

Patient Name _____ DOB 502750	Patient Name _____ DOB 502750	Patient Name _____ DOB 502750	Patient Name _____ DOB 502750
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 CLIA #05D0567262



Customer Information

REQUISITION FOR BLOOD WELLNESS TESTING

Last Name: _____ First Name: _____ DOB: _____ / _____ / _____
(Must be 18 years or older)

Date Collected: ____ / ____ / ____ Time Collected: ____ : ____ AM / PM Fasting: Yes No Biological Sex: M F

Ordering Provider: _____ Attach patient demographics w/insurance card Uninsured Patient

Diagnosis Code(s):* _____

Black/African-American Hispanic/Latino/Spanish Origin Asian American Indian/Alaskan Native
 White/Caucasian Native Hawaiian/Other Pacific Islander Other: _____ Refused

* Documentation in the patient's medical record must support the medical necessity for ordering the service(s) per Medicare regulations and applicable Local Coverage Determinations (LCDs)

MALE / FEMALE WELLNESS PANEL *	ORGAN OR DISEASE PANEL	ALPHABETICAL TESTS	ALPHABETICAL TESTS (continued)
<input type="checkbox"/> CBC (w/ differential), CMP, Lipid Panel, HbA1c, Insulin, B12, Ferritin, Folate, Iron, T3 Total, T4 Free, TSH (3rd Gen), Cortisol, hsCRP, DHEA-S, Estradiol (sensitive), FSH, LH, Magnesium, Phosphorus, Progesterone, Prolactin, SHBG, Testosterone Free**/Total, Uric Acid, Vitamin D 25-OH <p style="text-align: right; margin-right: 20px;">GEL(x2) + LAV</p> <p><i>If testing a male patient, PSA Total will be performed</i></p>	<input type="checkbox"/> CBC 85027 LAV <input type="checkbox"/> CBC (w/ differential) 85025 LAV <input type="checkbox"/> Basic Metabolic Panel* 80048 GEL <input type="checkbox"/> Comp. Metabolic Panel* 80053 GEL <input type="checkbox"/> Electrolyte Panel* 80051 GEL <input type="checkbox"/> Lipid Panel* 80061 GEL <input type="checkbox"/> Liver Function Panel* 80010 GEL <input type="checkbox"/> Renal Function Panel* 80069 GEL <div style="background-color: #f08080; color: white; text-align: center; font-weight: bold; padding: 2px;">DIABETES</div> <input type="checkbox"/> Glucose 82947 GEL <input type="checkbox"/> HbA1c 83036 LAV <input type="checkbox"/> Insulin 83525 GEL <div style="background-color: #f08080; color: white; text-align: center; font-weight: bold; padding: 2px;">ANEMIA</div> <input type="checkbox"/> B12 82607 GEL <input type="checkbox"/> Ferritin 82728 GEL <input type="checkbox"/> Folate 82746 GEL <input type="checkbox"/> Iron 83540 GEL <div style="background-color: #f08080; color: white; text-align: center; font-weight: bold; padding: 2px;">THYROID</div> <input type="checkbox"/> T3 Free 84481 GEL <input type="checkbox"/> T3 Total 84481 GEL <input type="checkbox"/> T4 Free 84436 GEL <input type="checkbox"/> T4 Total 84436 GEL <input type="checkbox"/> TPO Ab 86376 GEL <input type="checkbox"/> TSH (3rd Gen) 84443 GEL	<input type="checkbox"/> Albumin 82040 GEL <input type="checkbox"/> ALP 84075 GEL <input type="checkbox"/> ALT 84460 GEL <input type="checkbox"/> Amylase 82150 GEL <input type="checkbox"/> Apolipoprotein A1 82172 GEL <input type="checkbox"/> Apolipoprotein B 82172 GEL <input type="checkbox"/> AST 84450 GEL <input type="checkbox"/> Bilirubin, Direct 82248 GEL <input type="checkbox"/> Bilirubin, Total 82247 GEL <input type="checkbox"/> BUN 84520 GEL <input type="checkbox"/> Calcium 82310 GEL <input type="checkbox"/> Carbon Dioxide 82374 GEL <input type="checkbox"/> Chloride 82435 GEL <input type="checkbox"/> Cholesterol 82465 GEL <input type="checkbox"/> Cortisol 82533 GEL <input type="checkbox"/> Creatine Kinase (CK) 82550 GEL <input type="checkbox"/> Creatinine 82565 GEL <input type="checkbox"/> hsCRP 86141 GEL <input type="checkbox"/> DHEA-S 82626 GEL <input type="checkbox"/> Estradiol (sensitive) 82670 GEL <input type="checkbox"/> FSH 83001 GEL <input type="checkbox"/> GGT 82977 GEL <input type="checkbox"/> hCG, Quantitative 84702 GEL <input type="checkbox"/> HDL Cholesterol 83718 GEL	<input type="checkbox"/> Homocysteine 83090 GEL <input type="checkbox"/> LDH 83615, 83625, GEL <input type="checkbox"/> LH 83002 GEL <input type="checkbox"/> Lipase 83690 GEL <input type="checkbox"/> Lipoprotein (a) 83695 GEL <input type="checkbox"/> Lp-PLA2 83698 GEL <input type="checkbox"/> Magnesium 83735 GEL <input type="checkbox"/> Phosphorus 84100 GEL <input type="checkbox"/> Potassium 84132 GEL <input type="checkbox"/> Progesterone 84144 GEL <input type="checkbox"/> Prolactin 84146 GEL <input type="checkbox"/> PSA Total (males only) 84153 GEL <input type="checkbox"/> Sedimentation Rate 85652 LAV <input type="checkbox"/> SHBG 84270 GEL <input type="checkbox"/> Sodium 84295 GEL <input type="checkbox"/> Testosterone Free** 84402 GEL <input type="checkbox"/> Testosterone Total 84403 GEL <input type="checkbox"/> Total Protein 84155 GEL <input type="checkbox"/> Triglycerides 84478 GEL <input type="checkbox"/> Uric Acid 84550 GEL <input type="checkbox"/> Vitamin D 25-OH 82306 GEL <div style="background-color: #f08080; color: white; text-align: center; font-weight: bold; padding: 2px;">USE CUSTOM PROFILE</div>

