



Primary Diagnostics Laboratory
 115 SOUTH 17TH AVE
 HOLLYWOOD, FL 33020
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LAB USE ONLY

SST - GEL UA - URINE GY - GRAY
 R - RED C - CULTURETTE GN - GREEN
 L - LAVENDER SL - SLIDE 24/7 - 24 HR. URINE
 B - BLUE

CALL RESULTS STAT

ACCOUNT INFORMATION		PATIENT DATA (PLEASE PRINT CLEARLY)				DATE DRAWN
PATIENT NAME (LAST, FIRST, MI.)		SEX: _____ AGE: _____ BIRTH DATE: _____ PHONE NO. _____				TIME DRAWN _____ <input type="checkbox"/> AM <input type="checkbox"/> PM
PREFIX _____ MEDICARE NO. (INCLUDE PREFIX OR SUFFIX) _____ SUFFIX _____		PATIENT STREET ADDRESS _____				PHYSICIAN _____
INSURED NAME _____		INSURANCE GROUP _____				TECH. INITIAL: _____
INSURED PHONE _____		INSURANCE POLICY NO. _____				

Referring Physician _____

BILL DOCTOR BILL MEDICARE BILL MEDICAID BILL PATIENT BILL INSURANCE

OTHER: PLEASE ATTACH COPY OF INSURANCE CARD

ICD-10 DIAGNOSIS CODE* _____

ICD-10 DIAGNOSIS CODE* _____

ICD-10 DIAGNOSIS CODE* _____

ADDRESS _____ PATIENT PHONE _____ DOCTOR SIGNATURE _____ DATE _____

ADDRESS _____ INSURED PHONE _____ MEDIPASS AUTH/#: _____

UPIN # _____

AUTHORIZATION: I hereby authorize the release of information related to the services described here and hereby assign any benefits to which I am entitled to: Century Clinical Lab, Inc. I HAVE READ AND ACKNOWLEDGED THE BENEFICIARY AGREEMENT AS IT APPEARS ON THE REVERSE. IF MEDICARE DENIES PAYMENT, I AGREE TO PAY FOR THE IDENTIFIED TEST(S).

