

Ordering Physician: _____ Name of Practice: _____
 Date: ___/___/___ Address: _____
 Ordering Physician Signature: _____

Patient Information:
 Last Name: _____ First Name: _____ MI: _____ Address: _____
 City: _____ State: _____ Zip Code: _____ Phone #: _____
 DOB: ___/___/___ Sex: M F Insurance: _____ Self-Pay
 *INCLUDE COPY OF INSURANCE CARD

NO PRESCRIBED MEDICATIONS **MEDICATION PRESCRIBED** (ATTACH PATIENT'S MEDICATION LIST OR LIST BELOW)
 Prescribed Medication(s): _____

Patient Signature: _____ Date: ___/___/___ Fasting: Yes No
 Blood Draw Method: Venipuncture Arterial
 Date and Time of Collection: ___/___/___ :___:___ Collector Initials: _____ *ALL BLOOD SAMPLES MUST HAVE PATIENT'S NAME AND DATE OF BIRTH ON VIAL(S)

BLOOD PANELS AND COMPONENTS

<input type="checkbox"/> Comprehensive Metabolic Panel Albumin, Alkaline Phosphatase, ALT, AST, Albumin/Glob Ratio, BUN, Creatinine/BUN Ratio, eGFR, Globulin (Total), Total Bilirubin, Calcium, CO2, Creatinine, Glucose, Total Protein, Chloride (ISE), Potassium (ISE), Sodium (ISE)	<input type="checkbox"/> Acute Viral Hepatitis Panel HAV IgM, Anti-HBc IgM, Hepatitis B Surface Antigen, Anti-HCV, HBsAg Confirmatory (if positive)	<input type="checkbox"/> Ammonia (plasma) <input type="checkbox"/> Amylase <input type="checkbox"/> Anti-CCP <input type="checkbox"/> Anti-HBs2 <input type="checkbox"/> Anti-TPO <input type="checkbox"/> ApoA <input type="checkbox"/> ApoB <input type="checkbox"/> BNP <input type="checkbox"/> CA-125 <input type="checkbox"/> CEA <input type="checkbox"/> CK <input type="checkbox"/> CKMB <input type="checkbox"/> Cortisol <input type="checkbox"/> C-Peptide <input type="checkbox"/> CRP <input type="checkbox"/> CRPhs <input type="checkbox"/> D-Dimer <input type="checkbox"/> DHEA(s) <input type="checkbox"/> ESR Sed. Rate <input type="checkbox"/> EPO <input type="checkbox"/> Estradiol <input type="checkbox"/> Ferritin <input type="checkbox"/> Folate <input type="checkbox"/> Free T3 <input type="checkbox"/> Free T4 <input type="checkbox"/> FSH <input type="checkbox"/> GGT <input type="checkbox"/> HAV Total <input type="checkbox"/> HbA1c <input type="checkbox"/> HbC Total <input type="checkbox"/> HBeAB <input type="checkbox"/> HBeAG <input type="checkbox"/> hCG <input type="checkbox"/> HCV	<input type="checkbox"/> Herpes-1 IgG <input type="checkbox"/> Herpes-2 IgG <input type="checkbox"/> HIV Combo (CHIV) <input type="checkbox"/> Homocysteine (HCY) <input type="checkbox"/> Insulin <input type="checkbox"/> Intact PTH <input type="checkbox"/> Iron <input type="checkbox"/> LH <input type="checkbox"/> Lithium <input type="checkbox"/> Lipase <input type="checkbox"/> Lipoprotein(a) <input type="checkbox"/> Magnesium <input type="checkbox"/> Phenobarbital <input type="checkbox"/> Phenytoin <input type="checkbox"/> Phosphorus <input type="checkbox"/> Prealbumin <input type="checkbox"/> Progesterone <input type="checkbox"/> Prolactin <input type="checkbox"/> PSA (complexed) <input type="checkbox"/> PSA (total) <input type="checkbox"/> PT/INR <input type="checkbox"/> PT and PTT Activated <input