



WOODSON MARKET
44 E 67th St
New York NY 10065
NYN

Call Fax Mail
Client Number/Physician's Name
Physician's Address
City, State, Zip
800.22

To find the nearest patient service center, visit www.labcorp.com or call 888-LABCORP (888-522-2677).

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CIRCLE ONE
A62553-ARRREIL, WD

CHECK ONE
PATIENT BILL
MEDICARE
INSURANCE
OXFORD
PAPIR BIL OF CR
CIGNA HC REG C
CIGNA
AETNA NON HAD
METRO PLUS HPI
HEALTHNET
JOSE GRUNT
BARTAIN/AIT
UNITED HEALTHCARE
AAGNA CARE-NY
BOKANAC AC PFFS
KATSER PIRGANT

Patient's Legal Name (Last, First, MI) **EPSTEIN JEFFREY M** Sex **M** Date of Birth **01 20 53** Collection Time **AM** Fasting **Yes** Collection Date **MO DAY YR** Urine hrs/vol **hrs vol**

NPI **EPSTEIN** UPIN **JEFFREY M** Physician's ID# **01 20 53** Patient's SS# **01 20 53** Patient's ID# **01 20 53**

Physician's Name (Last, First) **EPSTEIN JEFFREY M** Signature **JEFFREY M EPSTEIN** Hospital Patient Status: In-Patient Out-Patient Non-Patient

Diagnosis/Signs/Symptoms in ICD-CM format in effect at Date of Service
G62.9 R73.9 E78.0 D78.1

Patient's Address **9 EAST 71st STREET** Phone **212-750-9895**
City **NYC** State **NY** Zip **10065**

PRIMARY BILLING PARTY SECONDARY BILLING PARTY

Insurance Carrier **UHC** Insurance Carrier **E21.3**
ID# **854905597** ID# **E25.10 E29.1**
Group # **272605** Group # **R78.9 R31.9**

Name of Insured Person **JEFFREY M EPSTEIN** Name of Insured Person **JEFFREY M EPSTEIN**
Relationship to Patient **Self** Relationship to Patient **Self**
Employer Name **EPSTEIN JEFFREY M** Employer Name **EPSTEIN JEFFREY M**

Address of Policy Holder **9 EAST 71st STREET** APT #
City **NYC** State **NY** ZIP **10065**

Medicare Advance Beneficiary Notice of Noncoverage (ABN)
Refer to Determining Necessity of ABN Completion on reverse.

371044 I) Lys+Ab(IgG/A)+Babesia/IgG/h...
371068 I) CAP14+Fc+CBC/D/Plt+Rg+TIBC+...
371195 I) FSH+LH+Prog
371274 I) Estrone, LCAS, Inda, Sci