Patient's Signature _____ Date _____

PANELS (See reverse for component's)			ALPHABETICAL TESTS			IMMUNOSEROLOGY		
0074	Acute Hepatitis Panel	SST 2950	Glucose 2PP	GY 6038	ANA	SST		
0048	Basic Metabolic	SST 2950	Glucose 1PP	GY 6063	ASO	SST		
0053	Comprehensive Metabolic	SST 4378	Glycohemoglobin (A1C)	L 6644	CMV Ab	SST		
0051	Electrolytes	SST 4703	HCGB Qualitative	SST 7338	Helicobacter Pylori	SST		
1091	Thyroid Function (T ₄ -T ₃ -T ₄ -T ₃ -FTI)	SST 1025	HCGB Qualitative (Urine)	UC 9063	Herpes I/II IgG	SST		
0061	Lipid	SST 4702	HCGB Quantitative	SST 6701	HIV	SST		
0007	Arthritis Panel	SST 3090	Homocysteine	SST 6308	Inf. Mononucleosis	SST		
0025	Rheumatic Profile II	SST-L 7340	HBS Ag	SST 6403	LE Latex	SST		
0024	Rheumatic Profile I	SST-L 6706	HBS Ab	SST 6431	Rheumatoid Factor	SST		
0069	Renal Function Profile	SST 6803	HCV Ab	SST 6592	RPR	SST		
0033	Anemia I	SST-L 3540	Iron	SST	THERAPEUTIC DRUGS			
0034	Anemia II	R-L 3550	Iron-UIBC-TIBC*	SST 0162	Digoxin (Lanoxin)	R		
0076	Liver Function	SST 3655	Lead	L 0185	Dilantin (Phenitoin)	R		
2787	Immune Status	SST 3690	Lipase	SST 0178	Lithium	R		
0046	Cardiac Profile	SST 0004	LH & FSH	SST 0184	Phenobarbital (Luminal)	R		
0036	Coronary Profile	SST 3735	Magnesium	SST 0156	Tegretol (Carbamazepine)	R		
0042	Obstetrical I	R-L 4132	Potassium	SST 0198	Theophylline	R		
0001	Prenatal Profile	R-L 4144	Progesterone	SST 0164	Vaproic Acid (Depakene)	R		
0054	Ovarian Function	R-L 4146	Prolactin	SST 0202	Vancomycin (Trough)	R		
053	Testicular Panel	R-L 4153	PSA	SST 0203	Vancomycin (Peak)	R		
9612	Surgery Panel	R-L-B 6765	Rubeolla	SST	DRUG SCREEN TESTING			
0058	Pre-Operative	SST-L-B-U 4295	Sodium	SST 0100	Drug Screen 10	U		
ALPHABETICAL TESTS			Testosterone Total	SST 0101	Drug Screen 5	U		
2040	Albumin	SST 4402	Testosterone Free	SST 751P	Drug Screen 19	U		
4075	Alkaline Phosphatase	SST 4155	Total Protein	SST 539	Validity Testing Screen	U		
4460	Alt (SGPT)	SST 6777	Toxoplasma	SST 8769	GAB	U		
4450	Ast (SGOT)	SST 4479	T3 Uptake	SST 2525	K2	U		
2140	Ammonia	L 4480	Total T3	SST 1345	6 AM	U		
2150	Amylase	SST 4436	T4	SST 877	Bath Salt (MDPV)	U		
2607	B12	SST 4439	Free T4	SST	URINALYSIS			
2247	Bilirubin Total	SST 4443	TSH	SST 1000	Urinalysis w/Micro	U		
4520	BUN	SST 4550	Uric Acid	SST 1086	UR Reflex C&S	U		
2378	CEA	SST 2306	VIT D25 OH	R	ALPHAPHETO PROTEIN			
2465	Cholesterol Total	SST	HEMATOLOGY			0701	Alphapheto Protein Maternal	SST
2533	Cortisol	SST 0002	ABO & RH	L	0702	Alphapheto Protein Tumor-Marker	SST	
2550	CPK	SST 5025	CBC w/diff PLT	L	Gestational Age (wks) _____			
2553	CPK MB	SST 5018	H & H	L	Maternal Weight _____			
240	Creatinine Clearance 24 Urine	UA 5595	Platelet Count	L	LMP _____			
2565	Creatinine Serum	SST 5610	PT	B	Race <input type="checkbox"/> W <input type="checkbox"/> B <input type="checkbox"/> O			
2670	Estradiol	SST 5730	PTT	B				
2953	Folate	SST 5044	Retic Count	L				
2746	Folic Acid	SST 5651	Sed Rate	L				
2977	GGT	SST 5660	Sickle Cell	L				
2947	Glucose Fasting	GY						

MICROBIOLOGY

SOURCE

7070 Ear 7082 Throat
 7075 Eye 7081 Vaginal
 7086 Urine 9081 Urethral
 7045 Stool 9981 Sputum
 7102 Wound Culture

7206 Acid Fast Culture & Stain
 7040 Blood Culture
 7110 Chlamydia
 9982 GC
 7102 Fungus Culture
 7205 Gram Stain
 7207 Herpes Virus Culture
 2270 Occult Blood (fecal)
 7177 Ova & Parasites
 7210 Wet Mount

PAP

8142 PAP Liquid HPV

Patient Clinical History Mandatory

Specimen Source
 Vaginal Cervix
 Endocervix Brush

LMP ____ / ____ / ____
 DOB ____ / ____ / ____

Previous Abnormal Smear if any Case # _____

Previous Diagnosis _____

PICK UP HOME FACILITY

STANDING ORDERS REQUEST

DAILY WEEKLY BI-WEEKLY MONTHLY

ADDITIONAL TESTS / COMMENTS: