

CLINICAL REQUISITION FORM



314.743.3748 t | 314.743.3749 f | AIMLABORATORIES.COM | CLIA # 26D1101943

1 SAMPLE INFORMATION (Required)

MM/DD/YY: ____/____/____ Time: ____:____:____ Temp: ____
 Collected By: _____

3 PATIENT INFORMATION (Required)

Last Name _____ First _____ MI ____
 Gender: M F DOB: ____/____/____ Phone: (____) _____
 Address _____ City _____ State _____ ZIP _____

2 BILLING INFORMATION (Required)

Insurance Self Pay Client Bill
Attach copy of both sides of current insurance card (preferred) OR
 Insured: Self Spouse Dependent Other _____
 Policy/ID# _____ Group # _____
 Insurance Carrier _____ Phone# _____
 Claim Address _____

4 DIAGNOSIS/SIGNS/SYMPTOMS IN ICD 10 FORMAT

5 INDIVIDUAL COMPONENTS (Required)

DISEASE PANELS			HEMATOLOGY			ALPHABETICAL/COMBINATION TEST			C-REACTIVE PROTEIN (HSCRP)			PROGESTERONE			URINE DRUG SCREEN 12		
<input type="checkbox"/> ACUTE HEPATITIS PANEL	80074	SST	<input type="checkbox"/> CBC W/ RETIC	85025	LAV	<input type="checkbox"/> ALT (SGPT)	84460	SST	<input type="checkbox"/> C-REACTIVE PROTEIN (HSCRP)	86144	SST	<input type="checkbox"/> PROGESTERONE	84144	SST	<input type="checkbox"/> URINE DRUG SCREEN 12	80101	
<input type="checkbox"/> BASIC METABOLIC PANEL	80048	SST	<input type="checkbox"/> CBC W/O DIFFERENTIAL	85027	LAV	<input type="checkbox"/> AMYLASE	82150	SST	<input type="checkbox"/> CREATINE KINASE (CK)	82550	SST	<input type="checkbox"/> PROLACTIN	84146	SST	MICROBIOLOGY		
<input type="checkbox"/> COMP METABOLIC PANEL	80053	SST	<input type="checkbox"/> COMPLETE CBC W/ AUTO DIFF	85025	LAV	<input type="checkbox"/> ANTINUCLEAR ANTIBODIES ANA	86038	SST	<input type="checkbox"/> CREATININE	82565	SST	<input type="checkbox"/> PROTHROBIN TIME (PT)/INR	85610	BLU	<input type="checkbox"/> ENDOCERVICAL		
<input type="checkbox"/> ELECTROLYTE PANEL	80053	SST	<input type="checkbox"/> HEMATOCRIT	85014	LAV	<input type="checkbox"/> IRON	83540	SST	<input type="checkbox"/> CREATININE	82565	SST	<input type="checkbox"/> PSA	84153	SST	<input type="checkbox"/> STOOL		
<input type="checkbox"/> HEPATIC FUNCTION PANEL	80076	SST	<input type="checkbox"/> HEMOGLOBIN	85018	LAV	<input type="checkbox"/> IRON PANEL	83550	SST	<input type="checkbox"/> ESTRADIOL	82670	SST	<input type="checkbox"/> PTT ACTIVATED	85730	BLU	<input type="checkbox"/> THROAT		
<input type="checkbox"/> LIPID PANEL	80061	SST	<input type="checkbox"/> MANUAL DIFFERENTIAL	85032	LAV	<input type="checkbox"/> LIPASE	83690	SST	<input type="checkbox"/> ESTRADIOL	82670	SST	<input type="checkbox"/> PTH INTACT	83970	LAV	<input type="checkbox"/> THROAT		
<input type="checkbox"/> RENAL FUNCTION PANEL	80069	SST	<input type="checkbox"/> PLATELET COUNT	85029	LAV	<input type="checkbox"/> LH	83002	SST	<input type="checkbox"/> FERRITIN	82728	SST	<input type="checkbox"/> RHEUMATOID ARTHRITIS FACTOR	86431	SST	<input type="checkbox"/> URETHRAL		
			<input type="checkbox"/> SED RATE (ESR)	85651	LAV	<input type="checkbox"/> MAGNESIUM	82465	SST	<input type="checkbox"/> FOLATE	82746	SST	<input type="checkbox"/> RPR	86592	SST	<input type="checkbox"/> URINE		
			<input type="checkbox"/> WBC COUNT	85048	LAV	<input type="checkbox"/> MONONUCLEOSIS TEST, QUAL	86308	SST	<input type="checkbox"/> FSH	83001	SST	<input type="checkbox"/> RUBELLA ANTIBODIES, IgG	86762	SST	<input type="checkbox"/> OTHER _____		
			<input type="checkbox"/> WBC DIFFERENTIAL	85004	LAV	<input type="checkbox"/> POTASSIUM	84132	SST	<input type="checkbox"/> GGT	82977	SST	<input type="checkbox"/> TESTOSTERONE	84403	RED	<input type="checkbox"/> AEROBIC BACTERIAL CULTURE	87070	