* See reverse for included tests ** Calculated test; ordering this test constitutes an order for Testosterone Total, SHBG, and Albumin

AUTHORIZATION/SIGNATURES

DONOR: I certify that the specimen and information provided is my own and has not been substituted or adulterated. I further grant permission for the testing of my specimen for the presence of drugs and/or alcohol. I authorize Birdrock Laboratories to share the information on this form and my test results with my designated insurance carrier if necessary for reimbursement, to appeal any reimbursement denial, and authorize all reimbursements to be paid directly to the laboratory in consideration of services performed. I acknowledge that Birdrock Laboratories may be outside my network of insurance and I may be responsible for the amount due as determined by said insurance. I authorize Birdrock Laboratories to release the results of this testing to the treating authorized healthcare provider or facility.

ORDERING PROVIDER: Medicare will only pay for tests that meet the Medicare coverage criteria and are reasonable and necessary to treat or diagnose an individual patient. Section 1862(a)(1)(A) of the Social Security Act states, "no payment may be made under Part A or Part B for any expenses incurred for items or services which are not reasonable and necessary for the diagnosis or treatment of an illness or injury or to improve the functioning of a malformed body member." Tests submitted for Medicare reimbursement must meet program requirements or the claim may be denied. I certify that the above ordered tests are medically necessary for the diagnosis and treatment of this patient. I have documented this test in the patient's chart. I acknowledge that Medicare does not generally cover routine screening tests.

The patient understands and agrees that the patient's leftover specimen and clinical information may be used, without information directly identifying the patient, for research, education, and other business purposes of Birdrock Laboratories (each a "secondary use" and together "secondary uses"). The patient understands that this may involve Birdrock Laboratories sharing the patient's leftover specimen and clinical information with other third parties. The patient's leftover specimen and clinical information will be assigned a unique code before any secondary uses. The patient's name or other personal identifying information will not be used in or linked to the patient's specimen and clinical information when they are shared with third parties unless the patient explicitly authorizes that disclosure. Furthermore the leftover specimen will become the property of Birdrock Laboratories. The specimens could lead to discoveries or inventions that may be of value to Birdrock Laboratories or to other organizations. You do not have any right to money or other compensation stemming from products that may be developed from the specimens unless expressly required under applicable state law.

Donor Authorization Signature: _____	Date: _____	Ordering Health Care Provider Signature (Required): _____	Date (Required): _____
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The ICD10 codes listed below are the most frequently utilized codes currently utilized by ordering physicians for the limited coverage test highlighted above that are also listed as medically supportive under Medicare's limited coverage policy. If you are ordering this test for diagnostic reasons that are not covered under Medicare policy, an Advance Beneficiary Notice form is required.