001495
288004 001974
004051
001800

OTHER TESTS / INDIVIDUAL PROFILE COMPONENTS
TEST # TEST NAME
143255 706994
004020
004333 164962

ABCP ONLY	START	VENIPUNCTURE	NON LABCORP	VERBAL ORDER	CHART ORDER	HANDWRITTEN	24 HR TUV	PST/PSC *
988074	998085	998239	998250	998251	998272	998268		
ORGAN OR DISEASE PANELS See reverse for components								
322744	Acute Hepatitis Panel	80074	GEL					
322758	Basic Metabolic Panel (8)	80048	GEL					
322000	Comp Metabolic Panel (14)	80053	GEL					
303754	Electrolyte Panel	80051	GEL					
322755	Hepatic Function Panel (7)	80076	GEL					
303756	Lipid Panel	80061	GEL					
235010	Lipid Panel w/LDL/HDL Ratio	80061	GEL					
221010	Lipid Panel w/TC/HDL Ratio	80061	GEL					
343925	Lipid Panel w/Non-HDL Cholesterol	80061	GEL					
322777	Renal Function Panel	80069	GEL					
HEMATOLOGY								
005009	CBC w Diff w Plt	85025	LAV					
028142	CBC w/o Diff w Plt	85027	LAV					
005058	Hematocrit	85014	LAV					
005041	Hemoglobin	85018	LAV					
005249	Platelet Count	85049	LAV					
005033	RBC Count	85041	LAV					
005025	WBC Count	85048	LAV					
015173	Differential/Total WBC Count	85024	LAV					
ALPHABETICAL/COMBINATION TESTS								
006049	ABO and Rh	82040	LAV					
001081	Albumin	84075	GEL					
001107	Alkaline Phosphatase	84075	GEL					
001545	ALT (SGPT)	84460	GEL					
001396	Amylase	82150	GEL					
164855	Antinuclear Antibodies	86038	GEL					
001123	AST (SGOT)	84450	GEL					
000810	B ₁₂ and Folate	82627	GEL					
001099	Bilirubin, Total	82247	GEL					
001040	BUN	84520	GEL					
001016	Calcium	82310	GEL					
006627	C-Reactive Protein (CRP), Quant	86140	GEL					
120766	Cardiac C-Reactive Protein (CRP)	86141	GEL					
007419	Carbamazepine (Tegretol) [®]	80156	SER					
002139	CEA	82378	GEL					
001065	Cholesterol, Total	82465	GEL					
001370	Creatinine	82565	GEL					
007385	Digoxin (Lanoxin) [®]	80162	GEL					
004515	Estradiol	82670	GEL					
004598	Ferritin	82728	GEL					
028480	FSH and LH	85001	GEL					
001958	GGT	82977	GEL					
001818	Glucose, Plasma	82947	GEL					
001032	Glucose, Serum	82947	GEL					
004556	hCG, Beta Subunit, Qual (Serum/Pregnancy)	84703	GEL					
004416	hCG, Beta Subunit, Quant	84702	GEL					
001925	HDL Cholesterol	83718	GEL					
001453	Hemoglobin A1c	83036	LAV					
006734	Hep A Antibody, IgM	86709	GEL					
006395	Hep B Surface Antibody	86706	GEL					
006510	Hep B Surface Antigen	87340	GEL					
144065	HCV Ab w/Rflx to Ab Verification	86803	GEL					
083824	HIV-1/2 Antibodies*	86703	GEL					
162222	HIV-1/2 Antibodies - NY ONLY	86703	GEL					
180836	H. pylori Urea Breath	83013	GEL					
180764	H. pylori Stool Antigen	87338	GEL					
001321	IgE and IBC	83540	GEL					
001115	LDH	83615	GEL					
361946	Lipid Cascade	80178	GEL					
007708	Lithium (Eskalith) [®]	80178	GEL					
001537	Magnesium	83735	GEL					
006189	Mononucleosis Test, Qual	86308	GEL					
884247	NMR LipoProfile [®]	80061	NMR					
007823	Phenobarbital (Luminal) [®]	80184	SER					
007401	Phenytoin (Dilantin) [®]	80185	SER					
001024	Phosphorus	84100	GEL					
001180	Potassium	84132	GEL					
004465	Prolactin	84146	GEL					
010322	PSA	84153/G0103	GEL					
480947	PSA, Free: Total Ratio*	84153	GEL					
005199	Prothrombin Time (PT)/INR	85610	BLU					
020321	PT and PTT Activated	85610	BLU					
005207	PTT Activated	85730	BLU					
006502	Rheumatoid Arthritis Factor	86431	GEL					
006072	RPR	86592	GEL					
006197	Rubella Antibodies, IgG	86762	GEL					
005215	Sed Rate, Westergren	85632	LAV					
001198	Sodium	84295	GEL					
004226	Testosterone, Total	84403	GEL					
070001	Testosterone Women/Children	84403	GEL					
007336	Theophylline	80198	SER					
330015	Thyroid Cascade Profile	84436	GEL					
001149	Thyroxine (T ₄)	84439	GEL					
001974	Thyroxine (T ₄), Free	84439	GEL					
082345	T. pallidum Screening Cascade	84478	GEL					
001172	Triglycerides	84478	GEL					
002188	Triiodothyronine (T ₃)	84480	GEL					
001156	T ₃ Uptake	84479	GEL					
004259	TSH, 3rd generation	84443	GEL					
001057	Uric Acid	84550	GEL					
003038	Urinalysis	81003	GEL					
081950	Vitamin D, 25-Hydroxy	82306	GEL					
MICROBIOLOGY								
<input type="checkbox"/>	ENDOCERVIX	<input type="checkbox"/>	THROAT	<input type="checkbox"/>	URINE			
<input type="checkbox"/>	STOOL	<input type="checkbox"/>	URETHRA					
<input type="checkbox"/>	OTHER SOURCE:							
008649	Aerobic Bacterial Culture †	87070	GEL					
008482	Fungus Culture †	87101	GEL					
008334	Genital Culture, Routine †	87070	GEL					
008540	Gram Stain	87205	BLU					
188132	Gp B Strip Detect, NAA	87081	GEL					
188139	Gp B Strip Detect, NAA Rb to 'accept'	87106	GEL					
180810	Lower Respiratory Culture †	87070	GEL					
182949	Occult Blood, Fecal, IA	82274	GEL					
008623	Ova and Parasites	87177	GEL					
008144	Stool Culture †	87045	GEL					
008169	Throat, Beta-Hemolytic Strep Cult, Group A	87081	GEL					
008342	Upper Respiratory Culture, Routine	87070	GEL					
008847	Urine Culture, Routine †	87086	GEL					
NuSwab Tests (check only one)								
180039	NuSwab [®] Vaginitis (VG)	87798(x3)	GEL					
180021	NuSwab [®] Vaginitis Plus (VG+)	87798(x3)	GEL					
180060	Bacterial Vaginosis, NAA	87481(x2)	GEL					
180055	C. albicans & C. glabrata, NAA	87481(x2)	GEL					
180010	Candida Six-species Profile, NAA	87481(x6)	GEL					
183194	Chlamydia/Gonococcus, NAA	87491	GEL					
183160	Ct/Ng/Ty ¹	87591	GEL					
180089	Genital Mycoplasmas, Swab	87798(x3)	GEL					
188056	HSV 1 & 2, NAA	87529(x2)	GEL					
188052	Trichomonas vaginalis, NAA	87661	GEL					
ENHANCED REPORTING								
910343	Chronic Kidney Disease Report							
910385	Cardiovascular Risk Assessment Report (Must order with 361946-Lipid Cascade, 884247-NMR LipoProfile, or lipid panel)							
910374	Low Bone Density Report							
† = ID / Susceptibility at Additional Charge ‡ = Confirmation at Additional Charge * = Also available with Aptima urine								
Clinical Information/Comments								

