



07406381-7 4498103-7

ACCOUNT #
NAME: **ENDOCRINOLOGY AND METABOLISM**
OF EAST ALABAMA
2420 VILLAGE PROFESSIONAL DR
ADDRESS: **PELIKA, AL 36801**
CITY, STATE, ZIP

TELEPHONE: **334-528-7271**
fax: 334-528-7271
334-528-7770

DATE COLLECTED TIME ☐ AM ☐ PM TOTAL VOL/HRS. ☐ Fasting ☐ Non Fasting
: ML HR

NPI/UPIN ORDERING/SUPERVISING PHYSICIAN AND/OR PAYERS (MUST BE INDICATED)

() 1184684953 SCHAFFNER, NEIL E

☐ ADDIT'L PHYS.: Dr. NPI/UPIN
NON-PHYSICIAN PROVIDER: NAME I.D.#
☐ Fax Results to: ()
Send Client # OR NAME:
Duplicate ADDRESS:
Report to: CITY: STATE ZIP

PANEL COMPONENTS ON BACK

ORGAN / DISEASE PANELS

34392 Electrolyte Panel S
10256 Hepatic Function Panel S
10165 Basic Metabolic Panel S
10231 Comp Metabolic Panel S
B7600 Lipid Panel, Standard S
B14852 Lipid Panel w/Reflex D-LDL S
20210 Obstetric Panel w/Reflex Y,L,S
93802 Obstetric Panel with Fourth Generation HIV w/Reflex Y,L,S
10306 Hepatitis Panel, Acute w/Reflex S
10314 Renal Function Panel S
36336 Celiac Disease Comp Panel w/Reflex S

HEMATOLOGY

510 Hemoglobin L
509 Hematocrit L
1759 CBC (H/H, RBC, Indices, WBC, PLT) L
6399 CBC (Includes Diff/Pit) L
B8847 PT with INR B
763 PTT, Activated B

OTHER TESTS

7788 ABO Group & Rh Type Y
223 Albumin S
6517 Albumin, Random Urine W/Creatinine 1
234 Alkaline Phosphatase S
823 ALT S
243 Amylase S
249 ANA Screen, IFA, w/Reflex Titer and Pattern S
5149 Antibody ID, Titer and Typing, RBC Y
795 Antibody Scr, RBC w/Ref ID, Titer and AG Y
822 AST S
285 Bilirubin, Direct S
287 Bilirubin, Total S
4420 C-Reactive Protein (CRP) S

303 Calcium S
11173 CCP Ab IgG S
B334 Cholesterol, Total S
374 CK, Total S
375 Creatinine S
8459 Creatinine, Random Urine 1
B8293 Direct LDL S
402 DHEA Sulfate, Immunoassay S
15064 Endomysial Antibody Screen (IgA) w/Reflex titer S
4021 Estradiol S
11290 Fecal Globin by Immunochemistry 1
457 Ferritin S
B466 Folate, Serum S
470 FSH S
B482 GGT S
8477 Glucose, Gestational Screen (50g), 135 cutoff GY
19833 Glucose, Gestational Screen (50g), 140 cutoff GY
B483 Glucose, Serum S
8435 hCG, Total, QL S
B8396 hCG, Total, QN S
35645 HCV RNA, Quantitative Real Time PCR P
B496 Hemoglobin A1c L
B16802 Hemoglobin A1c w/eAG L
508 Hepatitis A Ab, Total S
499 Hep B Surface Ab Qual S
498 Hep B Surface Ag w/Reflex Confirm S
8472 Hep C Antibody w/Reflex to Quant S
94345 Hepatitis C Ab w/Ref to HCV RNA, QN, PCR w/Ref Genotype Lipa S
11348 HCV RNA, QN PCR w/Reflex Genotype, LIPA® P
91431 HIV-1/2 AG/AB, 4th w/Reflex S
16185 HIV 1 RNA, QL TMA FP
B10124 hs CRP S
6447 HSV 1/2 IGG, Type Specific AB S
539 Immunoglobulin A S
561 Insulin S
7573 Iron and Total Iron Binding Capacity S