type="checkbox"/> Rheumatoid Factor <input type="checkbox"/> Rubella IgG <input type="checkbox"/> Sedimentation Rate <input type="checkbox"/> SHBG <input type="checkbox"/> Syphilis <input type="checkbox"/> Theophylline <input type="checkbox"/> Total T3 <input type="checkbox"/> Total T4 <input type="checkbox"/> Total Testosterone <input type="checkbox"/> Total & Free Testosterone <input type="checkbox"/> Transferrin <input type="checkbox"/> TSH	<input type="checkbox"/> Valproic Acid <input type="checkbox"/> Vancomycin <input type="checkbox"/> Vitamin B12 <input type="checkbox"/> Vitamin D
<input type="checkbox"/> Basic Metabolic Panel BUN, Calcium, Creatinine, Creatinine/BUN Ratio, eGFR, CO2, Glucose, Chloride (ISE), Potassium (ISE), Sodium (ISE)	<input type="checkbox"/> Lipid Panel Cholesterol, HDL Cholesterol, LDL Cholesterol, VLDL Cholesterol, Triglycerides			
<input type="checkbox"/> CBC w/ Differential WBC, RBC, HGB, HCT, MCV, MCH, MCHC, RDW, PLT, MPV, LYM#, LYM%, MON#, MON%, GRA#, GRA%, WBC Histogram, RBC Histogram, PLT Histogram	<input type="checkbox"/> Pain Therapy Hormone Monitoring Panel Cortisol, Estradiol, FSH, LH, Progesterone, Prolactin, Rheumatoid Factor, Total Testosterone, TSH, Uric Acid			
<input type="checkbox"/> Men's Wellness Panel CBC w/ Differential, Comp. Metabolic Panel, Lipid Panel, Thyroid Panel I, Testosterone Profile, Cortisol, Estradiol, Ferritin, Folate, FSH, HbA1c, LH, Magnesium, Progesterone, PSA (Total), Uric Acid, Vitamin B12, Vitamin D	<input type="checkbox"/> Renal Panel Albumin, BUN, Calcium, CO2, Creatinine, BUN/Creatinine Ratio, Glucose, Phosphorus, Chloride (ISE), Potassium (ISE), Sodium (ISE)			
<input type="checkbox"/> Women's Wellness Panel CBC w/ Differential, Comp. Metabolic Panel, Lipid Panel, Thyroid Panel I, Testosterone Profile, Cortisol, Estradiol, Ferritin, Folate, FSH, HbA1c, Total hCG, LH, Magnesium, Progesterone, Prolactin, Uric Acid, Vitamin B12, Vitamin D	<input type="checkbox"/> Rheumatoid Arthritis Panel Anti-CCP, Rheumatoid Factor			
<input type="checkbox"/> Anemia Panel A CBC w/ Differential, Transferrin, Iron, TIBC, UIBC, Transferrin Saturation	<input type="checkbox"/> Sex Hormone Panel Total & Free Testosterone Profile, Estradiol, DHEA(s), Progesterone, LH, FSH			
<input type="checkbox"/> Anemia Panel B CBC w/ Differential, Transferrin, Iron, TIBC, UIBC, Transferrin Saturation, Ferritin, Folate, Vitamin B12	<input type="checkbox"/> Thyroid Panel I T4, T-Uptake, TSH, FTI			
<input type="checkbox"/> Electrolyte Panel CO2, Chloride (ISE), Potassium (ISE), Sodium (ISE)	<input type="checkbox"/> Thyroid Panel II T3, T4, T-Uptake, TSH, FTI			
<input type="checkbox"/> Hepatic Panel Albumin, Alkaline Phosphatase, ALT, AST, Direct Bilirubin, Total Bilirubin, Total Protein.	<input type="checkbox"/> Thyroid Panel Complete FT3, FT4, T3, T4, TSH, T-Uptake, FTI			
	<input type="checkbox"/> Total & Free Testosterone Profile Total Testosterone, Albumin, SHBG, Free Testosterone (Calc), Bioavailable Testosterone (Calc), % Free Testosterone (Calc)			
	<input type="checkbox"/> Vitamin Deficiency Vitamin D, Vitamin B12, Folate			

