<input type="radio"/> Complete Blood Count (CBC)	<input type="radio"/> Lipid Profile
<input type="radio"/> Chemistry Profile	<input type="radio"/> Thyroid Panel

INDIVIDUAL TESTS		<input type="radio"/> COMPLETE MALE WELLNESS PANEL	<input type="radio"/> COMPLETE FEMALE WELLNESS PANEL
<input type="checkbox"/> Albumin BCP <input type="checkbox"/> Alkaline Phosphatase <input type="checkbox"/> ALT <input type="checkbox"/> Amylase <input type="checkbox"/> Apolipoprotein B <input type="checkbox"/> AST <input type="checkbox"/> Bilirubin (Direct) <input type="checkbox"/> Bilirubin (Total) <input type="checkbox"/> BUN (Urea Nitrogen) <input type="checkbox"/> Kt/V and URR <input type="checkbox"/> Calcium <input type="checkbox"/> Chloride <input type="checkbox"/> Cholesterol <input type="checkbox"/> CO ₂ <input type="checkbox"/> Complement C4 <input type="checkbox"/> C-Peptide <input type="checkbox"/> Creatinine <input type="checkbox"/> eGFR, AA eGFR <input type="checkbox"/> CRP (C-reactive Protein) <input type="checkbox"/> Direct LDL (LDL) <input type="checkbox"/> Estradiol <input type="checkbox"/> Ferritin <input type="checkbox"/> Folate <input type="checkbox"/> Glucose <input type="checkbox"/> Hemoglobin A1c	<input type="checkbox"/> HDL (Ultra) <input type="checkbox"/> Homocysteine <input type="checkbox"/> Insulin <input type="checkbox"/> Iron <input type="checkbox"/> TIBC (Total Iron Binding Capacity) <input type="checkbox"/> LDH (Lactate Dehydrogenase) <input type="checkbox"/> Lipoprotein (a) <input type="checkbox"/> Lithium <input type="checkbox"/> Potassium <input type="checkbox"/> Progesterone <input type="checkbox"/> Total Protein <input type="checkbox"/> PTH <input type="checkbox"/> Rheumatoid Factor (RF) <input type="checkbox"/> Sodium <input type="checkbox"/> T-Uptake <input type="checkbox"/> T3-Free <input type="checkbox"/> T3-Total <input type="checkbox"/> T4-Total <input type="checkbox"/> T4-Free <input type="checkbox"/> Testosterone <input type="checkbox"/> Transferrin <input type="checkbox"/> Triglycerides <input type="checkbox"/> TSH <input type="checkbox"/> Vitamin B12 <input type="checkbox"/> Vitamin D	Amylase Apolipoprotein B Bilirubin (Direct) C-Peptide Calcium Cholesterol CBC CMP Complement C4 Direct LDL (LDL) 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 (LDL) 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: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> STAT <input type="checkbox"/> HbA1c: Mitra™ DBS specimen

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>	
<p>BY SIGNING BELOW, I AUTHORIZE ALCALA TESTING TO PERFORM TESTING.</p>	

Patient Signature: _____	Date: _____
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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>