571 Iron S
593 LD S
599 Lead, Blood TN
615 LH S
606 Lipase S
6646 Lyme Disease Ab w/Reflex to Blot (IgG, IgM) S
8593 Lyme Disease AB (IGG, IGM), Immunoblot S
622 Magnesium S
964 Measles Antibody (IGG) S
8624 Mumps Virus Antibody (IGG) S
5259 MMR S
718 Phosphate (As Phosphorus) S
733 Potassium S
745 Progesterone S
746 Prolactin S
747 Protein, Total And Protein Electrophoresis S
1715 Protein, Total W/Creat, Random Urine U
B5363 PSA, Total S

Tuberculosis Screening
37737 T-SPOT®. TB (see back for add'l instructions) 1
36970 QuantiFERON®-TB Gold Plus, 1 Tube GR
36971 QuantiFERON®-TB Gold Plus, 4 Tubes, Draw Site Incubated 1
8837 PTH, Intact & Calcium 1
4418 Rheumatoid Factor S
799 RPR (Monitoring) w/Reflex Titer S
36126 RPR (DX) w/Ref Titer and Confirmatory Testing S
802 Rubella Immune Status S

COVID-19 Testing
Please refer to COVID-19 Test Requisition to order SARS-CoV-2 assays

809 Sed Rate by Mod West L
36170 Testosterone, Free (Dialysis) and Total, MS SR
18944 Testosterone, Free SR
15983 Testosterone, Total, MS SR
873 Testosterone, Total, Males (Adult), IA SR
267 Thyroglobulin Antibodies S
5081 Thyroid Peroxidase Antibodies (TPO) S
8821 Tissue Transglutaminase Ab, IGA S

11070 Tissue Transglutaminase IgG S
B896 Triglycerides S
B899 TSH S
B36127 TSH w/Reflex T4, Free S
34429 T3, Free S
859 T3, Total S
B867 T4 (Thyroxine), Total S
B866 T4 (Thyroxine), Free S
6448 Urinalysis Macroscopic U
7909 Urinalysis Reflex U
5463 Urinalysis, Complete U
3020 UA, Complete, w/Reflex Culture* 1
294 Urea Nitrogen (BUN) S
905 Uric Acid S
4439 Varicella-Zoster Virus Ab (IgG) S
B7065 Vitamin B12/Folate, Serum Panel S
B927 Vitamin B12 S
B16558 Vitamin D 1,25 SR
B17306 Vitamin D, 25-Hydroxy, Total, Immunoassay SR

MICROBIOLOGY

Source (Required)
4550 Culture, Aerobic Bacteria* S
4485 Culture, Group A Strep* S
5617 Culture, Group B Strep* S
395 Culture, Throat* S
394 Culture, Urine, Routine* (Inc. Indwelling Cath.) S

Amplified Specimen Type (Aptima)
☐ Endocervical ☐ Urethral ☐ Urine

11363 Chlamydia & N. gonorrhoeae RNA, TMA

Stool Pathogens

34838 H. pylori Ag, EIA Stool HB
14839 H. pylori Urea Breath Test HB
681 Ova And Parasites, Conc and Perm Smear

* Additional charge for ID and Susceptibilities

ADDITIONAL TESTS: (INCLUDE COMPLETE TEST NAME AND ORDER CODE)

Reflex tests are performed at an additional charge.

celiac disease panel
IGF-1
cortisol total

ACTH

COMMENTS, CLINICAL INFORMATION:

Physician Signature (Required for PA, NY, NJ & WV)

Neil E Schaffner

Many payers (including Medicare and Medicaid) have medical necessity requirements. You should only order those tests which are medically necessary for the diagnosis and treatment of the patient.

TOTAL TESTS ORDERED

REQ LGAT

7406381
4498103

NAME:

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