



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 | |
|--|--|
| <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"/> Chemistry Profile |
| <input type="radio"/> Thyroid Panel | <input type="radio"/> Lipid Profile |

| 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"/> AST <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"/> Creatinine <input type="checkbox"/> eGFR, AA eGFR <input type="checkbox"/> Direct LDL (DLDL) <input type="checkbox"/> Estradiol <input type="checkbox"/> Ferritin <input type="checkbox"/> Folate <input type="checkbox"/> Glucose <input type="checkbox"/> Insulin <input type="checkbox"/> LDH (Lactate Dehydrogenase) <input type="checkbox"/> HDL (Ultra) <input type="checkbox"/> Potassium <input type="checkbox"/> Progesterone <input type="checkbox"/> Total Protein <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"/> Triglycerides <input type="checkbox"/> TSH <input type="checkbox"/> Vitamin B12 | Cholesterol CBC CMP Direct LDL (DLDL) Ferritin Folate Insulin LDH (Lactate Dehydrogenase) HDL (Ultra) T-Uptake Testosterone Triglycerides T-3-Free T3-Total T-4-Free T4-Total TSH Vitamin B12 |
| <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"/> Triglycerides <input type="checkbox"/> TSH <input type="checkbox"/> Vitamin B12 | Cholesterol CBC CMP Direct LDL (DLDL) Estradiol Ferritin Folate Insulin LDH (Lactate Dehydrogenase) HDL (Ultra) Progesterone T-Uptake Triglycerides T-3 Free T-3 Total T-4 Free T-4 Total TSH Vitamin B12 | Cholesterol CBC CMP Direct LDL (DLDL) Estradiol Ferritin Folate Insulin LDH (Lactate Dehydrogenase) HDL (Ultra) Progesterone T-Uptake Triglycerides T-3 Free T-3 Total T-4 Free T-4 Total TSH Vitamin B12 |

| SPECIMEN INFORMATION |
|---|
| Date Collected: ____/____/____ Time Collected: _____ Fasting: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> STAT |

| 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:

| | | |
|---|--|---|
| <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, Cholesterol</p> |
| <p><u>Lipid Profile:</u> Cholesterol (Total), HDL, Direct 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), Calcium, Sodium, Potassium, Chloride, CO₂</p> |
| <p><u>Thyroid Panel:</u> TSH, T3-Free, T3-Total, T4-Free, T4, T-Uptake</p> | <p><u>Hepatic Function Panel:</u> ALT, AST, Bilirubin (Total), Bilirubin, Alkaline Phosphatase, Albumin, Globulin (calculated), A/G Ratio, Total Protein</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> |