NOTE: WHEN ORDERING TESTS FOR WHICH MEDICARE OR MEDICAID REIMBURSEMENT WILL BE SOUGHT, PHYSICIANS SHOULD ONLY ORDER TESTS THAT ARE MEDICALLY NECESSARY FOR THE DIAGNOSIS OR TREATMENT OF THE PATIENT.



WOODSON HARRIS HOSPITAL SERVICES
44 E 67th St
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Fax
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CIRCLE ONE
A62553-MERRELL, W0

- CHECK ONE
- PATIENT BILL
 - MEDICARE
 - INSURANCE
 - OXFORD
 - AETNA NON HMO
 - KAGNA CARE-NY
 - UNITED HLTHCR
 - CIGNA HC HMO
 - CIGNA
 - AARP MEDICARE
 - UAR
 - METRO PLUS RPL
 - UHC-MEDICARE
 - EMPIRE BLUE CR
 - HLTHREPUB
 - WALC

Patient's Legal Name (Last, First, MI) **EPSTEIN, VETREY** Sex **M** Date of Birth **01/20/53** Collection Time _____ Fasting: Yes No Collection Date _____ Urine hrs/vol _____
 NPI _____ UPIN _____ Physician's ID # _____ Patient's SS # _____ Patient's ID # _____
 Physician's Name (Last, First) _____ Physician/Authorized Signature _____ Hospital Patient Status: In-Patient Out-Patient Non-Patient
 Diagnosis/Signs/Symptoms in ICD-CM format in effect at Date of Service **E21.3** Patient's Address **9 E 71 STREET** Phone **212-772-9416**
 City **NYC** State **NY** Zip **10021**
 Name of Policy Holder (if different from patient) _____ Address of Policy Holder _____ APT # _____
 City _____ State _____ ZIP _____
 I hereby authorize the release of medical information related to the service described herein and authorize payment (directly to LabCorp) to assume responsibility for payment of charges for laboratory services that are not covered by my healthcare insurer.
 Patient's Signature _____ Date _____
MEDICARE ADVANCE BENEFICIARY NOTICE OF NONCOVERAGE (ABN)
 Refer to Determining Necessity of ABN Completion on reverse.

371044 [] LymeAb(IgG/M)+Babesia(IgG/M)...

371068 [] CMPI4+Fe+CBC(D/Plt+Hgt+TIBC)...

371195 [] FSH+LH+Prog
500634 [] Estrone, LMS, Endo Sci

INDIVIDUAL COMPONENTS OF TEST COMBINATIONS / PROFILES LISTED IN THE SECTION ABOVE CAN BE ORDERED SEPARATELY

LABCORP USE ONLY	STAT	VENIPUNCTURE	NON LABCORP	VERBAL ORDER	CHART ORDER	HANDWRITTEN	24 HR TUV	PST/PC #
	998074	998095	998289	998250	998261	998272	998283	

ORGAN OR DISEASE PANELS
See reverse for components

322744	Acute Hepatitis Panel	80074	GEL
322758	Basic Metabolic Panel (8)	80048	GEL
322000	Comp Metabolic Panel (14)	80053	GEL
303754	Electrolyte Panel	80051	GEL
322755	Hepatic Function Panel (7)	80076	GEL
303756	Lipid Panel	80061	GEL
235010	Lipid Panel w/LDL:HDL Ratio	80061	GEL
221010	Lipid Panel w/TG:HDL Ratio	80061	GEL
343925	Lipid Panel w/Non-HDL Cholesterol	80061	GEL
361946	Lipid Cascade ^{see reverse}	GEL	NMP
363676	Lipid Cascade with Rx to ApoB ^{see reverse}	80061	GEL
322777	Renal Function Panel	80069	GEL

