RML Rocky Mountain Labs

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SPECIMEN INFORMATION
*Label with two patient indentifiers

Collection Date & Time	
Fasting? Yes No	Phlebotomist Initials
Specimens Submitted	Total Tests Ordered

PROVIDER INFORMATION

Practice Name

Ordering Physician

Address

I hereby authorize Rocky Mountain Labs to perform the test(s) indicated on this form including any designated reflex testing. I certify that these tests are medically necessary for the diagnosis and treatment of the patients symptoms or history.

Signature:_____ Date: _____

PATIENT INFORMATION

Last

First Middle

Date of Birth Sex ☐ Male ☐ Female

☐ Insurance ☐ Patient ☐ Client

Please Attach Patient Demographics and Insurance Information as Needed

I agree to assume responsibility for charges for laboratory services that are not covered by my health insurance.

Signature:_____ Date: _____

REQUESTED TESTING

PANELS

- ☐ BMP
- ☐ Celiac Panel
- ☐ CMP
- ☐ Hepatitis Acute Panel
- ☐ Hepatic
- ☐ Iron Studies (FE, TIBC, FERR)
- ☐ Lipid
- ☐ Renal
- ☐ Thyroid Panel (TSH, FT4)

HEMATOLOGY

- ☐ CBC w/DIFF
- ☐ ESR (SEDRATE)
- ☐ HEMATOCRIT
- ☐ HEMOGLOBIN
- ☐ PT/INR
- ☐ PTT
- ☐ RETICULOCYLE COUNT

CHEMISTRY

- ☐ ALB
- ☐ A1C
- ☐ ALP
- ☐ ALT
- ☐ AMY
- ☐ AST
- ☐ BUN
- ☐ CA
- ☐ CHOL
- ☐ CL
- ☐ CO2
- ☐ CPK
- ☐ CREAT
- ☐ DBIL
- ☐ FE
- ☐ GGT
- ☐ GLU
- ☐ HDL
- ☐ (HS) CRP
- ☐ K
- ☐ LDH
- ☐ LDL
- ☐ LIPASE
- ☐ LDL
- ☐ MG
- ☐ NA
- ☐ PHOS
- ☐ TBIL
- ☐ TIBC
- ☐ TP
- ☐ TRIG
- ☐ URIC

MICROBIOLOGY

- ☐ AEROBIC CX
- ☐ ANAEROBIC CX
- ☐ FUNGAL CX
- ☐ NASAL CX
- ☐ THROAT CX
- ☐ URINE CX
- ☐ WOUND CX

IMMUNOASSAY

- ☐ BHCG QUANT
- ☐ CA125
- ☐ CA15-3
- ☐ CORTISOL
- ☐ DHEA-S
- ☐ ESTRADIOL
- ☐ FERRITIN
- ☐ FOLATE
- ☐ FREE TESTOSTERONE **
- ☐ FSH
- ☐ FT3
- ☐ FT4
- ☐ HGH
- ☐ INSULIN
- ☐ LH
- ☐ PROGESTERONE
- ☐ PSA
- ☐ SHBG
- ☐ T3
- ☐ T4
- ☐ TESTOSTERONE
- ☐ TSH
- ☐ VB12
- ☐ VIT D

**Includes Albumin, SHBG, & Total Testosterone

URINE TESTING

- ☐ DRUGS OF ABUSE (12)
- ☐ DRUGS OF ABUSE (5)
- ☐ URINALYSIS
- ☐ URINE GC/CHL
- ☐ URINE MICROSCOPY

OTHER

- ☐ ANA W/REFLEX
- ☐ BNP
- ☐ H. PYLORI BREATH TEST
- ☐ HIV 1 / 2
- ☐ MONONUCLEOSIS
- ☐ RAPID STREP
- ☐ RPR
- ☐ SERUM HCG
- ☐ URINE HCG

Write In:

ICD-10 CODES (Mandatory)

- ☐ D48.9
- ☐ D50.9
- ☐ D52.9
- ☐ E03.9
- ☐ E07.9
- ☐ E10.9
- ☐ E11.9
- ☐ E23.0
- ☐ E23.6
- ☐ E34.9
- ☐ E55.9
- ☐ E56.9
- ☐ E63.9
- ☐ E66.9
- ☐ E78.0
- ☐ E78.9
- ☐ G89.21
- ☐ G89.22
- ☐ G89.28
- ☐ G89.29
- ☐ G89.4
- ☐ I10
- ☐ I51.9
- ☐ M12.9
- ☐ M16.10
- ☐ M19.049
- ☐ M19.079
- ☐ M19.90
- ☐ M47.819
- ☐ M79.7
- ☐ N42.9
- ☐ N92.0
- ☐ N95.9
- ☐ R51
- ☐ R52
- ☐ R53.1
- ☐ R53.81
- ☐ R53.83
- ☐ R68.82
- ☐ R68.89
- ☐ Z00.00
- ☐ Z01.30
- ☐ Z01.31
- ☐ Z12.5
- ☐ Z13.21
- ☐ Z13.223
- ☐ Z13.29
- ☐ Z78.1
- ☐ Z78.9
- ☐ Z79.891
- ☐ Z79.899