DiaMed
Laboratory Services
8162 VAN NUYS BLVD.
PANORAMA CITY, CA 91402
Tel: 818 510 3734   Fax: 818 510 3747

Lab Director: MARIAM MOLANI.

C L I E N T

The attending Physician authorizes DiaMed Lab to perform the test requested on this form

PLACE BARCODE LABEL HERE

PLEASE COMPLETE THE INFORMATION BELOW AND PRINT CLEARLY TO ENSURE CORRECT BILLING

☐ **VENIPUNCTURE**

PATIENT (LAST NAME)	(FIRST NAME)	(M.I.)	DATE OF BIRTH / /	SEX	PATIENT PHONE NUMBER ( )

If complete/legible information is not submitted, client/doctor will be billed.

PATIENT STREET ADDRESS	CITY	STATE	ZIP

ASSIGNMENT
I authorize payment of medical benefits payable to me to be issued to GENEX Laboratory Services. I understand that I?m financially covered. Certain tests may not be covered by Medicare/Medi-Cal (eg. CEA/PSA/HIV/RPR/TSH) A photocopy of this authorization will be as valid as original

PATIENT I.D. NO.	SOCIAL SECURITY NUMBER	FASTING	DATE COLLECTED	TIME COLLECTED	☐STAT

BILLING INFORMATION - PLEASE CHECK APPROPRIATE BOX AND SUPPLY COMPLETE INFORMATION

☐ BILL DOCTOR   ☐ BILL PATIENT   ☐ BILL MEDICARE   ☐ BILL MEDI-CAL   ☐ BILL INSURANCE

PLEASE ATTACH POE WITH COPY OF INSURANCE CARD

INSURANCE ID#	SUFFIX	UPIN#	RELATIONSHIP OF RESPONSIBLE PARTY

☐ SELF   ☐ CHILD   ☐ GUARDIAN   ☐ SPOUSE   ☐ OTHER _____

x_____
INSURED'S SIGNATURE

PLAN NAME / INSURANCE COMPANY / CARRIER	GROUP NO.	EMPLOYER OF INSURED

SUBSCRIBER NO.	ADDRESS

DATE

CLEARLY CHECK THE PROFILE(S) / INDIVIDUAL TEST (S) CODE(S) REQUESTED
SELECT ONLY TEST(S) FOR WHICH A DIAGNOSIS / MEDICAL NECESSITY WARRANTS / CAN BE VALIDATES (SEE ICD10)

PROFILE / PANELS

- ☐ **COMP METABOLIC PANEL** — 1-SST
  NA K CL CO2 GLUC BUN CAL ALT CREA TP ALB TBIL ALP AST
- ☐ **BASIC METABOLIC PANEL** — 1-SST
  NA K CL CO2 GLUC CREAT BUN CAL
- ☐ **ELECTROLYTES PANEL** — 1-SST
  NA, K, CL, CO2
- ☐ **LIVER I HEPATIC FUNCTION PANEL** — 1-SST
  ALB TBILI DBILI ALP AST ALT TP
- ☐ **LIPID PROFILE** — 1-SST
  CHOL LDL (Calc.) TRIG HDL VLDL CHOL/HDL
- ☐ **ANEMIA PROFILE** — 1-LAV, 1-SST
  VIT B-12 FOLATE FERRITIN FE UIBC CBC ESR
- ☐ **ARTHRITIS PROFILE** — 1-LAV, 1-SST
  URIC ACID, ANA, RA ESR, ASOT, CRP, C3, C4, RPR
- ☐ **THYROID PROFILE** — 1-SST
  TSH, FT3, TT3, T4, TU
- ☐ **HEPATITIS PROFILE** — 1-SST
  HA-Ab[IgM],HBsAg,HBcoreAb[IgM],HC-Ab HA-AB, HBsAB,
- ☐ **GENERAL HEALTH PROFILE** — 1-LAV, 1-SST
  CMP, LIPID, ANEMIA, THYROID, ARTHRITIS
- ☐ **WELLNESS PANEL (MALE)** — 1-LAV, 2-SST
  GENERAL HEALTH PROFILE, HEPATITIS, AMYLASE, LIPASE, MAGNESIUM, HPYLORI, A1C, PTH, TESTOSTERONE, FREE TEST, SHBG, PSA
- ☐ **WELLNESS PANEL (FEMALE)** — 1-LAV, 2-SST
  GENERAL HEALTH PROFILE, HEPATITIS, AMYLASE, LIPASE, MAGNESIUM, HPYLORI, A1C, PTH, PROLACTIN, LH, FSH, PROGESTERONE