HEMATOLOGY

005009	CBC w Diff w Plt	85025	LAV
028142	CBC w/o Diff w Plt	85027	LAV
005058	Hematocrit	85014	LAV
005041	Hemoglobin	85018	LAV
005249	Platelet Count	85049	LAV
005033	RBC Count	85041	LAV
005025	WBC Count	85048	LAV
015173	Differential/Total WBC Count	85041	LAV

ALPHABETICAL/COMBINATION TESTS

006049	ABO and Rh	82040	GEL
001081	Albumin	84075	GEL
001107	Alkaline Phosphatase	84460	GEL
001545	ALT (SGPT)	82150	GEL
001396	Amylase	88038	GEL
164855	Antinuclear Antibodies	84450	GEL
001123	AST (SGOT)	82247	GEL
000810	Folate	82247	GEL
001099	Bilirubin, Total	84520	GEL
001040	BUN	84520	GEL

ALPHABETICAL/COMBINATION TESTS

001016	Calcium	82310	GEL
006627	C-Reactive Protein (CRP), Quant	86140	GEL
120766	hsCardiac C-Reactive Protein (CRP)	86141	GEL
007419	Carbamazepine (Tegretol®)	80156	SER
002139	CEA	82378	GEL
001065	Cholesterol, Total	82465	GEL
001370	Creatinine	82565	GEL
007385	Digoxin (Lanoxin®)	80162	GEL
004515	Estradiol	82670	GEL
004598	Ferritin	82728	GEL
028480	FSH and LH	83001	GEL
001958	GGT	82977	GEL
001818	Glucose, Plasma	82947	GRY
001032	Glucose, Serum	82947	GEL
004556	hCG, Beta Subunit, Qual (Serum Pregnancy)	84703	GEL
004416	hCG, Beta Subunit, Quant	84702	GEL
001925	HDL Cholesterol	83718	GEL
001453	Hemoglobin A1c	83038	LAV
006734	Hep A Antibody, IgM	86709	GEL
006395	Hep B Surface Antibody	86706	GEL
006510	Hep B Surface Antigen	87340	GEL
144065	HCV Ab w/Rfx to Ab Verification	86803	GEL
083824	HIV-1/2 Antibodies*	86703	GEL
162222	HV-1/2 Antibodies* - NY ONLY	86703	GEL
180836	H pylori Urea Breath	83013	GEL
180764	H pylori Stool Antigen	87338	GEL
001321	Iron and IBC	83540	GEL
001115	LDH	83615	GEL
007708	Lithium (Eskalith®)	80178	GEL
001537	Magnesium	83735	GEL

ALPHABETICAL/COMBINATION TESTS

006189	Mononucleosis Test, Qual	86308	GEL
884247	NMR LipoProfile*	80901	NMP
007823	Phenobarbital (Luminal®)	80184	SER
007401	Phenytoin (Dilantin®)	80185	SER
001024	Phosphorus	84100	GEL
001180	Potassium	84132	GEL
004465	Prolactin	84146	GEL
010322	PSA	84153/G0103	GEL
480947	PSA, Free: Total Ratio*	84154	GEL
005199	Prothrombin Time (PT)/INR	85610	BLU
020321	PT and PTT Activated	85615	BLU
005207	PTT Activated	85730	BLU
006502	Rheumatoid Arthritis Factor	86431	GEL
006072	RPR	86592	GEL
006197	Rubella Antibodies, IgG	86762	GEL
005215	Sed Rate, Westergren	85652	LAV
001198	Sodium	84295	GEL
004226	Testosterone, Total	84403	GEL
070001	Testosterone Women/Children	84403	GEL
007336	Theophylline	80198	SER
330015	Thyroid Cascade Profile	84436	GEL
001149	Thyroxine (T ₄)	84439	SST
001974	Thyroxine (T ₄), Free	84439	SST
082345	T ₄ p.tilium Screening Cascade	84478	GEL
001172	Triglycerides	84480	GEL
002188	Triiodothyronine (T ₃)	84479	GEL
001156	T ₃ Uptake	84443	GEL
004259	TSH, 3rd generation	84443	GEL
001057	Uric Acid	81003	UA
003038	Urinalysis	81003	UA
081950	Vitamin D, 25-Hydroxy	82306	GEL

