



General Health

BILL TO:

- My Account
- Insurance Provided
- Lab Card/Select
- Patient

PRINT PATIENT NAME (LAST, FIRST, MIDDLE)

REGISTRATION # (IF APPLICABLE)

M M D D YEAR

SEX

DATE OF BIRTH

PATIENT EMAIL ADDRESS

PATIENT ID # / MRN

CELL PHONE

PATIENT PHONE

PRINT NAME OF INSURED/RESPONSIBLE PARTY (LAST, FIRST, MIDDLE) - IF OTHER THAN PATIENT

PATIENT STREET ADDRESS (OR INSURED/RESPONSIBLE PARTY) APT. # KEY #

ACCOUNT #: 10679082
 NAME: SOUTHWEST CHC DPH
 ADDRESS: 968 FAIRFIELD AVE BRIDGEPORT
 CITY, STATE, ZIP
 TELEPHONE #: 203-330-6000

DID YOU KNOW
 Patient Service Center location and appointment scheduling information is on the back.
 Each sample should be labeled with at least two patient identifiers at time of collection.
 ICD Diagnosis Codes are Mandatory. Fill in the applicable fields below.

DATE COLLECTED: _____ TIME: AM PM TOTAL VOL./HRS.: _____ ML _____ HR _____
 Fasting Non Fasting

NPI/UPIN ORDERING/SUPERVISING PHYSICIAN AND/OR PAYORS (MUST BE INDICATED)

DARA RICHARDS
 NPI 1083722433

ADD'L PHYS.: Dr. _____ NPI/UPIN _____
 NON-PHYSICIAN PROVIDER: NAME _____ I.D.# _____
 Fax Results to: (203-339-7190)
 Send Client # OR NAME: _____
 Duplicate ADDRESS: _____
 Report to: CITY: _____ STATE _____ ZIP _____

PANEL COMPONENTS ON BACK

ORGAN / DISEASE PANELS

- 34392 Electrolyte Panel S
- 10256 Hepatic Function Panel S
- 10165 Basic Metabolic Panel S
- 10231 Comp Metabolic Panel S
- 7600 Lipid Panel (Fasting) S
- 14852 Lipid Panel w/Reflex D-LDL S
- 20210 Obstetric Panel w/Reflex Y,L,S
- 10306 Hepatitis Panel, Acute w/Reflex S
- 10314 Renal Functional Panel S

HEMATOLOGY

- 510 Hemoglobin L
- 509 Hematocrit L
- 1759 CBC (Hgb, Hct, RBC, WBC, Plt) L
- 6399 CBC w/Diff (Hgb, Hct, RBC, WBC, Plt, Diff) L
- 8847 PT with INR B
- 763 PTT, Activated B

OTHER TESTS

- 7788 ABO Group & Rh Type Y
- 237 AFP Tumor Marker S
- 223 Albumin S
- 234 Alkaline Phosphatase S
- 823 ALT S
- 243 Amylase S
- 249 ANA Screen, IFA, with Reflex to Titer and Pattern S
- 795 Antibody Scr, RBC w/Reflex ID Y
- 822 AST S
- 285 Bilirubin, Direct S
- 287 Bilirubin, Total S

4420 C-Reactive Protein (CRP) S

- 29493 CA 27.29 S
- 29256 CA 125 S
- 303 Calcium S
- 11173 CCP Ab IgG S
- 978 CEA S
- 334 Cholesterol, Total S
- 374 CK, Total S
- 375 Creatinine S
- 402 DHEA Sulfate, Immunoassay S
- 8293 LDL Cholesterol, Direct S
- 4021 Estradiol S
- 457 Ferritin S
- 466 Folic Acid S
- 470 FSH S
- 482 GGT S
- 8477 Glucose, Gestational Screen (50g), 135 cutoff GY
- 19833 Glucose, Gestational Screen (50g), 140 cutoff GY
- 484 Glucose, Plasma GY
- 483 Glucose, Serum S
- 8435 hCG, Serum, Qual S
- 8396 hCG, Serum, Quant S
- 496 Hemoglobin A1c L
- 16802 Hemoglobin A1c w/eAG L
- 499 Hep B Surface Ab Qual S
- 498 Hep B Surface Ag w/Reflex Confirm S
- 8472 Hep C Antibody w/Reflex to Quant S
- 91431 HIV-1/2 AG/AB, 4th w/Reflex S
- 31789 Homocysteine S
- 10124 hs CRP S
- 561 Insulin S
- 549 Immunofixation (IFE) S
- 7573 Iron, TIBC, % Sat S

571 Iron S

- 593 LDH S
- 599 Lead, Blood TN
- 615 LH S
- 606 Lipase S
- 6646 Lyme Disease Ab w/Reflex to Blot (IgG, IgM) S
- 622 Magnesium S
- 6517 Microalbumin, Random Urine w/Creat S
- Fecal Globin, Feces - FIT, InSure^{®1}
- 11290 Diagnostic
- F 11293 Medicare Screen
- 718 Phosphorus S
- 733 Potassium S
- 745 Progesterone S
- 746 Prolactin S
- 5363 PSA, Total S
- 793 Reticulocyte Count, Automated L
- 4418 Rheumatoid Factor S
- 799 RPR (Monitoring) w/Reflex Titer S
- 36126 RPR (DX) w/Reflex Confirm S
- 802 Rubella IgG S
- 809 Sed Rate by Mod West S
- 15983 Testosterone, Total, LC/MS/MS SR
- 873 Testosterone, Total, Male SR
- 5081 Thyroid Peroxidase Antibodies (TPO) S
- 896 Triglycerides S
- 899 TSH S
- 36127 TSH w/Reflex T4, Free S
- 34429 T3, Free S
- 859 T3, Total S
- 861 T3 Uptake S
- 867 T4 (Thyroxine), Total S
- 866 T4 (Thyroxine), Free S

