

## LABORATORY REQUEST

REMINDER: DON'T FORGET 2  
IDENTIFIERS LAST & FIRST NAME  
AND DATE OF BIRTHSADDLEBACK MEMORIAL  
MEMORIALCARE HEALTH SYSTEM

ORDER DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

DID YOU REMEMBER...  
TO INCLUDE DIAGNOSIS CODE(S)?ALL MD ORDERS:  
FAX TO 949-452-7440

PLEASE PRINT CLEARLY ALL INFORMATION MUST BE PROVIDED OR CLIENT ACCOUNT MAY BE BILLED.

COMPLETE FOR ALL BILLING TYPES (Please attach a copy of MEDI-CARE or Insurance Card)									
P A T I E N T  I N F O	PATIENT NAME (LAST, FIRST, MIDDLE)					<b>BILL TO:</b> <input type="checkbox"/> CLIENT/PHYSICIAN <input type="checkbox"/> PATIENT <input type="checkbox"/> CASH PAY <input type="checkbox"/> MEDICARE (ABN ?) <input type="checkbox"/> MEDICAID <input type="checkbox"/> OTHER INSURANCE <input type="checkbox"/> WORKMAN'S COMP  <input type="checkbox"/> DROP OFF <input type="checkbox"/> PRE-OP <input type="checkbox"/> FASTING <input type="checkbox"/> NON-FASTING  <b>STAT</b> <input type="checkbox"/> STAT - CALL _____ OR FAX _____ <input type="checkbox"/> PHONE # _____ <input type="checkbox"/> FAX # _____		<b>L A B S E R V I C E  L O C A T I O N S</b>  <b>Irvine-Crossroads Medical Center</b> 3500 Barranca Pkwy., Suite 305 Irvine, CA 92604 949-26 2-9124  <b>Laguna Hills - Outpatient Express</b> 24411 Health Center Dr. Laguna Hills, CA 92653 949-452-7420  <b>Laguna Hills - Medical Arts Center</b> 24953 Paseo de Valencia, Ste. 10B Laguna Hills, CA 92653 949-452-7870  <b>Laguna Hills - Calle de Louisa</b> 24421 Calle de la Louisa, Ste. 100 Laguna Hills, CA 92653 949-458-1288  <b>Mission Viejo - Crown Valley Medical Plaza</b> 26921 Crown Valley Pkwy., Ste. 130 Mission Viejo, CA 92691 949-215-4347  <b>Mission Viejo - Trabuco Hills</b> 27725 Santa Margarita Pkwy., Ste. 121 Mission Viejo, CA 92691 949-699-1194  <b>Mission Viejo - Mission Hills Medical</b> 25982 Pala Drive, Suite 180 Mission Viejo, CA 9261 949-600-8997  <b>San Clemente - Camino de los Mares</b> 665 Camino de los Mares, Ste. 302 San Clemente, CA 92673 949-218-9407  <b>San Clemente - Talega</b> 1300 Avenida Vista Hermosa, Ste. 160 San Clemente, CA 92673 949-452-3018  <b>San Clemente - South</b> 910 South El Camino Real, Ste. E San Clemente, CA 92672 949-429-3808  <b>Saddleback Memorial - San Clemente</b> 654 Camino de los Mares San Clemente, CA 92673 949-489-4897  Open Monday - Friday (most locations) Call our Client Services for questions or to schedule an appointment 949-452-3405	
	DATE OF BIRTH M M / D D / YEAR AGE SEX								
	PATIENT PHONE: ( )								
	STREET ADDRESS OF INSURED/RESPONSIBLE PARTY								
	CITY			STATE	ZIP				
	ORDERING PHYSICIAN								
	COPY TO:								
	PRIMARY CARE PHYSICIAN:								
	<b>INSURANCE</b>								
	PRINT NAME OF INSURED/RESPONSIBLE PARTY (LAST, FIRST, MIDDLE) - IF OTHER THAN PATIENT								
RELATIONSHIP TO INSURED: <input type="checkbox"/> SELF <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT									
DATE OF BIRTH M M / D D / YEAR									

INSURANCE PTS. ONLY The undersigned agrees, whether he/she signs as insured or as patient, that in consideration of the services to be rendered to the patient he/she hereby individually obligates himself/herself to pay the account of the hospital in accordance with the terms of the hospital. The balance unpaid more than 30 days after presentation of the discharge bill or as mutually agreed by third part contract are considered delinquent. Should the account be referred to an attorney for collection the undersigned shall pay reasonable attorney's fees and collection expense. All delinquent accounts bear interest at the rate set by California state law.

