



Please help to avoid delays! Provide complete and legible information & a full copy of the insurance card.

The medical necessity of all clinical laboratory tests must be substantiated by an appropriate clinical diagnosis.

Patient Name (Last, First, MI) _____ Date of Birth ____/____/____ Sex: Female Male
 Patient Social Security # _____ Patient Phone _____ Parent's Soc Sec # _____
 Parent's / Guarantor's Name _____ Parent's / Guarantor's DOB ____/____/____
 Patient Address (or insured / responsible party) _____
 City _____ State _____ Zip _____ Signature _____
 Diagnosis / ICD9 codes _____ Insurance Co _____
 Address _____
 Authorization # _____ Group # _____ Member # _____

I authorize the release of any medical information necessary for my insurance carrier to process this claim. I understand I may be held responsible for any portion of the claim that the insurance company does not pay. This statement does not apply to Medicare or Medicaid recipients. I authorize payment directly to Children's Hospital LA

Physician's Name _____ NPI # _____
 Address _____
 Physician's Signature _____ Date ____/____/____ Phone _____ Fax _____

Hematology				Chemistry				Panels (see back)			
1015	Hemoglobin	L	85018	0035	Albumin	R	82040	0034	Electrolytes		80051
1020	Hematocrit	L	85014	0036	Alkaline Phos	R	84075	0032	Chem 8 Basic Metabolic Panel		80048
0010	Hemogram+platelet	L	85027	0037	ALT (SGPT)	R	84460	0033	Chem 14 Comprehensive Panel		80053
0014	CBC with Diff	L	85025	0038	AST (SGOT)	R	84450	0028	Lipid Panel		80061
	CBC with Manual Diff	L	8500	0048	Amylase	R	82150	0031	Hepatic Panel		80076
001	Sed Rate	L	8565	0039	Bilirubin Direct	R	82248	R503	IBD First Step	R	
0013	Retic	L	85045	0059	Bilirubin, neonate	R	82250	R904	IBD Panel	R	
1055	Sickle Screen	L	85660	0040	Bilirubin Total	R	82250	R557	TPMT Propredict Genetics	L	
1065	NBT (white cell function)	G	86384	0041	BUN	R	84520	R553	PRO-Predict Metabolites	L	
	Coagulation			3446	LH (Luteinizing hormone)	R	83002		Drug Monitor		
0020	PT	LB	85610	0067	Calcium Total	R	82310	3360	Dilantin (Phenytoin)	R	80185
0022	PTT	LB	85730	0049	Cholesterol Total	R	82465	3355	Phenobarbital	R	80184
	Urinalysis			0051	Cholesterol HDL	R	83718	3365	Tegretol (Carbamazepine)	R	80156
0090	Urinalysis		81002	0063	C-Reactive Protein (CRP)	R	86140	3300	Theophylline	R	80198
0091	Urine Microscopic		81015	0044	Creatinine	R	82565	3370	Valporic Acid (Depakene)	R	80164
0097	Urinalysis with Microscopic		81000	3185	Ferritin	R	82728		Microbiology		
	Serology			3444	FSH	R	83001	9150	Blood Culture		87040
4175	ANA	R	86039	0045	Glucose	R	82947	9321	Throat Culture		87081
4070	ASO	R	86060	3170	Iron	R	83540	9261	Urine Culture		87086
3508	Beta HCG Quant Tumor	R	84702	3175	Iron/TIBC	R	83550	9350	Feces Culture		87045
4167	EBV	R	Call	3135	LDH	R	83615	****	Susceptibility Testing (specify)		87184
4220	Hep B Surface Ab	R	86706	3465	Lead	RB	83655	9630	O&P		87177
4215	Hep B Surface Ag	R	87340	0068	Magnesium	R	83735	0083	Pin Worm Prep		87172
3598	Hgb A1C	L	83036	0056	Phosphorus	R	84100	0081	Influenza A&B DAA		87299
4250	Hgb Electrophoresis	L	83020	0046	Potassium	R	84132	0080	RSV DAA by EIA		87400
4235	HIV-1 Antibody	R	86703	3440	T3 Total	R	84480		Molecular Micro		
4025	IgA	R	82784	3425	T4	R	84436	8100	<i>Bordetella pertussis</i> PCR		87798
4015	IgG	R	82784	3435	TSH	R	84443	8010	CMV PCR		87496
4020	IgM	R	82784	0066	Total Protein	R	84155	8020	EBV PCR		87798
4085	IgE	R	82785	0057	Triglyceride	R	84478	8000	HSV PCR		87529
0075	Mono Spot	R	86308	0058	Uric Acid	R	84550		Other Tests (Please List)		
0076	Pregnancy Test (HCG) Qual Urine		84703	3785	VMA (urine)	R	84585				
3507	Pregnancy Beta HCG Quant	R	84702	3795	HVA (urine)	R	83150				
4285	RA (Rheumatoid Factor)	R	86431	3790	5-HIAA (urine)	R	83497				
Source			Collected Date	Collected Time			Collector's Name		Comment		