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 www.optimalabinc.com

REQUISITION

ORDERING PROVIDER: _____

PATIENT INFORMATION

Last: _____ First: _____

Address: _____

City: _____ State: _____ Zip: _____

Gender: M F DOB (M/D/Y): _____ Phone: _____

Provider Name: _____

NPI: _____

SPECIMEN COLLECTION DETAILS

Collector's Initials: _____ Date Collected: _____ Time: _____ Fasting: Y N

Temperature Read within 4 Minutes Within 90.5 to 100F Y N Draw Location: _____

Order Priority: STAT

Standing Order: Frequency: _____

BILLING INFORMATION

Bill To: Patient Account Bill Workers Comp Insurance Medicare/Medicaid

MEDICARE ID: _____ MEDICAID ID: _____

PRIMARY INSURANCE: Policy/Group No: _____

Name of Insurer: _____ DOB: _____ Relationship: _____

SECONDARY INSURANCE: Policy/Group No: _____

Name of Insurer: _____ DOB: _____ Relationship: _____

PHYSICIAN SIGNATURE:

MEDICAL RELEASE: I authorize the release of any medical information to process this claim and request payment of benefits to Optimalab, Inc. and shall be personally responsible for any unpaid balance. If HIV or Drug Screen test is ordered, I agree to be Tested.

PATIENT SIGNATURE

X _____

Diagnosis Code (ICD-10)	Diagnosis Code (ICD-10)	Diagnosis Code (ICD-10)	Diagnosis Code (ICD-10)	Diagnosis Code (ICD-10)	Diagnosis Code (ICD-10)	Diagnosis Code (ICD-10)	Diagnosis Code (ICD-10)	Diagnosis Code (ICD-10)
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PROFILES

General Health Profile (SST, Lav, Urine) CMP, Mg, Phosphate, Lipid, CBCD, T3, T4, TSH, Ferritin, Iron, TIBC, CRP, Folate, CPK, Amy, Lipase, VitB12, VitD, ESR, HgbA1C, Urinalysis (UA with Reflux Culture)	Kidney Function Profile (SST, Lav, Urine) Na, K, Cl, CO2, BUN, Creat, Glucose, Albumin, Phosphate, Calcium, Urinalysis (UA with Reflux Culture)	Thyroid Panel (SST, Lav, Urine) T3 Uptake, T4-total, TSH, T4-Free, Anti-TPO, Intact PTH, Free T3, Thyroglobulin AB	Anemia Profile (SST, Lav, Urine) CBCD, CMP, Iron, TIBC, Ferritin, Folate, Reticulocyte Count, VB12, VitD
Female Hormone Profile (2SST, Lav, Urine) CMP, Mg, Phos, Amy, Lipase, Lipid, Iron, TIBC, CBCD, LH, FSH, Prolactin, Progesterone, Cortisol, Estradiol, B-HcG, VitD, VitB12, Urinalysis with Reflex Culture	Diabetic Profile (SST, 2Lav, Urine) CMP, Mg, Phosphate, Lipid, CBCD, Iron, CRP, UA, CPK, Amy, VitB12, VitD, Microalbumin, HgbA1c	Prenatal Profile (2SST, 2Lav, Urine) General Health Profile, ABORh, AB Screen, Rubella, HBA1C, RPR, Hepatitis Panel, Herpes 1&2, HIV, GC/Chlamydia	Cardiac Profile (2SST, Lav) CMP, Mg, Phosphate, Lipid, CBCD, Amy, Lipase, Homocysteine, CRP, CK, CK-MB, Pro-BNP
Male Health Profile (2SST, Lav, Urine) CMP, Mg, Phos, Amy, Lipid, CBCD, Cortisol, PSA, Testosterone, VitD, VitB12, Urinalysis with Reflex Culture	Hepatitis/Liver Profile (2SST, Lav, Urine) CBCD, CMP, MG, Phos, Amy, Lipase, DW, LDH, Dbil, Acute Hepatitis Panel (HAVAb, HBCAb, HBSAg, HCVAb), Urinalysis with Reflex Culture	STD Profile (3SST, Lav, Urine/Swab) HepBsAg, HepCAB, HepAAb, HepBCore, HIV Screen, GC/Chlymadia, RPR, Tichomonas	Arthritis (2SST, Lav, Urine) CBCD, CMP, Mg, Phos, GGT, LDH, Amy, Lipase, CRP, Uric Acid, Rheumatoid Factor (RA), ANA, ASO, ESR, Urinalysis with Reflex Culture

CHEMISTRY Panel	Individual Tests	MICROBIOLOGY	DRUG SCREEN
See back for Panel Descriptions	ALT	TPO	Drugs of Abuse Testing (U) Screen for, Amph, Barbituates, Buprenorphine, Benzodiazepines, Oxycodone, Opioids, THC, Cocaine, PCP, 6AM, Methadone, ETG(Alcohol)
<input type="checkbox"/> Basic Metabolic Panel	Amylase	Triglyceride	
<input type="checkbox"/> Comprehensive Metabolic	Anti-Thyroid AB	TSH	Confirm all Positives Confirm Medications
<input type="checkbox"/> Lipid Panel	AST	Vit B	
<input type="checkbox"/> Electrolytes (NA, K, CL)	BUN	Vit C	Confirm all
<input type="checkbox"/> Renal Function	Calcium	Vit D	
<input type="checkbox"/> Hepatic Function	Chloride	Vitamin B12	Indicate Medication Taken:
<input type="checkbox"/> Acute Hepatitis Panel	Cholesterol (total)	Vitamin B6	
URINALYSIS	Cortisol	COAGULATION	<input type="checkbox"/> PAP Smear <input type="checkbox"/> Thin Prep Last Menstrual Period: _____ Source: <input type="checkbox"/> Cervix <input type="checkbox"/> Vaginal <input type="checkbox"/>
<input type="checkbox"/> Urinalysis w/ reflux	Creatinine	PT-INR	
<input type="checkbox"/> Urinalysis with Culture	CRP	PTT	Routine Pregnant/Post partum Abnormal PAP Other: _____
<input type="checkbox"/> Microalbumin, Urine	Digoxin	D-Dimer	
<input type="checkbox"/> Urine Pregnancy, Qual	Direct Bilirubin	Urine	Miscellaneous / Additional Test
<input type="checkbox"/> Urine, Culture Only	HEPC	Microconidriatic	
HEMATOLOGY	Ferritin	Protein & cartration	Laboratory Use Only
<input type="checkbox"/> CBC with AutoDiff	FT4	Protein urine	
<input type="checkbox"/> CBC Only	GGT	Creatine Urine	Recv'd Date: _____
<input type="checkbox"/> Platelet Count	Glucose		Recv'd Time: _____
<input type="checkbox"/> Retic Count	APOB		
<input type="checkbox"/> Hgb/Hct	H Pylori Ab		
<input type="checkbox"/> ESR	HCG, Qual		