PATIENT/PARENT/GUARDIAN/CONSERVATOR

DATE

DATE/TIME COLLECTED: By \_\_\_\_\_

Diagnosis(es) or Signs/Symptoms for each test:

REQUIRED

TESTS	DX CODE
<input type="checkbox"/> ALT (SGPT)	_____
<input type="checkbox"/> ANA - Reflex to Titer if ind	_____
<input type="checkbox"/> *APTT - Act Prtl Thromboplast	_____
<input type="checkbox"/> *BHCG Quant	_____
<input type="checkbox"/> Cancer Antigen 125	_____
<input type="checkbox"/> *CBC w/diff (scan/man if ind)	_____
<input type="checkbox"/> *CBC - no differential	_____
<input type="checkbox"/> *CBC w/manual differential	_____
<input type="checkbox"/> *ESR - Westergreen	_____
<input type="checkbox"/> Ferritin	_____
<input type="checkbox"/> *Iron Total	_____
<input type="checkbox"/> Hemoglobin & Hematocrit (H&H)	_____
<input type="checkbox"/> *HGB A1C	_____
<input type="checkbox"/> *HIV 1&2 AB w/rfx to Westblt	_____
<input type="checkbox"/> Homocysteine	_____
<input type="checkbox"/> LDL Direct	_____
<input type="checkbox"/> Magnesium	_____
<input type="checkbox"/> *PT - Prothrombin Time	_____
<input type="checkbox"/> *PSA - Prostate Spec Antigen	_____
<input type="checkbox"/> Rheumatoid Factor (RA)	_____
<input type="checkbox"/> *T4 Free	_____
<input type="checkbox"/> *TSH (HS/3rd Gen)	_____
<input type="checkbox"/> *TSH Reflex to FT4 if ind	_____
<input type="checkbox"/> Total Iron Binding Capacity (TIBC)	_____
<input type="checkbox"/> UA - Urinalysis-microscopic if ind	_____
<input type="checkbox"/> Uric Acid	_____
<b>***PROFILES***</b>	
<input type="checkbox"/> Basic Met Panel - Glu, BUN, Crea, NA, K, Cl, CO2, CA	_____
<input type="checkbox"/> Comp Met Panel - Basic Met Panel plus Tot Bili, Alkp, SGOT (AST), SGPT (ALT), Tot Protein, Albumin	_____
<input type="checkbox"/> Hepatic Function Panel - Alb, Alkp, SGOT, SGPT, T&D Bili, Prot	_____
<input type="checkbox"/> Hepatic Panel, Acute - Hep B AG, Hep B core AB IgM, Hep A AB IgM, Hep C AB (w/rfx to Hep C TMA & Hep C BDNA)	_____
<input type="checkbox"/> *Lipid Panel - Trig, Chol, HDL, LDL (Calc), VLDL (Calc), Chol/HDL	_____
<input type="checkbox"/> *Lipid Pan w/rfx LDL DIR if ind	_____
<b>***OTHER***</b>	
<input type="checkbox"/> Chlamydia & GC Aptima	_____
<input type="checkbox"/> Chlamydia Aptima	_____
<input type="checkbox"/> GC Aptima	_____
<b>***STOOL STUDIES***</b>	
<input type="checkbox"/> C. Difficile Reflex to PCR if ind	_____
<input type="checkbox"/> Stool WBC's (Lactoferrin)	_____
<input type="checkbox"/> Occult Blood	_____
<input type="checkbox"/> Stool C&S (Parapak)	_____
<input type="checkbox"/> Parasite Panel - Rapid	_____