OTHER TESTS / INDIVIDUAL PROFILE COMPONENTS
TEST # TEST NAME
054601

MICROBIOLOGY

008649	Aerobic Bacterial Culture †	87070	SER
008482	Fungus Culture †	87101	SER
008334	Genital Culture, Routine †	87070	SER
008540	Gram Stain	87205	SER
188132	Grp B Strip Detect, NAA	87081	SER
188139	Grp B Strip Detect, NAA Rfx to "suscept"	87081	SER
180610	Lower Respiratory Culture †	87070	SER
182949	Occult Blood, Fecal, IA	82274	SER
008623	Ova and Parasites	87177	SER
008144	Stool Culture †	87046	SER
008169	Throat, Beta-Hemolytic Strep Cult, Group A	87081	SER
008342	Upper Respiratory Culture, Routine	87070	SER
008847	Urine Culture, Routine †	87086	SER

NuSwab Tests (check only one)

180039	NuSwab® Vaginitis (VG)	See Reverse
180021	NuSwab® Vaginitis Plus (VG+)	See Reverse
180060	Bacterial Vaginosis, NAA	87798(x3)
180055	C. albicans & C. glabrata, NAA	87481(x2)
180010	Candida Six-species Profile, NAA	87481(x5)
183194	Chlamydia/Gonococcus, NAA	87491
183160	CINigT ^v	87591
180069	Genital Mycoplasmas, Swab	87798(x3)
188056	HSV 1 & 2, NAA	87529(x2)
188052	Trichomonas vaginalis, NAA	87661

ENHANCED REPORTING

910343	Chronic Kidney Disease Report
910385	Cardiovascular Risk Assessment Report (Must order with 361946-Lipid Cascade 884247-NMR LipoProfile, or lipid panel)

† = ID / Susceptibility at Additional Charge
 * = Confirmation at Additional Charge
 † = Also available with Aptima urine
 Clinical Information/Comments

NOTE: WHEN ORDERING TESTS FOR WHICH MEDICARE OR MEDICAID REIMBURSEMENT WILL BE SOUGHT, PHYSICIANS SHOULD ONLY ORDER TESTS THAT ARE MEDICALLY NECESSARY FOR THE DIAGNOSIS OR TREATMENT OF THE PATIENT.



Woodson Herrett
44 E 67th St.
New York

NY 10065
NYN

Fax
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 Physician's Address _____ City, State, Zip _____

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CIRCLE ONE
A62553-HERRETT, MD

CHECK ONE
 PATIENT BILL
 MEDICARE
 INSURANCE
 DXFRP (OXFORD)
 IAPRI (BUFCR)
 CIGNA HC (RSC)
 CIGNA
 AETNA (NDN HAD)
 AETNA PLUS (HPI)
 HEALTHNET
 BRTAIN/AFT
 UNITED (HICRI)
 BAHNA CARE (NY)
 HUMANA (AC PFFS)

Patient's Legal Name (Last, First, MI) **EPSTEIN, JEFFREY** Sex **M** Date of Birth **01/20/53** Collection Time _____ Fasting Yes No Collection Date _____ Urine hrs/vol _____
 NPI _____ UPIN _____ Physician's ID # _____ Patient's SS # _____ Patient's ID # _____
 Physician's Name (Last, First) _____ Physician/Authorized Signature _____ Hospital Patient Status: In-Patient Out-Patient Non-Patient
 Diagnosis/Signs/Symptoms in ICD-CM format in effect at Date of Service **E21.3** Patient's Address **9 E 71 STREET** Phone **212-772-9416**
 City **NYC** State **NY** ZIP **10021**
 Name of Policy Holder (if different from patient) _____ Address of Policy Holder _____ APT # _____
 City _____ State _____ ZIP _____
 PRIMARY BILLING PARTY SECONDARY BILLING PARTY
 Insurance Carrier * **UHC** Insurance Carrier * _____
 ID # **854905597** ID # _____
 Group # **272605** Group # _____
 Insurance Address _____ Insurance Address _____
 Name of Insured Person _____ Name of Insured Person _____
 Relationship to Patient _____ Relationship to Patient _____
 Employer Name _____ Employer Name _____
 *If Medicaid State Physician's Provider # _____ Workers Comp Yes No

I hereby authorize the release of medical information related to the service described herein and authorize payment directly to LabCorp. I agree to assume responsibility for payment of charges for laboratory services that are not covered by my health plan.

Patient's Signature _____ Date _____

MEDICARE ADVANCE BENEFICIARY NOTICE OF NONCOVERAGE (ABN)
Refer to Determining Necessity of ABN Completion on reverse.

