

**BILL TO:**

- ☐ My Account
☒ Insurance Provided
☐ Lab Card/Select
☐ Patient

PRINT PATIENT NAME (LAST, FIRST, MIDDLE)

REGISTRATION # (IF APPLICABLE)

DATE
OF
BIRTH

M M D D YEAR SEX

LAB REFERENCE #

CELL PHONE

(205) 767-6147

PATIENT PHONE

()

PATIENT ID # / MRN

5077

PATIENT EMAIL ADDRESS

PRINT NAME OF INSURED/RESPONSIBLE PARTY (LAST, FIRST, MIDDLE) - IF OTHER THAN PATIENT

8948 RIGHORN TRAIL

PATIENT STREET ADDRESS (OR INSURED/RESPONSIBLE PARTY) APT. # KEY #

AUM NURSING CARE CENTER

ACCOUNT #:

NAME: 7461 EAST DRIVE #102

ADDRESS: MONTGOMERY, AL 36117

CITY, STATE, ZIP

TELEPHONE: 334-244-3281

BATHDDDD

DATE COLLECTED TIME ☐ AM ☐ PM TOTAL VOL/HRS.

:

ML

HR

☐ Fasting☐ Non Fasting

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

() 1700837614 FATHALLAH-SHAYKH

() 1720048275 TUCK, PAMELA P

ADDIT'L PHYS.: Dr.

Lindsey Baitin, NPI/UPIN

NON-PHYSICIAN PROVIDER:

NAME I.D.#

Fax Results to: (334) 244-3390

Send Client # OR NAME:

Duplicate ADDRESS:

Report to: CITY:

AUM Workforce Health Services

7461 E. Drive Suite 102

MONTGOMERY, AL 36117

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 Y,L,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/Pt) 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 L
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/Reflex to HCV RNA, QN, PCR w/Reflex 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, QLTMA 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) GR
36970 ☐ QuantiFERON®-TB Gold Plus, 1Tube GR
8837 ☐ PTH, Intact & Calcium 1
4418 ☐ Rheumatoid Factor S
799 ☐ RPR (Monitoring) w/Reflex Titer S
36126 ☐ RPR (DX) w/Reflex Titer and Confirmatory Testing S
802 ☐ Rubella Immune Status S
COVID-19 Testing
39448 ☐ SARS-CoV-2 RNA (COVID-19), Qualitative NAAT 1
39504 ☐ SARS-CoV-2 Serology (COVID-19) Antibody (IgG), Immunoassay S
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
927 ☐ Vitamin B12 S
16558 ☐ Vitamin D 1,25 SR
B17306 ☐ Vitamin D, 25-Hydroxy, Total, Immunoassay S

MICROBIOLOGY

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

- Amplified Specimen Type (Aptima)**
☐ Endocervical ☐ Urethral ☐ Urine
11363 ☐ Chlamydia & N. gonorrhoeae RNA, TMA

Stool Pathogens

- 34838 ☐ H. pylori Ag, EIA Stool
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.

p10BNP: test code 11189

COMMENTS, CLINICAL INFORMATION:

TOTAL TESTS
ORDERED

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

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.

REOLCAT

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NAME:

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