

4650 Sunset Boulevard
 Los Angeles, CA 90027
 Phone: 877.543.9522
 Fax: 323.361.6157



CLIA: 05D2097680
 California: State License CLF260
 CAP Number: 9277593

CLINICAL LABORATORY REQUISITION

STAT CALL RESULTS FAX RESULTS *RED TEXT REQUIRED FIELDS

Patient's Legal Name (Last, First, MI)			Physician Name (Last, First, MI)		
Date of Birth (Mo/Day/Year)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Phone Number	Physician Address		
Address			City	State	Zip
City			Physician Office Number / Physician Fax Number		
Bill To: <input type="checkbox"/> INSURANCE <input type="checkbox"/> PATIENT <input type="checkbox"/> PHY OFFICE <input type="checkbox"/> CONTRACT		Insurance Co. Name & Network Info		Practice Name	
Responsible Party Name (Last, First)		Uninsured <input type="checkbox"/> Yes <input type="checkbox"/> No	Additional Reports To: <input type="checkbox"/> Phone Results <input type="checkbox"/> Fax Results <input type="checkbox"/> Fasting HRS _____ <input type="checkbox"/> Non Fasting		
Insured/Subscriber Name		Date of Birth (Mo/Day/Year)	Diagnosis Code(s):		
Member/Policy/ID#	Group #	Authorization #	Physician Signature		

INDICATE REQUESTED TESTS WITH ✓ Tube color: L-lavender G-green R-red LB-light blue U-urine RB-royal blue Y-yellow ACD NPW-NP wash only
 NPS-NP swab in UTM O-Other GLD-Gold MG-mint green ES-E-Swab * - alternate specimen types acceptable, please call 877.543.9522 for details