IRON TEST	LIPID TEST	GLUCOSE TEST	LIVER TEST	CBC TEST
D50.0	E03.8	E11.21	B18.2	D50.9
D50.8	E03.9	E11.22	E11.65	D64.9
D50.9	E11.22	E11.65	E11.9	E03.9
D51.0	E11.65	E11.9	E78.00	E11.65
D51.8	E11.69	E78.00	E78.2	E11.9
D51.9	E11.8	E78.2	E78.49	E53.8
D53.9	E11.9	E78.49	E78.5	E55.9
D63.1	E66.9	E78.5	E83.10	E78.00
D63.8	E78.00	I25.10	E83.40	E78.2
D64.9	E78.1	N39.0	E83.42	E78.5
E11.22	E78.2	R53.83	K74.3	I10
E11.65	E78.49	R73.01	K74.60	I25.10
E11.9	E78.5	R73.03	K76.0	K21.9
E61.1	I10	R73.09	K76.89	N18.3
I50.9	I11.9	R73.9	K76.9	N39.0
M25.50	I12.9	R79.89	R74.0	R53.83
N18.4	I25.10	R79.9	R74.8	R73.01
N18.9	R79.89	R80.9	Z79.01	R73.09
R79.89	R79.9	Z13.1	Z79.899	R79.89
R79.9	Z79.899	Z79.899	Z94.4	Z79.899

HEMOGLOBIN A1/C	THYROID TEST	PSA TEST	HISTOCOMPATIBILITY TEST
E10.9	D64.9	C61	M08.1
E11.21	E03.8	C79.51	M45.0
E11.22	E03.9	D40.0	M45.1
E11.29	E04.2	N40.0	M45.2
E11.40	E05.90	N40.1	M45.3
E11.42	E06.3	N40.2	M45.4
E11.59	E11.65	N41.9	M45.5
E11.65	E11.9	N42.9	M45.6
E11.69	E29.1	R31.0	M45.7
E11.8	E78.00	R31.9	M45.8
E11.9	E78.2	R33.9	M45.9
R73.01	E78.49	R35.0	Z52.008
R73.02	E78.5	R35.1	Z52.098
R73.03	E89.0	R39.11	
R73.09	I10	R39.12	
R73.9	I48.91	R39.14	
R79.89	R53.81	R39.15	
R79.9	R53.83	R97.20]	
Z79.4	R73.03	R97.21	
Z79.899	Z79.899	Z85.46	

Male/Female Wellness Panel	Cardiac Wellness Panel
80053 CMP Panel	84144 Progesterone
82306 Vitamin D	84146 Prolactin
82533 Cortisol	84153 PSA (Total)
82627 DHEA	84270 SHBG (Sex Hormone)
82670 Estradiol	84402 Testosterone (Free)
82728 Ferritin	84403 Testosterone (Total)
82746 Folate (Folic Acid)	84439 T4 (Free)
83001 FSH	84443 TSH
83002 LH	84480 T3 (Total)
83525 Insulin	84550 Uric Acid
83540 Iron	85025 CBC
83735 Magnesium	86141 hsCRP
84100 Phosphorus	

Comprehensive Metabolic Panel (CMP)
Glucose
Calcium
Sodium
Potassium
Carbon Dioxide
Chloride
BUN
Creatinine
BUN/Creatinine Ratio
Albumin
Total Protein
ALP
ALT
AST
Bilirubin, Total
AG Ratio
Calculated Globulin
eGFR

Basic Metabolic Panel (BMP)
Glucose
Calcium
Sodium
Potassium
Carbon Dioxide
Chloride
BUN
Creatinine
BUN/Creatinine Ratio

Lipid Panel
Cholesterol
Cholesterol/HDL Ratio
HDL
HDL/LDL Ratio
LDL
Triglycerides

Renal Function Panel
Albumin
BUN
Calcium
Phosphorus
Potassium
Sodium
Chloride
Carbon Dioxide
Glucose
Creatinine
BUN/Creatinine Ratio

Liver Function Panel
ALP
ALT
Albumin
AST
Bilirubin, Direct
Bilirubin, Total
Total Protein

Electrolyte Panel
Carbon Dioxide
Sodium
Potassium
Chloride
Anion Gap