



QUALITY LABORATORY SERVICE

2818 OCEAN AVENUE • SUITE 9 • BROOKLYN, NY 11235

PHONE: 718-646-5100

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ACCESSION NUMBER
PLACE LABEL HERE

General Test Requisition

Patient Information or ▼ ADDRESSOGRAPH HERE ▼



Last Name First Name MI M F D.O.B.

Address (Street) Apt.# Floor Room#

City State Zip Telephone #

Physician Date Ordered Care of/Guardian Social Security # Client Chart/Pt. ID#

Billing Information* Bill Medicare Bill Medicaid Bill Insurance SELF SPOUSE CHILD OTHER

Insurance Name Insurance ID # Group #/Category # Insured Name (if different from patient)

Insurance Address City State Zip Telephone #

ICD9/Diagnosis Codes Doctor's Signature

MEDICARE ADVANCE BENEFICIARY NOTICE (ABN)
 I have read the ABN on the reverse. If Medicare denies payment, I agree to pay for the identified test(s).

Specimen Information STAT Call results to: Fax results to:

Date collected Time: AM PM Fasting: ____ hrs () ()

Patient's Signature _____ Date _____

A.M.A. PANELS	OTHER PANELS	24-HOUR URINE
10 <input type="checkbox"/> ELECTROLYTES Na, K, Cl, CO2 SS	29 <input type="checkbox"/> THYROID 1: T4, T3Uptake, FTI, TSH SS	S236 <input type="checkbox"/> CATECHOLAMINES 24 HR UA
11 <input type="checkbox"/> BASIC METABOLIC Na, K, Cl, CO2, Glu, BUN, Cr, Ca SS	62 <input type="checkbox"/> THYROID 2: T4, T3Uptake, FTI, TSH, FreeT4, T3 SS	034 <input type="checkbox"/> CREATININE CLEARANCE SS,UA
12 <input type="checkbox"/> COMPREHENSIVE METABOLIC Na, K, Cl, Glu, BUN, Cr, Ca, TP, Ab, TBil, AP, AST, ALT SS	32 <input type="checkbox"/> IRON DEFICIENCY: IRN, IBC, Sat, FERR SS	1193 <input type="checkbox"/> CREATININE 24 HR UA
27 <input type="checkbox"/> HEPATIC FUNCTION Ab, TBil, DBil, AP, AST, ALT, TP SS	39 <input type="checkbox"/> B12 + FOLATE DEFICIENCY: B12, FOL SS	P170 <input type="checkbox"/> PROTEIN 24 HR UA
38 <input type="checkbox"/> LIPID PROFILE Trig, Chol, HDL, LDLcalc, VLDL calc, Ratios SS	24 <input type="checkbox"/> DIABETIC PROFILE: GLU, HGB A1C GY, LV	S235 <input type="checkbox"/> METANEPHRINES 24 HR UA
	52 <input type="checkbox"/> PITUITARY: FSH, LH SS	2445 <input type="checkbox"/> MICROALBUMIN 24 HR UA
	31 <input type="checkbox"/> ARTHRITIS: CBC, ANA, ASO, CRP, RF, ESR SS, LV	S232 <input type="checkbox"/> VANILLYLMADELIC ACID 24 HR UA
	2254 <input type="checkbox"/> HEPATITIS A, B, C: HAAB, HBSAG, HBCAB, HBSAB HCAB 2SS	

CUSTOM PROFILES Other tests (Please provide test code # from QLS manual)