6448 UA, Dipstick Only U

- 7909 UA, Dipstick w/Reflex Microscopic U
- 5463 UA, Complete (Dipstick & Microscopic) U
- 3020 UA, Complete, w/Reflex Culture U
- 294 Urea Nitrogen (BUN) S
- 905 Uric Acid S
- 916 Valproic Acid SR
- 4439 Varicella-Zoster Virus Ab (IgG) S
- 7065 Vitamin B12/Folic Acid S
- 927 Vitamin B12 S
- 17306 Vitamin D, 25-Hydroxy, Total, Immunoassay S
- 91935 Vitamin D (QuestAssureDTM for Infants) SR
- 25-Hydroxyvitamin D, LC/MS/MS (<3 yrs)

MICROBIOLOGY

- Source (Required)
- 4550 Culture, Aerobic Bacteria* U
 - 4446 Culture, Aerobic & Anaerobic* U
 - 4485 Culture, Group A Strep* U
 - 5617 Culture, Group B Strep* U
 - 4558 Culture, Genital* S
 - 394 Culture, Throat* S
 - 395 Culture, Urine, Routine* (Inc. Indwelling Cath.) U

Amplified Specimen Type (Aptima)

- Endocervical Urethral Urine
- 11363 Chlamydia & N. gonorrhoeae RNA, TMA

Stool Pathogens (Salm/Shig/Campy)

- 10108 Culture, Stool, Shiga toxins w/Reflex* S
- 34838 H. pylori Ag, EIA Stool S
- 14839 H. pylori Urea Breath Test HB
- 681 O & P w/Permanent Stain S

* Additional charge for ID and Susceptibilities

ADDITIONAL TESTS: (INCLUDE COMPLETE TEST NAME AND ORDER CODE)

Reflex tests are performed at an additional charge.

39448 COVID-19 PCR

COMMENTS, CLINICAL INFORMATION:

TOTAL TESTS ORDERED

1

Physician Signature (Required for PA, NY, NJ & WV)

Many payers (including Medicare and Medicaid) have medical necessity requirements. You should only order those tests which are medically necessary for the diagnosis and treatment of the patient.



SPECIMEN KEY ON BACK

ICD Diagnosis Codes are Mandatory. Fill in the applicable fields below.

Provide signed ABN when necessary

Provide signed ABN when necessary

FOLD HERE

FOLD HERE

SMOOTHSEAL[®]

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All samples to be shipped ambient, unless otherwise specified.
 3020 UA, Complete Reflex to Culture REQUIRES 2 specimens, Yellow Cap Urine Vial with Blue Fill Line and a Gray top urine transport tube

Specimen Key:

B = Blue top tube	S = Serum or Spun Barrier tube (SST)
GY = Gray top tube	TN = Tan top tube (EDTA)
HB = Human breath	U = Yellow top (Screw Cap Vial), Blue Fill Line, Preservative tube
L = Lavender top tube	Y = Yellow top tube
SR = Serum from a Red top tube	1 = Consult the Specimen Collection Guide for Special Instructions

All reflex tests will be performed at an additional charge.

Test Code	Profile Components	34392 Electrolyte Panel	10256 Hepatic Function Panel	10165 Basic Metabolic Panel	10231 Comp Metabolic Panel	7600 Lipid Panel	14852 Lipid Panel w/Reflex d-LDL	20210 Obstetric Panel w/Reflex	10306 Hepatitis Panel Acute w/Reflex	10314 Renal Functional Panel
836	Sodium	X		X	X					X
733	Potassium	X		X	X					X
330	Chloride	X		X	X					X
310	Carbon Dioxide	X		X	X					X
223	Albumin		X		X					X
285	Bilirubin, Direct		X							
287	Bilirubin, Total		X		X					
234	Alkaline Phosphatase		X		X					
822	AST		X		X					
823	ALT		X		X					
754	Protein, Total		X		X					
303	Calcium			X	X					X
483	Glucose, Serum			X	X					X
294	Urea Nitrogen			X	X					X
375	Creatinine			X	X					X
334	Cholesterol, Total					X	X			
896	Triglycerides					X	X			
608	HDL					X	X			
718	Phosphorus									X
8293	d-LDL when Trig >400						X			
7788	ABO/Rh							X		
795	Antibody Scr RBC w/reflex							X		
6399	CBC							X		
36126	RPR w/reflex confirm							X		
498	HBsAg w/reflex confirm							X	X	
802	Rubella IgG Ab							X		
8472	Hep C Antibody w/Reflex to Quant								X	
512	HA Ab IgM								X	
4848	HBcAb IgM								X	



Patients: Minimize your wait time by scheduling an appointment at a convenient Patient Service Center.

To find a location and make an appointment visit us at QuestDiagnostics.com/appointment or call 888-277-8772 or simply download our mobile app. at QuestDiagnostics.com/mobile