OTHER TESTS / INDIVIDUAL PROFILE COMPONENT TEST # TEST NAME

010363

371044 [] LyzeAb(IgG/A)+Babes(IgG/G)...

371068 [] CAP14+Fe+CCE/D/Pit+Ag+TIBC+...

371195 [] FSH+LH+Prog

500634 [] Estrone, LEAS, Indo, Sci

LABCORP USE ONLY: 998074 998095 998239 998250 998261 998272 998263

ORGAN OR DISEASE PANELS
See reverse for components

322744	Acute Hepatitis Panel	80074	(GEL)
322758	Basic Metabolic Panel (8)	80048	(GEL)
322000	Comp Metabolic Panel (14)	80053	(GEL)
303754	Electrolyte Panel	80051	(GEL)
322755	Hepatic Function Panel (7)	80076	(GEL)
303756	Lipid Panel	80061	(GEL)
235010	Lipid Panel w/LDL:HDL Ratio	80061	(GEL)
221010	Lipid Panel w/TG:HDL Ratio	80061	(GEL)
343925	Lipid Panel w/Non-HDL Cholesterol	80061	(GEL)
322777	Renal Function Panel	80069	(GEL)

HEMATOLOGY

005009	CBC w Diff w Plt	85025	(LAV)
028142	CBC w/o Diff w Plt	85027	(LAV)
005058	Hematocrit	85014	(LAV)
005041	Hemoglobin	85018	(LAV)
005249	Platelet Count	85049	(LAV)
005033	RBC Count	85041	(LAV)
005025	WBC Count	85048	(LAV)
015173	Differential/Total WBC Count	85004/85048	(LAV)

ALPHABETICAL/COMBINATION TESTS

006049	ABO and Rh	85000/85001	(LAV)
001081	Albumin	82040	(GEL)
001107	Alkaline Phosphatase	84075	(GEL)
001545	ALT (SGPT)	84480	(GEL)
001396	Amylase	82150	(GEL)
164855	Antinuclear Antibodies	86038	(GEL)
001123	AST (SGOT)	84450	(GEL)
000810	B ₁₂ and Folate	82857/82746	(GEL)
001099	Bilirubin, Total	82247	(GEL)
001040	BUN	84520	(GEL)
001016	Calcium	82310	(GEL)

ALPHABETICAL/COMBINATION TESTS

006627	C-Reactive Protein (CRP), Quant	86140	(GEL)
120766	hsCardiac C-Reactive Protein (CRP)	86141	(GEL)
007419	Cermetazepine (Tegretol®)	80156	(SER)
002139	CEA	82378	(GEL)
001065	Cholesterol, Total	82465	(GEL)
001370	Creatinine	82565	(GEL)
007385	Digoxin (Lanoxin®)	80162	(GEL)
004515	Estradiol	82670	(GEL)
004598	Ferritin	82728	(GEL)
028480	FSH and LH	83001/83002	(GEL)
001958	GGT	82977	(GEL)
001818	Glucose, Plasma	82947	(GRY)
001032	Glucose, Serum	82947	(GEL)
004556	HCG, Beta Subunit, Qual (Serum Pregnancy)	84703	(GEL)
004416	hCG, Beta Subunit, Quant	84702	(GEL)
001925	HDL Cholesterol	83718	(GEL)
001453	Hemoglobin A1c	83036	(LAV)
006734	Hep A Antibody, IgM	86709	(GEL)
006395	Hep B Surface Antibody	86706	(GEL)
006510	Hep B Surface Antigen	87340	(GEL)
144065	HCV Ab w/Ritx to Ab Verification	86803	(GEL)
083824	HIV-1/0/2 Antibodies*	86703	(GEL)
162222	HIV-1/0/2 Antibodies* - NY ONLY	86703	(GEL)
180836	H pylori Urea Breath	83013	(GEL)
180764	H pylori Stool Antigen	87338	(GEL)
001321	Iron and IBC	83540/83550	(GEL)
001115	LDH	83615	(GEL)
361946	Lipid Cascade	83615	(GEL)
007708	Lithium (Eskalith®)	80178	(GEL)
001537	Magnesium	83735	(GEL)