Panels (see back)			CPT	Immunology (cont.)			CPT	Microbiology			CPT
<input type="checkbox"/>	GLD	Electrolyte Panel	80051	<input type="checkbox"/>	R	Mononucleosis Screen	86308	<input type="checkbox"/>	O	Blood Culture	87040
<input type="checkbox"/>	GLD	Basic Metabolic Panel	80048	<input type="checkbox"/>	R	Prealbumin	84134	<input type="checkbox"/>	O	Throat Culture	87070
<input type="checkbox"/>	R	Comprehensive Metabolic Panel	80053	Chemistry				<input type="checkbox"/>	O	Urine Culture	87086
<input type="checkbox"/>	GLD	Lipid Panel	80061	<input type="checkbox"/>	GLD	Albumin	82040	<input type="checkbox"/>		Susceptibility Testing (specify)	87184
<input type="checkbox"/>	R	Hepatic Function Panel	80076	<input type="checkbox"/>	GLD	Alkaline Phos	84075	<input type="checkbox"/>	O	Stool Bacterial Molecular Panel	87505
<input type="checkbox"/>	R	Celiac Diagnostic Panel	82784(x1),83516(x4)	<input type="checkbox"/>	GLD	ALT (SGPT)	84460	<input type="checkbox"/>	O	Extended Stool Culture (for other bacterial pathogens)	87046 (x3)
<input type="checkbox"/>	R	Celiac Screening Panel	82784, 83516(x1)	<input type="checkbox"/>	GLD	AST (SGOT)	84450	<input type="checkbox"/>	O	Stool Parasite Molecular Panel	87505
<input type="checkbox"/>	UTM	Film Array Respiratory Panel	87633	<input type="checkbox"/>	GLD	Amylase	82150	<input type="checkbox"/>	O	O&P Exam (for other parasites)	87177;87209
<input type="checkbox"/>	O	Respiratory Viral Panel 1 – PCR	87631	<input type="checkbox"/>	GLD	Bilirubin, Fractionated	82248	<input type="checkbox"/>	NPS	Culture Beta Strep Screen (C BSS)	87081
				<input type="checkbox"/>	GLD	Bilirubin, Neonate	82251	<input type="checkbox"/>	U	Fungus Culture Urine	87102
Hematology				<input type="checkbox"/>	GLD	Bilirubin, Total	82247	<input type="checkbox"/>	Y	Fungus Culture Blood	87103
<input type="checkbox"/>	L	Hemoglobin	85018	<input type="checkbox"/>	GLD	BUN	84520	<input type="checkbox"/>	O	C. difficile PCR	87493
<input type="checkbox"/>	L	Hematocrit	85014	<input type="checkbox"/>	GLD	LH (Luteinizing hormone)	83002	<input type="checkbox"/>	O	Wound Culture	87070
<input type="checkbox"/>	L	CBC	85027	<input type="checkbox"/>	GLD	Calcium, Total	82310	<input type="checkbox"/>	U	CT/GC PCR, Urine	87491, 87590
<input type="checkbox"/>	L	CBC with Auto	85027,85025	<input type="checkbox"/>	GLD	Cholesterol, Total	82465	<input type="checkbox"/>	ES	Genital Culture	87070
<input type="checkbox"/>	L	Sed Rate (auto)	85652	<input type="checkbox"/>	GLD	C-Reactive Protein (CRP)	86140				
<input type="checkbox"/>	L	Reticulocyte Count	85045	<input type="checkbox"/>	GLD	Creatinine	82565				
				<input type="checkbox"/>	GLD	Ferritin	82728				
<input type="checkbox"/>	L	Sickle Screen	85660	<input type="checkbox"/>	GLD	FSH	83001	Clinical Virology			
Coagulation				<input type="checkbox"/>	GLD	Glucose	82947	<input type="checkbox"/>	NPW	Bordetella pertussis/parapertussis PCR	87798 (x2)
<input type="checkbox"/>	LB	PT (INR)	85610	<input type="checkbox"/>	GLD	Iron	83540	<input type="checkbox"/>	Y	CMV PCR*	87798
<input type="checkbox"/>	LB	PTT	85730	<input type="checkbox"/>	GLD	TIBC (Iron Included)	83550	<input type="checkbox"/>	Y/U	CMV QT PCR	87799
Urinalysis				<input type="checkbox"/>	GLD	LDH	83615	<input type="checkbox"/>	Y/L	EBV PCR*	87798
<input type="checkbox"/>	U	Urinalysis, Routine (w/reflex)	81003	<input type="checkbox"/>	RB	Lead	83655	<input type="checkbox"/>	Y/L	EBV QT PCR	87799
<input type="checkbox"/>	U	Urine, Microscopic	81015	<input type="checkbox"/>	GLD	Magnesium	83735	<input type="checkbox"/>	Y/L	HHV6 PCR*	87798
Immunology				<input type="checkbox"/>	GLD	Phosphorus	84100	<input type="checkbox"/>	Y/L	HHV6 QT PCR	87799
<input type="checkbox"/>	R	ANA	86039	<input type="checkbox"/>	GLD	Potassium	84132	<input type="checkbox"/>	O	HSV 1/2 and VZV PCR*	87798, 87529(x3)
<input type="checkbox"/>	R	ASO	86060	<input type="checkbox"/>	U	Pregnancy Test (HCG) Qual Urine	84703	<input type="checkbox"/>	O	Norovirus PCR	87798 (x 2)
<input type="checkbox"/>	GLD	Alpha Fetoprotein	82105	<input type="checkbox"/>	R	Pregnancy Test (HCG) Quant Blood	84703	Clinical Immunology			
<input type="checkbox"/>	GLD	Hep B Surface Ab	86706	<input type="checkbox"/>	GLD	T4, Free	84436	<input type="checkbox"/>	R	EA IgG (Early Antigen – Quest)	86663
<input type="checkbox"/>	GLD	Hep B Surface Ag	87340	<input type="checkbox"/>	GLD	TSH	84443	<input type="checkbox"/>	R	EBNA IgG (Epstein barr virus nuclear antigen)	86664
<input type="checkbox"/>	R	Hepatitis A Ab Total reflex HAVAB IgM	86708	<input type="checkbox"/>	GLD	Total Protein	84155	<input type="checkbox"/>	R	EBV VCA IgG (Viral Capsid Antigen)	86665
<input type="checkbox"/>	R	Hepatitis C Ab	86803	<input type="checkbox"/>	GLD	Triglyceride	84478	<input type="checkbox"/>	R	EBV VCA IgM (Viral Capsid Antigen)	86665
<input type="checkbox"/>	L	Hgb A1C	83036	<input type="checkbox"/>	R	Triiodothyronine (T3) Total	84480	Molecular Pathology			
<input type="checkbox"/>	L	Hgb Electrophoresis	83020	<input type="checkbox"/>	GLD	Uric Acid	84550	<input type="checkbox"/>	L	Chromosome Microarray Analysis	81229
<input type="checkbox"/>	L & R	HIV 1/2 Antibodies and Antigen (w/reflex)	87389	<input type="checkbox"/>	U	VMA (urine)	84585	Other Tests:			
<input type="checkbox"/>	R	IgA	82784	<input type="checkbox"/>	U	HVA (urine)	83150				
<input type="checkbox"/>	R	IgE	82785	<input type="checkbox"/>	U	5-HIAA (urine)	83497				
<input type="checkbox"/>	R	IgG	82784	<input type="checkbox"/>	U	5-HIAA (urine)	83497				
<input type="checkbox"/>	R	IgM	82784	Drug Monitor							
<input type="checkbox"/>	O	Calprotectin	83993 (x1)	<input type="checkbox"/>	U	Toxicology Drug Screen Urine	80101				
				<input type="checkbox"/>	MG	Valproic Acid	80164				

