LabCorp

CHEMISTRY SERVICES

Alabama A&M Health and
Counseling Services
4011 Meridian Street
HUNTSVILLE AL 35811
256-372-5601 ALH
01384740-2

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

Send additional copy of report to:
☐ Fax
☐ Call _____ (___) _____
Client Number/Physician's Name Phone/Fax Number

0800.41

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CIRCLE ONE
1427290337-DICKERSON,R

CHECK ONE
04 [ ] PATIENT BILL
05 [ ] MEDICARE
AL [ ] MEDICAID
XI [ ] INSURANCE
R2MSC( )MISC INSURANCE

Patient's Legal Name (Last, First, MI) | Sex | Date of Birth MO DAY YR | Collection Time AM PM | Fasting ☐ Yes ☐ No | Collection Date MO DAY YR | Urine hrs/vol hrs____ vol____

NPI | Physician's ID # | Patient's ID # | Hospital Patient Status: ☐ In-Patient ☐ Out-Patient ☐ Non-Patient

Physician's Name (Last, First) | Physician/Authorized Signature X

Diagnosis/Signs/Symptoms in ICD-CM format in effect at Date of Service
Highest Specificity REQUIRED
211.59

PATIENT
Patient's Address | Phone
City | State | ZIP

RESP. PARTY
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. 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

PRIMARY BILLING PARTY	SECONDARY BILLING PARTY
Insurance Carrier *	Insurance Carrier *
ID #	ID #
Group #	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

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

OTHER TESTS / INDIVIDUAL PROFILE COMPONENTS
TEST # | TEST NAMES

139900 ☑ SARS-CoV-2, NAA

Frozen Specimen

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

LABCORP USE ONLY

STAT	VENIPUNCTURE	NON LABCORP	VERBAL ORDER	CHART ORDER	HANDWRITTEN	24 HR TUV	PST/PSC #
☐ 998074	☐ 998085	☐ 998239	☐ 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
140301		Kidney Profile	82570, 82043, 82565	GEL URN Cup
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
361946		Lipid Cascade see reverse	GEL	NMR
363676		Lipid Cascade with Rfx 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	85004, 85048	LAV

ALPHABETICAL/COMBINATION TESTS

006049		ABO and Rh see reverse	86900, 86901	LAV
001081		Albumin	82040	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 see reverse	82607, 82746	GEL
001099		Bilirubin, Total	82247	GEL
001040		BUN	84520	GEL

ALPHABETICAL/COMBINATION TESTS CON'T

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
090400		Diabetes Risk - Asymptomatic Adults	82947; 83036	LAV, GRAY
023400		Diabetes Comorbidity Assessment	80061, 82565, 82570, 82043	RED, URINE
007385		Digoxin (Lanoxin®)	80162	GEL
004515		Estradiol	82670	GEL
004598		Ferritin	82728	GEL
028480		FSH and LH see reverse	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
144050		HCV Ab w/Rflx to Quant. RT-PCR	86803	GEL
083935		HIV-1/0/2, 4th Generation	87389	GEL
180836		*H pylori* Urea Breath	83013	see reverse
180764		*H pylori* Stool Antigen	87338	Fecal Trnspt
001321		Iron and IBC see reverse	83540, 83550	GEL
001115		LDH	83615	GEL
007708		Lithium (Eskalith®)	80178	GEL

ALPHABETICAL/COMBINATION TESTS CON'T

001537		Magnesium	83735	GEL
006189		Mononucleosis Test, Qual	86308	GEL
884247		NMR LipoProfile®	80061, 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	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
182879		QuantiFERON®-TB Gold Plus	86480	KIT
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	see reverse	GEL
001149		Thyroxine (T_4)	84436	GEL
001974		Thyroxine (T_4), Free	84439	GEL
082345		*T. pallidum* Screening Cascade	see 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 Microscopic on Positives	81003	UA Trnspt
081950		Vitamin D, 25-Hydroxy	82306	GEL

MICROBIOLOGY

☐ ENDOCERVIX ☐ THROAT ☐ URINE
☐ STOOL ☐ URETHRA
☐ OTHER SOURCE: _____

008649		Aerobic Bacterial Culture †	87070	Bact Trnspt
008482		Fungus Culture †	87101	Sterili Trnspt
008334		Genital Culture, Routine †	87070	Bact Trnspt
008540		Gram Stain	87205	SLD
188132		Grp B Strep Detect, NAA	87081, 87150	Bact Trnspt
188139		Grp B Strep Detect, NAA Rfx to *suscept	87081, 87150	Bact Trnspt
182949		Occult Blood, Fecal, IA	82274	Polymed Tot.
008623		Ova and Parasites	87177, 87209	O & P Kit
008144		Stool Culture †	87045, 87046, 87427	Fecal Trnspt
008169		Throat, Beta-*Hemolytic Strep Cult, Group A*	87081	Bact Trnspt
008342		Upper Respiratory Culture, Routine	†87070	Bact Trnspt
008847		Urine Culture, Routine†	87086	Urn Cul Trnspt

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	87801	
180010		Candida Six-species Profile, NAA	87801	
183194		*Chlamydia/Gonococcus*, NAA¹	87491, 87591	
183160		Ct/Ng/Tv¹	See Reverse	
180089		Genital Mycoplasmas, Swab	87798(x3)	
188056		HSV 1 & 2, NAA	87529(x2)	
188052		*Trichomonas vaginalis*, NAA¹	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
¹ = 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. COMPONENTS OF THE ORGAN OR DISEASE PANELS/COMBINATIONS PRINTED ABOVE ARE SHOWN ON THE REVERSE SIDE AND MAY ALSO BE ORDERED INDIVIDUALLY ABOVE. COMPONENTS MAY BE BILLED SEPARATELY PER CARRIER POLICY.

FORM # 0800 ITEM # 007216G (REV 10/23/2019)