ALPHABETICAL/COMBINATION TESTS

006189	Mononucleosis Test, Qual	86308	(GEL)
884247	NMR LipoProfile*	80031/83704	(NMR)
007823	Phenobarbital (Luminal®)	80184	(SER)
007401	Phenytoin (Dilantin®)	80185	(SER)
001024	Phosphorus	84100	(GEL)
001180	Potassium	84132	(GEL)
004465	Prolactin	84146	(GEL)
010322	PSA	84153/G0103	(GEL)
480947	PSA, Free: Total Ratio*	84153/84154	(GEL)
005199	Prothrombin Time (PT)/INR	85610	(BLU)
020321	PT and PTT Activated	85610/85730	(BLU)
005207	PTT Activated	85730	(BLU)
006502	Rheumatoid Arthritis Factor	86431	(GEL)
006072	RPR	86592	(GEL)
006197	Rubella Antibodies, IgG	86762	(GEL)
005215	Sed Rate, Westergren	85652	(LAV)
001198	Sodium	84295	(GEL)
004226	Testosterone, Total	84403	(GEL)
070001	Testosterone Women/Children	84403	(GEL)
007336	Theophylline	80198	(SER)
330015	Thyroid Cascade Profile	800 reverse	(GEL)
001149	Thyroxine (T ₄)	84436	(GEL)
001974	Thyroxine (T ₄), Free	84439	(SST)
082345	T. pallidum Screening Cascade	800 reverse	(GEL)
001172	Triglycerides	84478	(GEL)
002188	Triiodothyronine (T ₃)	84480	(GEL)
001156	T ₃ Uptake	84479	(GEL)
004259	TSH, 3rd generation	84443	(GEL)
001057	Uric Acid	84550	(GEL)
003038	Urinalysis	81003	(GEL)
081950	Vitamin D, 25-Hydroxy	82306	(GEL)

MICROBIOLOGY

008649	Aerobic Bacterial Culture	87070	(GEL)
008482	Fungus Culture	87101	(GEL)
008334	Genital Culture, Routine	87070	(GEL)
008540	Gram Stain	87205	(GEL)
188132	Gap B Strip Detect, NAA	87081/87190	(GEL)
188139	Gap B Strip Detect, NAA Fix to 'suscept'	87190/87195	(GEL)
180810	Lower Respiratory Culture	87070	(GEL)
182949	Occult Blood, Fecal, IA	82274	(GEL)
008623	Ova and Parasites	87177/87209	(GEL)
008144	Stool Culture	87045/87427	(GEL)
008169	Throat, Beta-Hemolytic Strep Cult, Group A	87081	(GEL)
008342	Upper Respiratory Culture, Routine	87070	(GEL)
008847	Urine Culture, Routine	87086	(GEL)

NuSwab Tests (check only one)

180039	NuSwab® Vaginitis (VG)	See Reverse
180021	NuSwab® Vaginitis Plus (VG+)	See Reverse
180060	Bacterial Vaginosis, NAA	87798(x3)
180055	C. albicans & C. glabrata, NAA	87481(x2)
180010	Candida Six-species Profile, NAA	87481(x5)
183194	Chlamydia/Gonococcus, NAA	87491/87591
183160	Cu/Ng/TV	See Reverse
180089	Genital Mycoplasmas, Swab	87798(x3)
188056	HSV 1 & 2, NAA	87529(x2)
188052	Trichomonas vaginalis, NAA	87661

ENHANCED REPORTING

910343	Chronic Kidney Disease Report	
910385	Cardiovascular Risk Assessment Req (Must order with 361946-Lipid Cascade or 884247-NMR LipoProfile, or lipid panel)	
910374	Low Bone Density Report	

† = ID / Susceptibility at Additional Charge
 ‡ = Confirmation at Additional Charge
 * = Also available with Aptima urine

Clinical Information/Comments

(REV 11/18/2014)

NOTE: WHEN ORDERING TESTS FOR WHICH MEDICARE OR MEDICAID REIMBURSEMENT WILL BE SOUGHT, PHYSICIANS SHOULD ONLY ORDER TESTS THAT ARE MEDICALLY NECESSARY FOR THE DIAGNOSIS OR TREATMENT OF THE PATIENT.

EFTA00287150



HEAVY METALS

To find the nearest patient service center, visit www.labcorp.com or call 888-LABCORP (888-522-2677).

Woodson Merrill
44 E 67th St
New York NY 10065
HYN

31143092-0

ETHNICITY/RACE (CHECK ONE)		COUNTY CODE
<input type="checkbox"/> CAUCASIAN	<input type="checkbox"/> ASIAN/PACIFIC ISLANDER	
<input type="checkbox"/> BLACK	<input type="checkbox"/> NATIVE AMERICAN/ALASKAN	
<input type="checkbox"/> OTHER		
IS PATIENT HISPANIC (CHECK ONE) <input type="checkbox"/> YES <input type="checkbox"/> NO		
SAMPLE SOURCE		PURPOSE OF TEST
<input type="checkbox"/> URINE	<input type="checkbox"/> VENOUS	<input type="checkbox"/> INITIAL <input type="checkbox"/> REPEAT
<input type="checkbox"/> FINGERSTICK		<input type="checkbox"/> FOLLOW-UP
RESPONSIBLE PARTY'S EMPLOYER (IF ADULT)		
PARENT/GUARDIAN NAME (IF MINOR PATIENT)		
PARENT/GUARDIAN PHONE NUMBER		