INDIVIDUAL TESTS

Test		Tube
☐	ALBUMIN	SST
☐	AMYLASE	SST
☐	BETA hCG, QUAL	SST
☐	BETA hCG, QUANT	SST
☐	BILIRUBIN, DIRECT	SST
☐	BILIRUBIN, TOTAL	SST
☐	CALCIUM	SST
☐	CREATININE	SST
☐	CHOLESTEROL, TOT	SST
☐	CK, TOTAL	SST
☐	COVID-19 AB, COV2/S	SST
☐	DIGOXIN/LANOXIN	RED
☐	DILANTIN/PHENYTOIN	RED
☐	FERRITIN	SST
☐	FOLATE	SST
☐	GLUCOSE	SST
☐	GLUCOSE, FASTING	GRY
☐	GLYCO-HGB (A1c)	LAV
☐	HDL	SST
☐	IRON, IBC, & SAT	SST
☐	IRON, TOTAL	SST
☐	LIPASE	SST
☐	MAGNESIUM	SST
☐	PHOSPHORUS	SST
☐	POTASSIUM	SST
☐	PROTIME (PT)	LTBLU
☐	PTT	LTBLU

INDIVIDUAL TESTS

Test		Tube
☐	PTH	SST
☐	TRIGLYCERIDES	SST
☐	UREA NITROGEN (UN)	SST
☐	URIC ACID	SST
☐	VITAMIN B-12	SST
☐	VITAMIN D	SST

HEPATITIS STUDIES

Test		Tube
☐	Hep A Ab	SST
☐	Hep A Ab Igm	SST
☐	Hep Bs Ab	SST
☐	Hep Bs Ag	SST
☐	Hep B Core Ab I gm	SST
☐	Hep C Ab	SST

SEROLOGY

Test		Tube
☐	ASOT	SST
☐	CRP	SST
☐	H PYLORI	SST
☐	H. PYLORI-BREATH	
☐	ANA LATEX	SST
☐	RA	SST

TUMOR MARKERS

Test		Tube
☐	PSA TOTAL	SST
☐	PSA FREE	SST
☐	CEA	SST
☐	CA 125	SST
☐	CA 19-9	SST

HEMATOLOGY

Test		Tube
☐	CBC w/DIFF	LAV
☐	SED. RATE (ESR)	LAV

HORMONE STUDIES

Test		Tube
☐	ESTRADIOL	SST
☐	FSH	SST
☐	LH	SST
☐	PROLACTIN	SST
☐	PROGESTERONE	SST
☐	TESTOSTERONE, Tot	SST
☐	SHBG/FREE TESTO	SST

THYROID STUDIES

Test		Tube
☐	TSH	SST
☐	T4, TOTAL (THYROX)	SST
☐	T4, UPTAKE	SST
☐	T3, TOTAL	SST
☐	FREE T3	SST
☐	FREE T4	SST
☐	TPO AB	SST
☐	THYROGLOBULIN AB	SST

URINALYSIS

Test		Tube
☐	UTI/PCR	U
☐	UA W/MICROSCOPIC	U
☐	UA	U

OTHER

Test		Tube
☐	ALLERGY FOOD	2-SST
☐	ALLERGY INHALANT	2-SST
☐	MOLECULAR ALLERGY/ MOLECULAR	2-SST

ICD CODES ARE REQUIRED FOR INSURANCE BILLING. THE CODES PROVIDED ARE NOT ALL-INCLUSIVE; CONSULT THE ICD-10 MANUAL FOR A COMPLETE LISTING.

