



92868074-6 4296342-2

- MY ACCOUNT
- PATIENT
- MEDICARE
- RAILROAD MEDICARE
- Medi-Cal
- Lab Card/Select
- OTHER INSURANCE

PATIENT ID / REGISTRATION # _____ DATE OF BIRTH M M D D Y Y

ROOM # _____ LAB REFERENCE # _____

PATIENT SOCIAL SECURITY # _____ PATIENT PHONE # _____

PATIENT STREET ADDRESS _____ APT.# _____ KEY # _____

CITY _____ STATE _____ ZIP _____

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

INSURED ADDRESS _____

CITY _____ STATE _____ ZIP _____

Quest Form

DID YOU KNOW

Patient Service Center location and appointment scheduling information is on the back.

Each sample should be labeled with at least two patient identifiers at time of collection.

ACCOUNT # _____
 NAME _____
 ADDRESS _____
 CITY STATE _____
 TELEPHONE _____

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

Fasting Non Fasting

P/UPIN ORDERING/SUPERVISING PHYSICIAN AND/OR PAYORS (MUST BE INDICATED)

RELATIONSHIP TO INSURED SELF SPOUSE DEPENDENT

INSURANCE COMPANY NAME / IPA NAME _____

INSURANCE COMPANY ADDRESS _____ CITY _____ ST _____ ZIP _____

INSURANCE ID # _____ GROUP # / DATE OF INJURY _____

MEDICARE # _____ MEDI-CAL # _____

EMPLOYER NAME / EMPLOYER # _____

Medicare Limited Coverage Tests

@ = May not be covered for the reported diagnosis
 F = Has prescribed frequency rules for coverage.
 & = A test or service performed with research/experimental kit.
 B = Has both diagnosis and frequency-related coverage limitations.

Provide signed ABN when necessary

ADDIT'L PHYS.: Dr. _____ NPI/UPIN _____

ON-PHYSICIAN PROVIDER: NAME _____ I.D.# _____

Fax Results to: () _____

Client # OR NAME: _____

ADDRESS: _____

CITY: _____ STATE _____ ZIP _____

ICD Codes (enter all that apply)

() 90251 ACCUTYPE(R) IL200	() 8369 HIV DNA QN	() 571 IRON, TOTAL	() 867 T4 (THYROXINE)
() 237 AFP, TUMOR	() 10529 HIV GENOTYPE	() 7573 IRON, TOTAL, AND INC	() 36170 TESTOSTERONE
() 243 AMYLASE	() 8396 HCG, TOTAL, QN	() 18880 ISOSPORA DETECTION	() 873 TESTOSTERONE
() 10165 BASIC MET PNL	() 37811 HCV GENOTYPE LIPA	() 593 LD	() 15983 TESTOSTERONE, I
() 37212 C DIFF TOXIN A AND B	() 35645 HCV RNA, QN PCR	() 415 LH	() 3679 TOXO IGG AB
() 6399 CBC (DIFF/PLT)	() 509 HEMATOCRIT	() 606 LIPASE	() 653 T PALLIDUM AB
() 1759 CBC(W/H, RBC, WBC, PLT)	() 510 HEMOGLOBIN	() 7600 LIPID PANEL	() 19995 TROFILE
() 374 CK, TOTAL	() 496 HEMOGLOBIN A1C	() 8360 LYMPH SUBSET PNL 5	() 18848 TROFILE DNA
() 403 CNU IGG AB	() 508 HEP A AB, TOTAL	() 622 MAGNESIUM	() 899 TSH
() 19962 CUCCI TOTAL AB, W/RFL	() 501 HEP B CORE AB, TOTAL	() 6517 HALO, RAND UR W/CR	() 3020 UR, CONF W/RFL
() 10231 COMP META PNL	() 498 HBSAG W/RFL CONF	() 17674 HALO, RAND UR W/O CR	() 905 URIC ACID
() 367 CORTISOL, TOTAL	() 499 HEP B SURFACE AB QL	() 3562 MICROSPORIDIA EXAM	() 5463 URINALYSIS, CE
() 19107 CREATININE W/O CGFR	() 10256 HEPATIC FUNCTION PNL	() 4554 MYCOBACT SM CULT	SOURCE:
() 11196 CRYP AG L.A. W/TITER	() 8472 HEPATITIS C VIRUS AB	() 10421 PHENOLSENSE(R)	() 17385 CT/NG DNA, 30M
() 37213 CRYPTO AG W/FA	() 19994 HISTOPLASMA AG UR	() 718 PHOSPHATE (AS PHOS)	() 4550 CULTURE, BACTERI
() 6635 COMP DRUG SCREEN (U)	() 17534 HIV 1 GENOTYPING	() 8847 PRD TIME WITH IMM	() 389 CULTURE, BLOOD
() 4021 ESTRADIOL	() 40085 HIV 1 RNA, QN, RT PCR	() 5363 PSA, TOTAL	() 4886 CULTURE, FUNGUS
() 457 FERRITIN	() 16868 HIV1 INTEGRASE	() 783 PTT, ACTIVATED	() 39522 CULTURE, FUNGUS
() 466 FOLATE, SERUM	() 19774 HLA-B*5701 TYPING	() 793 RETICULOCYTE COUNT	() 4465 CULTURE, SP. BACT
() 470 FSH	() 31532 HPV HR	() 4418 RHEUMATOID FACTORS	() 10108 CULTURE, STREP
() 500 G-6-PD, RBC, QUANT.	() 2649 HSV CULT TYPE	() 799 RPR (MONITOR) W/RFL	() 395 CULTURE, UR BI
() 482 GGT		() 809 SED RATE BY WED WEST	() 601 DNA AND PARASIT
() 29408 H. PYLORI AB IGG, QT			

19728 HIV1/2 AB

(X) 19728 HIV1/2 AB SCR W/RFL

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

() 6440 URINALYSIS, MACRO	() 17304 VIT D 25OH LC/NS/MS
() 7909 URINALYSIS, REFLEX	() 927 VITAMIN B12

COMMENTS, CLINICAL INFORMATION: _____

Physician Signature _____

TOTAL TESTS ORDERED _____

For any patient of any payor (including Medicare and Medicaid), only order those tests which are medically necessary for the diagnosis and treatment of the patient.

* Additional charge for ID/Susceptibility studies. Reflex tests are performed at an additional charge.

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NAME: _____	4296342	4296342