DZW31143092

Patient's Legal Name (Last, First, MI) ASTON JEFFREY	Sex M	Date of Birth MO 01 DAY 20 YR 53	Collection Time AM <input type="checkbox"/> PM <input type="checkbox"/>	Fasting <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Collection Date MO DAY YR	Urine hrs/vol hrs vol
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NPI	UPIN	Physician's ID #	Patient's SS #	Patient's ID #
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Physician's Name (Last, First)	Physician/Authorized Signature X	Hospital Patient Status: <input type="checkbox"/> In-Patient <input type="checkbox"/> Out-Patient <input type="checkbox"/> Non-Patient
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Diagnosis/Signs/Symptoms in ICD-CM format in effect at Date of Service T56.1X4A Q62.9 D	Patient's Address 9 EAST 71st STREET	Phone 212-750-9895
	City NYC	State NY
		ZIP 10065

PRIMARY BILLING PARTY	SECONDARY BILLING PARTY
Insurance Carrier UHC	Insurance Carrier
ID # 854905597	ID #
Group # 572605	Group #
Insurance Address	Insurance Address
Name of Insured Person	Name of Insured Person
Relationship to Patient	Relationship to Patient
Employer Name	Employer Name
If Medicaid State	Physician's Provider #
	Workers Comp <input type="checkbox"/> Yes <input type="checkbox"/> No

Name of Policy Holder (if different from patient)
Address of Policy Holder
City
State
ZIP
APT #

I hereby authorize the release of medical information related to the services described herein and authorize payment directly to LabCorp. I agree to assume responsibility for payment of charges for laboratory services that are not covered by my healthcare insurer.

X Patient's Signature _____ Date _____

MEDICARE ADVANCE BENEFICIARY NOTICE OF NONCOVERAGE (ABN)
Refer to Determining Necessity of ABN Completion on reverse.

- CHECK ONE
- 04 [] PATIENT BILL
 - 05 [] MEDICARE
 - 06 [] OXFORD
 - 07 [] EMPIRE BLUE CR
 - 08 [] UNITED HEALTHCARE
 - 09 [] AETNA NON HMO
 - 10 [] BSBC OUT OF ST
 - 11 [] BS OF CENTRAL
 - 12 [] TUFTS CIGNA

Apply Labels to Patient Specimens Only Patient Control No. →

† URN Total 24hr. Vol. _____ Ht. _____ Wt. _____

URN = Urine RYB = Royal Blue

DZW31143092 DZW31143092 DZW31143092

DZW31143092 DZW31143092 DZW31143092

HEAVY METAL REQUEST				HEAVY METAL REQUEST CONT			
007625	LEAD, BLOOD (Adult)	83655 (RYB)	724344	CADMIUM STANDARD PROFILE	82232, 82570 82300 x 2	(RYB) (URN)	
038158	LEAD STANDARD PROFILE (Adult)	83655 (RYB) 84202	085324	MERCURY, BLOOD		83825 (RYB)	
717009	LEAD, BLOOD (Pediatric)	83655 (RYB)	007773	MERCURY, URINE		82570 (URN) 83825	
717033	LEAD & PROTOPORPHYRIN (Pediatric)	83655 (RYB) 84202	007492	HEAVY METALS I, URINE (Pb, As, Hg)	82175, 82570 83655, 83825	(URN)	
007633	LEAD, URINE	82570 (URN) 83655	070813	HEAVY METALS II, URINE (Pb, As, Hg, Cd)	82175, 82300, 82570 83655, 83825	(URN)	
007245	ARSENIC, BLOOD	82175 (RYB)	042580	HEAVY METALS I, BLOOD (Pb, As, Hg)	82175, 83655 83825	(RYB)	
007039	ARSENIC EXPOSURE PROFILE, URINE	82175 (URN) 82570	706200	HEAVY METALS II, BLOOD (Pb, As, Hg, Cd)	82175, 82300 83655, 83825	(RYB)	
085340	CADMIUM, BLOOD	82300 (RYB)	734004	COMMON ALLOY ELEMENTS, URINE	82175, 82300, 82495, 82525, 83655 83825, 83885, 83018, 82570	(URN)	
072249	CADMIUM, URINE	82300 (URN) 82570					
Clinical Information/Comments				OTHER TESTS TEST #			
				INDIVIDUAL PROFILE COMPONENTS TEST NAMES			