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Location: _____

Patient Name _____

Date of Birth _____ Male / Female

SPECIALTY TESTS	INDIVIDUAL TESTS CONT.	INDIVIDUAL TESTS CONT.
Insulin Resistance Test SST	GGT SST	Urine Culture by PCR
3HR Glucose Tolerance Test SST	Glucose SST	Urine Dip (culture if indicated)
PANELS	H Pylori Breath Kit	Urine Culture
Hepatitis Panel SST(2)	HCG, Quant SST	Urine Malb/Creatinine Ratio
Basic Metabolic Panel SST	Hemogram PRPL	Urine Protein/Creatinine Ratio
Comprehensive Metabolic Panel SST	Hep B Sur Ag SST	Valproic Acid SST
Cardiac Panel (CKMB, TROP I) SST	Hep C AB SST	Vitamin B12 SST
Electrolyte Panel SST	Herpes Simplex Virus 1/2 IgG SST	Vitamin D 25 Hydroxy SST
Hepatic Panel SST	HgA1C PRPL	
Lipid Panel SST	HIV SST	OTHER TESTS
*Prenatal Panel SST(2) PRPL(2)	Homocysteine, Cardio SST	
Renal Panel SST	Insulin SST	
INDIVIDUAL TESTS	Iron, TIBC SST	
24 Hr. Protein URINE	Iron, Total SST	
24 Hr. Urine Calcium URINE	LDH SST	
**24 Hr. Urine Creat Clearance URINE	Lipase SST	
ABO/Rh PRPL	Lithium SST	
Antibody Screen PRPL	Magnesium SST	
Albumin SST	MMA SST	
ALK Phos SST	Phosphorus SST	
ALT (SGPT) SST	Potassium SST	DIAGNOSIS CODES
Ammonia PRPL	Pregnancy Test, Urine QL	1. _____ 2. _____
Amylase SST	Progesterone SST	3. _____ 4. _____
ANA with reflex 2 SST	Prograf/Tacrolimus PRPL	5. _____ 6. _____
AST (SGOT) SST	Prolactin SST	REFERRING DOCTOR
Bilirubin, Direct SST	Protein, Total SST	
Bilirubin, Total SST	Protime/INR BLU	Authorizing Signature
BNP SST	PTT BLU	
BUN SST	PSA SST	Date
Calcium SST	PTH Intact SST	
CBC w/Auto Diff PRPL	Rheumatoid Factor (RF) SST	
Cholesterol, Total SST	Rubella SST	
Cortisol SST	Sodium SST	
CPK Total SST	Testosterone, Free & Total SST	
Creatinine SST	Testosterone, Total SST	
CRP, Total SST	Treponema (RPR) SST	
Direct HDL SST	Triglycerides SST	
Direct LDL SST	TSH SST	
ESR-Sed Rate PRPL	T3, Free SST	
Estradiol SST	T4, Free SST	
Ferritin SST	T4, Total (Thyroxine) SST	
Folate/Folic Acid SST	Uric Acid SST	
FSH SST		

* Includes: ABO/Rh/Antibody Screen, RPR, Rubella, Hep B Sur Ag, CBC, HIV

** Includes: Seum Creatinine

Patient Instructions IR & GTT

Fast (do not eat) 10–12
hours before.

No coffee, tea, smoking
or gum.

You may have water.

Bring order, insurance card
and a good book.