						<input type="checkbox"/> PROBPN	83880	LAV	<input type="checkbox"/> GLUCOSE, SERUM	82947	SST	<input type="checkbox"/> THYROID PROFILE	84436	SST	<input type="checkbox"/> BLOOD CULTURE, ROUTINE BCM	87040	
									<input type="checkbox"/> HCG, BETA SUBUNIT, QUAL	84702	SST	<input type="checkbox"/> THYROXINE (T4)	84439	SST	<input type="checkbox"/> CT/NG, NAA	87491	
									<input type="checkbox"/> HDL CHOLESTEROL	83718	SST	<input type="checkbox"/> THYROXINE, FREE (T4)	84479	SST	<input type="checkbox"/> FUNGUS CULTURE	87101	
									<input type="checkbox"/> HEMOGLOBIN, A1C	83036	LAV	<input type="checkbox"/> T3 UPTAKE	84481	SST	<input type="checkbox"/> GENITAL CULTURE ROUTINE	87070	
									<input type="checkbox"/> HEP A ANTIBODY, IGM	86709	SST	<input type="checkbox"/> TRIIODOTHYRONINE, FREE (T3)	84443	SST	<input type="checkbox"/> ROUTINE		
									<input type="checkbox"/> HEP B SURFACE ANTIBODY	86706	SST	<input type="checkbox"/> TSH, 3RD GENERATION	84484	SST	<input type="checkbox"/> STREP CULT, GROUP A	87081	
									<input type="checkbox"/> HEP B SURFACE ANTIGEN	87340	SST	<input type="checkbox"/> TRIOPONIN	84484	SST	<input type="checkbox"/> UPPER RESPIRATORY CULTURE, ROUTINE	87070	
									<input type="checkbox"/> HEP C ANTIBODY	86830	SST	<input type="checkbox"/> URIC ACID	84550	SST	<input type="checkbox"/> URINE CULTURE, ROUTINE	87086	
									<input type="checkbox"/> HEPATITIS C VIRUS (HCV), QUAN, RNA, PCR	87522	SST	<input type="checkbox"/> URINALYSIS	81003	URN			
									<input type="checkbox"/> HERPES SIMPLEX VIRUS (HSV) 1&2 SPECIFIC ANTIBODIES IgG	86695	SST	<input type="checkbox"/> VITAMIN B12	82607	SST			
									<input type="checkbox"/> HIV 1&2 ANTIBODIES	86696	SST	<input type="checkbox"/> VITAMIN D, 25-HYDROXY	82306	SST			
									<input type="checkbox"/> IRON	83540	SST	DRUG TEST LEVELS					
									<input type="checkbox"/> IRON PANEL	83550	SST	<input type="checkbox"/> CARBAMAZEPINE (TEGRETOL)	80156	RED	<input type="checkbox"/> THROAT, BETA-HEMOLYTIC STREP CULT, GROUP A	87081	
									<input type="checkbox"/> LIPASE	83690	SST	<input type="checkbox"/> DIGOXIN (LANOXIN)	80162	RED	<input type="checkbox"/> UPPER RESPIRATORY CULTURE, ROUTINE	87070	
									<input type="checkbox"/> LH	83002	SST	<input type="checkbox"/> DILANTIN (PHENYTOIN)	80185	RED	<input type="checkbox"/> URINE CULTURE, ROUTINE	87086	
									<input type="checkbox"/> MAGNESIUM	82465	SST	<input type="checkbox"/> PHENOBARBITAL	80184	RED			
									<input type="checkbox"/> MONONUCLEOSIS TEST, QUAL	86308	SST	<input type="checkbox"/> THEOPHYLLINE	80198	RED			
									<input type="checkbox"/> POTASSIUM	84132	SST	<input type="checkbox"/> VALPORIC ACID (DEPAKOTE)	80164	RED			
									<input type="checkbox"/> PROBPN	83880	LAV	<input type="checkbox"/> LITHIUM	80178	RED			

Other: _____ Other: _____
 Other: _____ Other: _____

6 PHYSICIAN AUTHORIZATION (Required)

Practitioner Name: _____
 NPI #: _____
 Clinic Name: _____
 Location: _____
 By signing this form, I certify that I am ordering this test based on medical necessity.
 Physician Signature: _____

7 PATIENT CONSENT/AUTHORIZATION (Required)

REIMBURSEMENT: I hereby authorize the release of medical information related to the service described herein and authorize payment directly to AIM. I agree to assume responsibility for payment of charges for laboratory services that are not covered by my healthcare insurer.
 Patient Signature: _____ Date: _____

NOTE: WHEN ORDERING TEST FOR MEDICARE OR MEDICAID REIMBURSEMENT WILL BE SOUGHT, PHYSICIANS SHOULD ONLY ORDER THAT ARE MEDICALLY NECESSARY FOR THE DIAGNOSIS OR TREATMENT OF THE PATIENT. COMPONENTS OF THE ORGAN OR DISEASE: PANELS/COMBINATIONS MAY BE ORDERED INDIVIDUALLY ABOVE. COMPONENTS MAY BE BILLED SEPARATELY PER CARRIER POLICY.