ICD CODES (MANDATORY - CHECK ALL THAT APPLY)

CMP, BMP, Lipid, & CBC Codes: <input type="checkbox"/> E03.9 - Hypothyroidism, unspecified <input type="checkbox"/> E78.5 - Hyperlipidemia, unspecified <input type="checkbox"/> I10 - Hypertension, essential unspecified <input type="checkbox"/> E11.9 - Diabetes mellitus, unspecified <input type="checkbox"/> R79.89 - Other specified abnormal findings of blood chemistry <input type="checkbox"/> E11.69 - Type 2 Diabetes Mellitus with other specified complications <input type="checkbox"/> Z79.899 - Other long-term current drug therapy	CBC-Only Codes: <input type="checkbox"/> R10.9 - Abdominal pain, unspecified <input type="checkbox"/> R63.4 - Abnormal loss of weight <input type="checkbox"/> D64.9 - Anemia, unspecified	<input type="checkbox"/> Z79.01 - Long-term (current) use of anticoags <input type="checkbox"/> R53.83 - Other fatigue <input type="checkbox"/> R55.9 - Syncope and collapse	HIV Codes: <input type="checkbox"/> R63.4 - Abnormal loss of weight <input type="checkbox"/> R19.7 - Diarrhea, unspecified <input type="checkbox"/> R53.83 - Fatigue <input type="checkbox"/> R53.81 - Malaise
CMP, BMP, & Lipid Codes: <input type="checkbox"/> E66.9 - Obesity, unspecified <input type="checkbox"/> I50.9 - Congestive heart failure (CHF), unspecified	Thyroid Panel Codes: <input type="checkbox"/> E04.9 - Goiter, unspecified <input type="checkbox"/> F32.9 - Depression <input type="checkbox"/> F41.9 - Anxiety, unspecified <input type="checkbox"/> F03.90 - Dementia, unspecified <input type="checkbox"/> R41.3 - Memory Loss <input type="checkbox"/> E11.9 - Diabetes mellitus, unspecified	Renal Panel Codes: <input type="checkbox"/> R94.4 - Abnormal results of kidney function studies <input type="checkbox"/> N28.9 - Disorder of kidney and ureter, unspecified <input type="checkbox"/> N39.9 - Urinary System Disorder	
CMP, BMP, & CBC Code: <input type="checkbox"/> N39.0 - Urinary Tract Infection (UTI)		Electrolyte Panel Codes: <input type="checkbox"/> E87.8 - Other disorders of electrolyte and fluid balance	
Lipid Panel Codes: <input type="checkbox"/> R79.9 - Abnormal finding of blood chemistry, unspecified <input type="checkbox"/> N18.9 - Chronic kidney disease, unspecified <input type="checkbox"/> E46 - Malnutrition (calorie), NOS	Hepatitis Panel Codes: <input type="checkbox"/> R63.4 - Abnormal loss of weight <input type="checkbox"/> R10.9 - Abdominal pain, unspecified <input type="checkbox"/> R74.0 - Abnormal liver serum enzyme <input type="checkbox"/> R53.83 - Fatigue	Anemia Panel Codes: <input type="checkbox"/> D64.9 - Anemia, unspecified <input type="checkbox"/> D50.9 - Iron deficiency anemia, unspecified	Other ICD Codes: _____ _____ _____

Release and Consent: As a courtesy, Shepard Health, LLC makes every reasonable effort to obtain reimbursement for ordered tests. I authorize Shepard Health, LLC to release to Medicare, it's carriers, and any insurance carrier or health plan providing benefits to me, any information that may be needed for claim purpose. I am making an assignment of Medicare, Medicaid, and/or insurance benefits to Shepard Health, LLC. I understand if my insurance company pays me directly for services rendered by Shepard Health, LLC, I am responsible for forwarding such and all payments directly to Shepard Health, LLC. I also understand and agree to that I am responsible for any copayment and/or deductible, as required by my plan.