Source	Collected Date	Collected Time	Collector's Name
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PANEL DEFINITIONS
ANY COMPONENTS OF LISTED PANELS MAY BE ORDERED INDIVIDUALLY

<u>Comprehensive Metabolic</u>		<u>Basic Metabolic</u>		<u>Electrolyte</u>		<u>Hepatic Function</u>		<u>Stool Bacterial Molecular</u>		<u>Stool Parasite Molecular</u>	
<u>Panel</u>		<u>Panel</u>		<u>Panel</u>		<u>Panel (Liver Panel)</u>		<u>Panel</u>		<u>Panel</u>	
Sodium	Albumin	Sodium	BUN	Sodium		Alk Phos		<i>Salmonella</i> spp.		<i>Giardia lamblia</i>	
Potassium	Total Protein	Potassium	Creatinine	Potassium		AST (SGOT)		<i>Campylobacter jejuni/coli</i>		<i>Cryptosporidium hominis/C. parvum</i>	
Chloride	Total Bilirubin	Chloride	Calcium	Chloride		ALT (SGPT)		<i>Shigella</i> spp./Enteroinvasive <i>E. coli</i> (EIEC)		<i>Entamoeba histolytica</i>	
CO2	AST (SGOT)	CO2		CO2		Total Bilirubin		Shiga toxin 1 (stx 1)/Shiga toxin(stx2)			
BUN	ALT (SGPT)	Glucose				Fractionated Bilirubin					
Creatinine	Glucose					Total Protein					
Calcium	ALKP					Albumin					

<u>Lipid Panel</u>		<u>Celiac Diagnostic Panel</u>		<u>Celiac Screening Panel</u>		<u>Epstein Barr Virus Panel</u>		<u>Hepatitis Panel, Acute (Hepatitis A, B, C, Panel)</u>	
Cholesterol		Total Serum IgA		Total Serum IgA		EBV VCA IgM		Hep A Virus Antibody, (Total Reflex IgM)	
Triglyceride		Tissue Transglutaminase IgA		Tissue Transglutaminase IgA		EBV VCA IgG		Hep B Surface Antigen (HBsAg)	
HDL Cholesterol		Tissue Transglutaminase		Deamidated Gliadin Peptide IgA		EBV EBNA-1 IgG		Hep B Core Antibody, IgM (Anti-HBc, IgM)	
		Deamidated Gliadin Peptide IgA						Hep C Virus Antibody (Anti-HCV)	
		Deamidated Gliadin Peptide IgG						Hep B Surface Antibody (HBsAB)	

Film Array Respiratory Panel

Adenovirus, Coronavirus 229E, Coronavirus HKU1, Coronavirus NL63, Coronavirus OC43, Human Metapneumovirus, Influenza A, Influenza B, Parainfluenza 1, Parainfluenza 2, Parainfluenza 3, Parainfluenza 4, Respiratory Syncytial Virus and Rhinovirus/Enterovirus

REFLEX/CONFIRMATORY TESTING NOTICE

The Laboratory of Children's Hospital Los Angeles will perform reflex or confirmatory tests on certain tests due to clinical reasons. It is important to note that the subsequent tests may generate additional charges. If one desires, the tests that are not required are available without reflex/confirmation. Please specify if you do not want reflex/confirmatory testing.