TESTS REQUIRING SPECIAL FORM

HIV HIV _____ SS

S508 AFP Maternal _____ SS

TESTS	SS	110	<input type="checkbox"/> CPK	SS	S013	<input type="checkbox"/> Herpes IgG/Igm 1&2	SS	196	<input type="checkbox"/> PSA	SS	137	<input type="checkbox"/> URIC ACID	SS
61 <input type="checkbox"/> ABO group & RH	LV	CK-B	<input type="checkbox"/> CKMB	SS	S069	<input type="checkbox"/> Hemoglobin Electro	LV	036	<input type="checkbox"/> PT W/INR	BL	S249	<input type="checkbox"/> UREA PLASMA	M4
1150 <input type="checkbox"/> AFP Tumor marker	SS	112	<input type="checkbox"/> CREATININE	SS	677	<input type="checkbox"/> HOMOCYSTEINE	SS	037	<input type="checkbox"/> PTT	BL	030	<input type="checkbox"/> URINALYSIS	UA
101 <input type="checkbox"/> ALBUMIN	SS	300	<input type="checkbox"/> CRP C Reactive Prot.	SS	HPYG	<input type="checkbox"/> H.PYLORI Ab IgG	SS	787	<input type="checkbox"/> PTH INTACT	SS	962	<input type="checkbox"/> VALPROIC ACID	SS
102 <input type="checkbox"/> ALK.PHOSPHATASE	SS	1536	<input type="checkbox"/> CRP (High Sens)	SS	120	<input type="checkbox"/> IRON	SS	247	<input type="checkbox"/> RETICULOCYTE cnt	LV	985	<input type="checkbox"/> VARICELLA Ab	SS
106 <input type="checkbox"/> ALT (SGPT)	SS	148	<input type="checkbox"/> DIGOXIN	SS	S078	<input type="checkbox"/> LEAD	SS	304	<input type="checkbox"/> RF (Rheumatoid)	SS	162	<input type="checkbox"/> VITAMIN B12	SS
104 <input type="checkbox"/> AMMONIA	GN	151	<input type="checkbox"/> DILANTIN	SS	123	<input type="checkbox"/> LDH	LV	311	<input type="checkbox"/> RUBELLA IgG Ab	SS	MICROBIOLOGY		
105 <input type="checkbox"/> AMYLASE	SS	S074	<input type="checkbox"/> DRUG SCREEN	UA	140	<input type="checkbox"/> LH	SS	305	<input type="checkbox"/> RPR	SS	2025	<input type="checkbox"/> CULT. FLUID	FL
0301 <input type="checkbox"/> ANA	SS	115	<input type="checkbox"/> FERRITIN	SS	S163	<input type="checkbox"/> LIPASE	SS	246	<input type="checkbox"/> SED RATE (ESR)	LV	S414	<input type="checkbox"/> CULT. FUNGUS	FL
302 <input type="checkbox"/> ASLO	SS	163	<input type="checkbox"/> FOLATE	SS	S253	<input type="checkbox"/> LYME Ab Total	SS	133	<input type="checkbox"/> SODIUM	SS	534	<input type="checkbox"/> CULT. GENITAL	SW
107 <input type="checkbox"/> AST (SGOT)	SS	139	<input type="checkbox"/> FSH	SS	125	<input type="checkbox"/> MAGNESIUM	SS	978	<input type="checkbox"/> T3 FREE	SS	601	<input type="checkbox"/> CULT. G.C.	SW
129 <input type="checkbox"/> BILIRUBIN Total	SS	GFR	<input type="checkbox"/> (Est) GFR	SS	0944	<input type="checkbox"/> MEASLES Ab IgG	SS	145	<input type="checkbox"/> T3 UPTAKE	SS	602	<input type="checkbox"/> CULT. STOOL	ST
113 <input type="checkbox"/> BILIRUBIN Direct	SS	116	<input type="checkbox"/> GGT	SS	212	<input type="checkbox"/> Microalbumin Urine	UR	980	<input type="checkbox"/> T3 TOTAL	SS	604	<input type="checkbox"/> CULT. THROAT	SW
136 <input type="checkbox"/> BUN	SS	117G	<input type="checkbox"/> GLUCOSE fasting	GY	7650	<input type="checkbox"/> MUMPS Ab IgG	SS	144	<input type="checkbox"/> T4	SS	605	<input type="checkbox"/> CULT. URINE	UC
684 <input type="checkbox"/> CA 125	SS	119	<input type="checkbox"/> GLYCO Hgb A1c	LV	777	<input type="checkbox"/> OCCULT BLOOD	ST	252	<input type="checkbox"/> T4 (FREE)	SS	S100	<input type="checkbox"/> O & P STOOL	ST
700 <input type="checkbox"/> CA15.3	SS	147	<input type="checkbox"/> HCG Beta sub	SS	S321	<input type="checkbox"/> PHENOBARBITAL	SS	352	<input type="checkbox"/> THYROGLOBULIN AB	SS	5384	<input type="checkbox"/> GC & Chlamydia DNA	SW
103 <input type="checkbox"/> CALCIUM	SS	324	<input type="checkbox"/> Hep A Total Ab	SS	127	<input type="checkbox"/> PHOSPHORUS	SS	353	<input type="checkbox"/> Thyroid Peroxidase Ab	SS	537	<input type="checkbox"/> Cult, Sputum	SS
20 <input type="checkbox"/> CBC, DIFF, PLT	LV	319	<input type="checkbox"/> Hep B surf Ag	SS	134	<input type="checkbox"/> POTASSIUM	SS	S464	<input type="checkbox"/> TEGRETOL (Carbam)	SS	606	<input type="checkbox"/> Cult, Wound	SW
383 <input type="checkbox"/> CEA	SS	320	<input type="checkbox"/> Hep B surf Ab	SS	913	<input type="checkbox"/> PROGESTERONE	SS	187	<input type="checkbox"/> TESTOSTERONE	SS	Site:		
S008 <input type="checkbox"/> Chlamydia SSP, IgG/Igm/lga	SS	321	<input type="checkbox"/> Hep B core Ab	SS	181	<input type="checkbox"/> PROLACTIN	SS	S024	<input type="checkbox"/> TESTOSTERONE FREE	SS			
135 <input type="checkbox"/> CHLORIDE	SS	971	<input type="checkbox"/> Hepatitis C Ab	SS	131	<input type="checkbox"/> PROTEIN Total	SS	121	<input type="checkbox"/> TIBC	SS			
109 <input type="checkbox"/> CHOLESTEROL	SS	108	<input type="checkbox"/> HDL Cholesterol	SS	S141	<input type="checkbox"/> PROTEIN Electro (serum)	SS	132	<input type="checkbox"/> TRIGLYCERIDES	SS			
141 <input type="checkbox"/> CORTISOL	SS	S014	<input type="checkbox"/> HERPES IgG 1&2	SS	S217	<input type="checkbox"/> PROTEIN Electro (urine)	UR	146	<input type="checkbox"/> TSH	SS			

7105 TISSUE PATHOLOGY PAP CYTOLOGY CX VG EC EM (see reverse for Medicare regulation)

SITE DX LMP ____ / ____ / ____

FNA & NON-GYN CYTOLOGY Abnormal Bleeding Pregnant Hormonal Therapy

CYTA Aspiration CYTS Sputum Menopausal ____ yrs. Hysterectomy High Risk for Ca

D916 Urine CYTF Fluid Previous Abnormal PAP Result: _____

Other: _____

- OT OTHER
- SL SLIDE
- SW SWAB
- UC URICLT
- UA U24
- UR URINE
- BX TISSUE
- YE YELLOW
- RE RED
- GN GREEN
- BL BLUE
- GY GRAY
- LV LAV
- SS SEP