

## Patient Information

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Insurance/Policy #: \_\_\_\_\_ Pre-Authorized #/Date Range: \_\_\_\_\_

Ordering Physician (Please Print): \_\_\_\_\_ Clinic: \_\_\_\_\_

Physician Signature: \_\_\_\_\_ NPI #: \_\_\_\_\_ Date: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number for Results: \_\_\_\_\_ Other: \_\_\_\_\_

Clinical Reason for Exam (including ICD 10 codes): \_\_\_\_\_

<p align="center"><b>Hematology</b></p> <input type="checkbox"/> CBC <input type="checkbox"/> D-dimer <input type="checkbox"/> PT/INR	<p align="center"><b>Chemistry Panel (Cont.)</b></p> <input type="checkbox"/> Hepatic Function Panel Albumin, Alk phos, ALT, AST, Direct Bilirubin, Total Bilirubin, Total Protein  <input type="checkbox"/> Cardiac Panel CKMB, Myoglobin, Troponin, BNP, D-dimer	<p align="center"><b>Urine Tests</b></p> <input type="checkbox"/> Urinalysis <input type="checkbox"/> Urine Drug Screen <input type="checkbox"/> Urine Pregnancy
<p align="center"><b>Chemistry Tests</b></p> <input type="checkbox"/> Troponin <input type="checkbox"/> CKMB <input type="checkbox"/> BNP <input type="checkbox"/> Hemoglobin A1c <input type="checkbox"/> Glucose <input type="checkbox"/> Fasting <input type="checkbox"/> Random <input type="checkbox"/> ABG <input type="checkbox"/> VBG <input type="checkbox"/> H. pylori <input type="checkbox"/> Stool hemocult	<p align="center"><b>Infection Panels</b></p> <input type="checkbox"/> STD Panel 1 Gonorrhea, Chlamydia  <input type="checkbox"/> STD Panel 2 Trichomonas, Yeast, Bacterial vaginosis  <input type="checkbox"/> Respiratory Panel PCR <u>Viruses:</u> Adenovirus, Coronaviruses HKU1/NL63/OC43/229E, SARS CoV-2, Metapneumovirus, Rhinovirus/Enterovirus, Influenza A/B virus, Parainfluenza viruses 1/2/3/4, Respiratory Syncytial virus (RSV) <u>Bacteria:</u> Bordetella pertussis/parapertussis, Chlamydia pneumoniae, Mycoplasma pneumoniae	<p align="center"><b>Rapid Tests</b></p> <input type="checkbox"/> Influenza A/B Screening <input type="checkbox"/> Mononucleosis Test <input type="checkbox"/> RSV <input type="checkbox"/> Strep A <input type="checkbox"/> Covid Ag <input type="checkbox"/> Covid PCR <input type="checkbox"/> Covid/Flu comboAg
<p align="center"><b>Chemistry Panels</b></p> <input type="checkbox"/> BMP (Basic Metabolic Panel) BUN, Creatinine, Calcium, CO2, Chloride, Glucose, Potassium, Sodium  <input type="checkbox"/> CMP (Complete Metabolic Panel) Albumin, Alk phos, ALT, AST, BUN, Creatinine, Calcium, CO2, Chloride, Glucose, Potassium, Sodium, Total Bilirubin, Total Protein  <input type="checkbox"/> Metlyte 8 BUN, Creatinine, CO2, Chloride, Glucose, Potassium, Sodium, CK	<input type="checkbox"/> GI (diarrhea) panel PCR <u>Viruses:</u> Adenovirus, Astrovirus, Norovirus, Rotavirus, Sapovirus <u>Bacteria:</u> Campylobacter, C-diff, Plesiomonas, Salmonella, Yersinia, Vibrio parahaemolytica/vulnificus/cholerae, E. Coli (0157/EA/EP/ET/ST) <u>Parasites:</u> Cryptosporidium, Cyclospora, Entamoeba, Giardia	<p align="center"><b>Other</b></p> Any other lab is available through a partnership with RML. Please list any other lab order below: _____ _____ _____ _____ _____ _____ _____

**Please email, fax or send patient with completed and signed order.**

**If possible, include a copy of the patient's insurance card (front and back). Thank you!**