TESTS	DX CODE
<b>***MICROBIOLOGY***</b>	
CULTURES - SENSIT if indicated	
<input type="checkbox"/> ROUTINE - Source: _____	_____
<input type="checkbox"/> ANAEROBIC - Source: _____	_____
<input type="checkbox"/> GC - Source: _____	_____
<input type="checkbox"/> Throat Culture	_____
<input type="checkbox"/> *Urine Culture	_____
<input type="checkbox"/> Nasal Culture	_____
<input type="checkbox"/> Viral (Susp virus _____)	_____
<input type="checkbox"/> Herpes (M4 Transport Media)	_____
<b>***ANATOMIC PATHOLOGY***</b>	
Clinical History: _____	
Provisional Diagnosis: _____	
Specimen Type/Size: _____	
A. _____	_____
B. _____	_____
C. _____	_____
<b>CYTOLOGY HISTORY</b>	
LMP Date: _____	
Hormone Therapy Type: _____	
<input type="checkbox"/> Pregnant	<input type="checkbox"/> High risk for Cervical Cancer
<input type="checkbox"/> HPV	<input type="checkbox"/> Hysterectomy
<input type="checkbox"/> Post Partum	<input type="checkbox"/> UID
<input type="checkbox"/> Postmenopausal	<input type="checkbox"/> Genital Herpes
Previous abnormal Pap DX/Date: _____	
Previous abnormal biopsy DX/Date: _____	
Treatment by: <input type="checkbox"/> Laser <input type="checkbox"/> Cryosurgery	
<input type="checkbox"/> LEEP <input type="checkbox"/> Cervical Cone <input type="checkbox"/> Other	
GYN CYTOLOGY SOURCE/SITE	
<input type="checkbox"/> Cervix	<input type="checkbox"/> Endocervix <input type="checkbox"/> Vaginal
OTHER CYTOLOGY SOURCE/SITE	
<input type="checkbox"/> Urine, voided	<input type="checkbox"/> Urine, catheterized
<input type="checkbox"/> Bladder washing	_____
<input type="checkbox"/> FNA (site): _____	_____
<input type="checkbox"/> Other: _____	_____

**PLEASE MARK BOX FOR TESTS ORDERED**

☐ Liquid Based Pap without HPV Reflex

☐ Liquid Based Pap with High-Risk HPV if ASCUS

☐ Liquid Based Pap with High-Risk HPV

☐ Conventional Pap Smear

☐ GC by PCR

☐ Chlamydia by PCR

☐ GC & Chl by PCR

☐ HPV Hybrid Capture

☐ High (ONLY) ☐ High & Low

LAV \_\_\_\_\_ ROYAL \_\_\_\_\_ GRN \_\_\_\_\_ UA CUP \_\_\_\_\_ 7 mL RED \_\_\_\_\_ GRAY \_\_\_\_\_ BLUE \_\_\_\_\_ SST \_\_\_\_\_  
YEL \_\_\_\_\_ SWAB \_\_\_\_\_ VIRAL TRANSPORT \_\_\_\_\_ FRESH STOOL \_\_\_\_\_ STOOL TRANSPORT \_\_\_\_\_  
APTIMA SWAB \_\_\_\_\_ FROZEN \_\_\_\_\_ SPUTUM \_\_\_\_\_ FIOBT \_\_\_\_\_ OTHER \_\_\_\_\_ROU'd  
by:

## ICD-9 / DIAGNOSIS \*\*

1.	_____
2.	_____
3.	_____
Person authorized to release Diagnosis information: _____	

Saddleback Memorial Medical Center  
24451 Health Center Drive  
Laguna Hills, CA 92653  
(949) 452-3405

**PATHOLOGISTS**  
Dr. Vivian Mendoza  
Dr. Meredith Peake  
Dr. Albert Huang  
Dr. Shih-Jwo Huang  
Dr. Sonja Matthias

Calif. License No. 206426  
Medicare Provider No. M050603  
Federal I.D. No. 95-2585792  
CLIA No. 05D0578029

ADVANCE BENEFICIARY NOTICE

Medicare will only pay for services that it determines to be medically reasonable and necessary under section 1862(a)(1) of the Medicare Law. If Medicare determines that a particular test, although it would otherwise be covered, “is not reasonable and necessary”, under the Medicare Program Standards, Medicare will deny payment.

Tests ordered by your physician which are likely to be denied for payment should be identified by the \* symbol. By signing the separate acknowledgement form you are agreeing to be financially responsible for payment.

ICD-9 / DIAGNOSIS CODES			
<b>Provider/Physician Offices: An important message from Lab:</b> We would like to remind providers that we cannot accept diagnosis(es) that include the terms “probable”, “possible”, “suspected”, “rule out”, “questionable” when ordering diagnostic services for your patient. Instead we request that you document the patient’s signs and symptoms to the highest degree of specificity known. This should include signs and symptoms, abnormal test results or other reasons for the tests. You should be aware that <b>Medicare generally does not cover routine screening tests</b> .			
ABD/PLVC SWL/MS/LMP OTH S	789.39	ENLARGEMENT LYMPH NODES	785.6
ABDOM PAIN,EPIGASTRIC	789.06	ESOPHAGEAL REFLUX	530.81
ABDOM PAIN,UNSP SITE	789	EXCESSIVE MENSTRUATION	626.2
ABN BLOOD CHEMISTRY NEC	790.6	FEMALE CLIMACTERIC STATE	627.2
ABN CLINICAL FINDING NEC	796.4	FETAL/NEONATAL JAUND NOS	774.6
ABN FIND-STOOL CONTENTS	792.1	FEVER	780.6
ABN GLUCOSE-ANTEPARTUM	648.83	FUNCTIONAL DIARRHEA	564.5
ABN LIVER FUNCTION STUDY	794.8	GASTROINTEST HEMORR NOS	578.9
ABN SERUM ENZY LEVEL NEC	790.5	GOUT NOS	274.9
ABNORMAL WEIGHT GAIN	783.1	GOUTY ARTHROPATHY	274
ABSENCE OF MENSTRUATION	626	GU INFECT IN PREG-UNSPEC	646.6
ACNE NEC	706.1	HAIR DISEASES NEC	704.8
ACQUIRED HYPOTHYROID NEC	244.8	HEADACHE	784
ACUTE CYSTITIS	595	HEART VALVE REPLAC NEC	V43.3
ACUTE PANCREATITIS	577	HEMATURIA	599.7
ACUTE PHARYNGITIS	462	HEMORRH DIS DT INTR CIR A	286.5
ALOPECIA NOS	704	HEPATITIS NOS	573.3
ANEMIA NOS	285.9	HYPERCALCEMIA	275.42
ANEMIA, END STAGE RENAL D	28521	HYPERLIPIDEMIA NEC/NOS	272.4
ANTENATAL SCREENING NEC	V28.8	HYPERPARATHYROIDISM, UNSP	252
ARTHROPATHY NOS-UNSPEC	716.9	HYPERPOTASSEMIA	276.7
ATRIAL FIBRILLATION	427.31	HYPERTENSION NOS	401.9
BACKACHE NOS	724.5	HYPERTROPHY PROSTATE W/O	600
BENIGN HYPERTENSION	401.1	HYPOGLYCEMIA NOS	251.2
BLOOD IN STOOL	578.1	HYPOPOTASSEMIA	276.8
BONE & CARTILAGE DIS NOS	733.9	HYPOSMOLALITY	276.1
CALCULUS OF KIDNEY	592	HYPOTHYROIDISM NOS	244.9
CARDIAC DYSRHYTHMIA NOS	427.9	HYPRTROPH PROST W URN OBS	600.01
CELLULITIS NOS	682.9	IDIO PERIPH NEURPHYT NOS	356.9
CER ART OC,UNSP W CERINF	434.91	IMPAIRED FASTING GLUCOSE	790.21
CHEST PAIN NOS	786.5	IRON DEFIC ANEMIA NOS	280.9
CHR AIRWAY OBSTRUCT NEC	496	IRREGULAR MENSTRUATION	626.4
Chr Kidney Ds, Stage III	585.3	JOINT PAIN-UNSPEC	719.4
CHR LYMPHOCYT THYROIDIT	245.2	LABORATORY EXAMINATION	V72.6
CHRONIC KIDNEY DIS NOS	585.9	LG TRM(CUR)USE ANTICOAGS	V58.61
CONGESTIVE HEART FAILURE	428	LG TRM(CUR)USE OTHER MEDS	V58.69
COR ATHEROSCL,COR VES	414.01	LOCAL SKIN INFECTION NOS	686.9
COR ATHSCL UNS VS,NAT/GFT	414	LOSS OF WEIGHT	783.21
COUGH	786.2	MAL NEO BREAST UP-OUTER	174.4
DEFICIENCY ANEMIA NOS	281.9	MAL NEO BRONCH/LUNG NOS	162.9
DERMATOPHYTOSIS OF NAIL	110.1	MALIG NEO BLADDER NOS	188.9
DIARRHEA	787.91	MALIG NEO BRAIN NOS	191.9
DISACCHARIDASE DEF/MALAB	271.3	MALIG NEO CORPUS UTERI	182
DISORDER OF THYROID NOS	246.9	MALIGN NEOPL BREAST NOS	174.9
DIZZINESS AND GIDDINESS	780.4	MALIGN NEOPL OVARY	183
DM W NEURO,T2/UNSP,CONTL	250.6	MALIGN NEOPL PROSTATE	185
DM W RENAL,T2/UNSP,CONTRL	250.4	MALIGN NEOPL THYROID	193
DM,WO CC,T2/UNSP CONTROLL	250	MALIGNANT NEO COLON NOS	153.9
DM,WO COMP,T1/UNSP,CONTR0	250.01	MITRAL VALVE DISORDER	424
DM,WO COMP,T2/UNSP,UNCONT	250.02	MIXED HYPERLIPIDEMIA	272.2
DYSMETABOLIC SYNDROME X	277.7	MONONEURITIS NOS	355.9
DYSURIA	788.1	MULTIPLE MYELOMA WO REMIS	203
EDEMA	782.3	MYALGIA AND MYOSITIS NOS	729.1
ELEV BL PRES W/O HYPERTN	796.2	NEUTROPENIA, UNSPECIFIED	288
ELEV TRANSAMINASE/LDH	790.4	NOCTURIA	788.43
ELEVATED PSA	790.93	NONINF GASTROENTERIT NEC	558.9
ENC THERAP DRUG MONITOR	V58.83	NONSPECIF SKIN ERUPT NEC	782.1
ENCEPHALITIS NOS	323.9	NONTOX MULTINODUL GOITER	241.1
		NONTOX UNINODULAR GOITER	241
		OBESITY, UNSPECIFIED	278
		OSTEOMALACIA NOS	268.2
		OSTEOPOROSIS NOS	733
		OT,LCL INF SKIN/SC OT PYO	686.09
		OTH GENERAL SYMPTOMS	780.99
		OTH LYMPH,UN ST,XNOD&SOLD	202.8
		OTH PULM EMBOL&INFARCTION	415.19
		OTH SPEC HYPOGLYCEMIA	251.1
		OTH SPEC PRE-OP EXAM	V72.83
		OTHER ABNORMAL GLUCOSE	790.29
		OTHER CONVULSIONS	780.39
		OTHER MALAISE FATIGUE	780.79
		PALPITATIONS	785.1
		PERNICIOUS ANEMIA	281
		PNEUMONIA, ORGANISM NOS	486
		POLYMYALGIA RHEUMATICA	725
		POSTSURGICAL HYPOTHYROID	244
		PREG STATE, INCIDENTAL	V22.2
		PRE-OP EXAM,UNSPECIFIED	V72.84
		PROSTATITIS NOS	601.9
		PT EPI W SZ WO INTRACT EP	345.4
		PURE HYPERCHOLESTEROLEM	272
		PYODERMA NOS	686
		RECTAL & ANAL HEMORRHAGE	569.3
		REGIONAL ENTERITIS NOS	555.9
		RENAL & URETERAL DIS NOS	593.9
		RHEUMATOID ARTHRITIS	714
		ROUTIN CHILD HEALTH EXAM	V20.2
		ROUTINE GYN EXAM	V72.31
		ROUTINE MEDICAL EXAM	V70.0
		SCREEN FOR CONDITION NOS	V82.9
		SCREEN FOR VENERAL DIS	V74.5
		SCREEN LIPOID DISORDERS	V77.91
		SCREEN MAL NEOP-CERVIX	V76.2
		SCREEN-IRON DEFIC ANEMIA	V78.0
		SCREEN-THYROID DISORDER	V77.0
		SENILE OSTEOPOROSIS	733.01
		SHORTNESS OF BREATH	786.05
		SIDEROBLASTIC ANEMIA	285
		SPC SCRNM MAL NEO PROSTATE	V76.44
		SPEC SCREEN OTH UNSP COND	V82.89
		SULPH AMINO-ACID MET DIS	270.4
		SYNCOPE AND COLLAPSE	780.2
		TESTICULAR HYPOFUNC NEC	257.2
		THREAT LABOR NEC-UNSPEC	644.1
		THYROTOX NOS NO CRISIS	242.9
		UNC BEHAV NEO SKIN	238.2
		UNSPEC ENCEPH/MYELITIS	323.9
		UNSPEC VIRAL INFECTIONS	79.99
		URIN TRACT INFECTION NOS	599
		URINARY FREQUENCY	788.41
		URINARY OBSTRUCTION NOS	599.6
		VAGINITIS NOS	616.1
		VENEREAL DIS CONTACT	V01.6
		VENOUS EMB & THROMB,UNSP	453.4
		VENOUS THROMBOSIS NEC	453.8
		VENOUS THROMBOSIS NOS	453.9