Test Name	CPT Code		Test Desc/Notes	Reflex CPT Code
Hep A Antibody Total	86708	If positive, reflex:	Hep A Antibody IgM	86709
HIV-1 Antigen with HIV-1 and HIV-2 Antibodies	87389	If positive for Antigen reflex If positive for Antibody reflex	HIV-1 RNA HIV - 1/2 Antibody differentiation	87535 86701/86702
RPR:	86592	If positive, reflex	RPR Titer Fluorescent Treponemal Antibody	86593 86780
Urinalysis	81003	If blood, protein, leukocyte, or nitrate positive reflex	Urine Microscopic Exam	81001
Urine Drug of Abuse Screen	80300	If positive for Cocaine reflex If positive for PCP reflex	Cocaine (confirmation) PCP (confirmation)	80353 83992

MEDICARE INFORMATION

NATIONAL COVERAGE DETERMINATION (NCD) FOR PHYSICIANS

Medicare has issued Frequency Limitations for many of the NCD policies. The Frequency Limitations state that Medicare will cover the cost of certain tests under specific conditions at specific intervals. An ABN should be collected for Frequency Limitation tests since it is difficult to determine when and if a specific test was performed in the past. The Frequency Limitation tests are listed below.

FREQUENCY LIMITATIONS

Alpha-fetoprotein	HCG, Qual (Preg)	HGB	PT (Prothrombin Time)
Carcinembryonic antigen	HCG Quant	HIV Testing	PTT
CBC w/Platelets + Diff	HDL Cholesterol	Lipid Panel	T4, Free
Collagen crosslinks (any method)	Hemoglobin A1C	Iron	TSH
Digoxin	Hemogram	TIBC	Tumor Antigen by immunoassay/ CA125
Fecal occult blood	Hemogram w/Platelets (ABC)	LDL, Direct	Tumor Antigen by immunoassay/ CA 15-3/CA 27.29
Gamma glytamyl transferase	Hematocrit	PSA, Free & Total	Tumor Antigen by immunoassay/ CA 19-9
Glucose fasting	Hep B Surface Antigen	PSA, total (diagnostic)	Urine Culture
Glucose random	Hepatitis Panel A, B, C Acute	PSA, Reflexive	

Medicare will only reimburse tests that are deemed to be medically necessary for the diagnosis and treatment of the patient, rather than for screening purposes. ICD-10 diagnosis code (s) must be provided for each test ordered. Attach separate ABN form when ordering any investigational tests on Medicare patients. For more information and a complete list of investigation/experimental tests please visit the CMS website: www.CMS.gov

PATIENT SERVICE CENTERS

Arcadia	Encino	Pasadena
468 E. Santa Clara Arcadia, CA 91006 (877) KIDZLAB (626) 359-1019 M - F: 8:00 AM to 5:00 PM Closed for lunch 12:00 PM - 1:00 PM daily Free parking Walk-in's welcomed	5359 Balboa Blvd, Suite B Encino, CA 91316 (877) KIDZLAB (818) 728-4932 M - F: 9:00 AM to 6:00 PM; Sat: 9:00 AM - 1:00PM Does not close for lunch Validated parking for laboratory visit M - F: Walk-in's welcomed Saturdays: Appointments Recommended	800 S. Fairmount Ave., Ste.115 Pasadena, CA 91105 (877) KIDZLAB (626) 578-1906 M - F: 8:00 AM to 5:00 PM Closed for lunch 12:30 PM - 1:30 PM daily Validated parking for laboratory visit Walk-in's welcomed
South Bay	Valencia	
3440 Torrance Blvd. Ste. 100 Torrance, CA 90503 (877) KIDZLAB (310) 303-3893 M - F: 8:00 AM to 5:00 PM Closed for lunch 12:00 PM to 1:00 PM daily Free parking Walk-in's welcomed	23838 Valencia Blvd, Ste. 140 Valencia, CA 91355 (877) KIDZLAB (661) 259-7560 M - F: 8:00 AM to 5:00 PM Closed for lunch 12:00 PM - 1:00 PM daily Free parking Walk-in's welcomed	

Children's Connect-Laboratory is a physician portal providing 24/7 access to laboratory test results.
For more information on the Children's Connect or other laboratory services, please visit
<http://www.chla.org/family-lab> or contact us at (877) 543-9522