- J3089☐ ALLERGIC RHINITIS OTHER
- R978☐ ABNORMAL TUMOR MARKER
- 0649☐ ANEMIA UNSP
- M129☐ ARTHROPATHY, UNSP.
- J45909☐ ASTHMA UNSP.
- I4891☐ ATRIAL FIBRILLATION
- I499☐ CARDIAC DYSRHYTHMIA
- R079☐ CHEST PAIN
- R5382☐ CHRONIC FATIGUE UNSP.
- K7460☐ CIRRHOSIS OF LIVER
- V5861☐ COUMADIN THERAPY

- R05 ☐ COUGH
- N181☐ CKD STAGE 1
- N184☐ CKD STAGE 4
- N189☐ CKD UNSP
- E118 ☐ DIABETES TYPE 2 UNSP
- E109 ☐ DM TYPE 1
- E1165☐ DM TYPE 2
- E119 ☐ DM UNSP
- R0600☐ DYSPNEA UNSP
- N400 ☐ ENLARGED PROSTATE
- I10 ☐ ESSENTIAL HTN (PRIMARY)

- R1013☐ EPIGASTRIC PAIN
- R5383☐ FATIGUE
- K2970☐ GASTRITIS
- Z2008 ☐ GEN MED EXAM-ADULT
- I509 ☐ HEART FAILURE UNSP
- R319 ☐ HEMATURIA UNSP
- I110 ☐ HHD WITH FAILURE
- E780 ☐ HYPERCHOLESTEROLEMIA
- E8351☐ HYPOCALCEMIA
- E8352☐ HYPERCALCEMIA
- R739☐ HYPERGLYCEMIA UNSP

- E162☐ HYPOGLYCEMIA UNSP
- E785☐ HYPERLIPIDEMIA UNSP
- E039☐ HYPOTHROIDISM
- R7301☐ IMPAIRED GLUCOSE
- N419☐ INFLAMMATORY DISEASE PROSTATE
- D509☐ IRON DEF ANEMIA
- M2550☐ JOINT PAIN UNSP
- M25569☐ KNEE PAIN UNSP
- K759☐ LIVER DISORDER UNSP
- C259☐ MALIGNANT NEOPLASM PANCREAS
- C50919☐ MALIGNANT NEOPLASM, BREAST

- C5490☐ MALIGNANT NEOPLAM, LUNG
- C569☐ MALIGNANT NEOPLASM, OVARY
- C574☐ MALIGNANT NEOPLASM, UTERUS
- C61☐ MALIGNANT NEOPLASM, PROSTATE
- R351☐ NOCTURIA
- R789☐ NONSPECIFIC FINDING IN BLOO D
- R102 ☐ PELVIC & PERINEAL PAIN
- Z01818 ☐ PREPROCEDURAL EXAM
- Z0000 ☐ ROUTINE MEDICAL EXAM
- M25519 ☐ SHOULDER PAIN
- R000 ☐ TACHYCARDIA,UNSP

- E0590☐ THYROTOXYCOSIS
- E079☐ THYROID DISORDER
- E069☐ THYROIDITIS, UNSP.
- N390☐ U.T.I
- R339☐ URINARY RETENTION
- R32☐ URINARY INCONTINENCE
- R359☐ URINARY FREQUENCY
- L508 ☐ URTICARIA
- E559☐ VITAMIN D DEFICIENCY
- RO63 ☐ WHEEZING

NOTES, COMMENTS & OTHER REQUESTS

DOCTORS SIGNATURE

ICD 10 CODE / DIAGNOSIS (Required)

RECEIVED IN LAB	
DATE	TIME

LAB USE ONLY

SST	RED	LAV	GRY	HPB	U	LTBLU	SC	C	ST	SL	SP	GLD
SERUM SEPARATOR	RED	LAVENDER	GREY	HPYLORI BREATH	URINE	LT BLUE	SPECIAL CULTURE	CULTURETTE	STOOL	SLIDE	SPUTUM	GOLD

☐SPUN   ☐UNSPUN   ☐HEMOL   ☐CLOTTED   ☐FROZEN