



- FASTING
- NON-FASTING
- STAT

LabForms 889-200-5114

PATIENT'S LAST NAME		FIRST	MIDDLE INITIAL	SEX <input type="checkbox"/> M <input type="checkbox"/> F	DATE OF BIRTH	DATE COLLECTED	TIME COLLECTED <input type="checkbox"/> AM <input type="checkbox"/> PM
BILLING ADDRESS			APT. #	CITY	STATE	ZIP CODE	
OPTIONS: <input type="checkbox"/> Client Account <input type="checkbox"/> Patient <input type="checkbox"/> Insurance <input type="checkbox"/> Medi-Cal <input type="checkbox"/> Medicare		BILLING INFORMATION INSURANCE COMPANY ADDRESS CITY/STATE/ZIP MEDI-CAL #      MEDICARE # SUBSCRIBER ID#      GROUP #		PATIENT PHONE # Cc: PHYSICIAN Cc: PHYSICIAN ICD-10 CODE		PATIENT ID # FAX # COLLECTED BY	
RELATION <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other							

PROFILES (Components on Back)				INDIVIDUAL TESTS				MOLECULAR			
CODE	TEST	CPT #	SP	CODE	TEST	CPT #	SP	CODE	TEST	CPT #	SP
2000	<input type="checkbox"/> ACUTE HEPATITIS PANEL*	80074	SS	160	<input type="checkbox"/> HEPATITIS A Ab (TOTAL)	80074	SS	7460	<input type="checkbox"/> Group Strept, Molecular	87653, 87015	ESwab
2004	<input type="checkbox"/> BASIC METABOLIC	80048	SS	161	<input type="checkbox"/> HEPATITIS B Ab, IgM	80074	SS	2000	<input type="checkbox"/> Chlamydia & Gonorrhea	87591, 87491	ESwab, Urine, Pap
2005	<input type="checkbox"/> COMP. METABOLIC	80053	SS	158	<input type="checkbox"/> HEPATITIS C Ab	86720	SS	317	<input type="checkbox"/> Chlamydia <input type="checkbox"/> 319 Gonorrhea	87591 or 87491	ESwab
2008	<input type="checkbox"/> ELECTROLYTES	80051	SS	159	<input type="checkbox"/> HEPATITIS E Ab	87340	SS	1330	<input type="checkbox"/> Trichomonas vaginalis	87661	ESwab
2001	<input type="checkbox"/> KIDNEY PANEL	82565, 82043, 82570	SS/U	162	<input type="checkbox"/> HEPATITIS G Ab	86803	SS	1465	<input type="checkbox"/> Mycoplasma/Ureaplasma Panel	87798 X4	ESwab
2009	<input type="checkbox"/> LIPID PANEL*	80061	SS	1112	<input type="checkbox"/> HIV Combo (Ab & p24) Gen	87389	SS	1483	<input type="checkbox"/> Herpes Simplex Virus Types 1 & 2	87529 X2	ESwab
2010	<input type="checkbox"/> LIVER PANEL (Hepatic Function)*	80076	SS	149	<input type="checkbox"/> H.PYLORI IgG	82017	SS				
2011	<input type="checkbox"/> OBSTETRIC PANEL (1SS, 1L, 3PNK)	80055	SS	163	<input type="checkbox"/> HSV1 IgG	86696	SS				
2012	<input type="checkbox"/> RENAL FUNCTION PANEL	80069	SS	164	<input type="checkbox"/> HSV2 IgG	86696	SS				
				2121	<input type="checkbox"/> IMMUNOGLOBULINS IgG	82784x3	SS				
					<input type="checkbox"/> IRON, TOTAL*	83540	SS				
					<input type="checkbox"/> BINDING CAPACITY UNSAT	83550	SS				
				168	<input type="checkbox"/> LIPASE	82655	L				
				171	<input type="checkbox"/> LH	83002	SS				
				172	<input type="checkbox"/> LIPASE	83690	SS				
				109	<input type="checkbox"/> ANA BY EIA	86038	SS				
				119	<input type="checkbox"/> CALCIUM	82310	SS				
				116	<input type="checkbox"/> CA 125*	86304	SS				
				118	<input type="checkbox"/> CA 19-9*	86301	SS				
				112	<input type="checkbox"/> CA 15-3*	86300	SS				
				2395	<input type="checkbox"/> CBC (HEMOGLOBIN w/o Diff*)	85027	L				
				177	<input type="checkbox"/> CBC w/AN	85025	L				
				122	<input type="checkbox"/> CEA*	85025	L				
				124	<input type="checkbox"/> CHOLESTEROL*	85025	L				
				125	<input type="checkbox"/> CPK	82550	SS				
				130	<input type="checkbox"/> CREATININE	82565	SS				
				133	<input type="checkbox"/> CRP Quant	86140	SS				
				236	<input type="checkbox"/> CRP High Sensitivity	86141	SS				
				135	<input type="checkbox"/> DILANTIN (PHENYTOIN)	80185	SS				
				138	<input type="checkbox"/> ESTRADIOL	82017	SS				
				140	<input type="checkbox"/> FERRITIN*	80074	SS				
				142	<input type="checkbox"/> FOLATE (FOLIC ACID)	82746	SS				
				143	<input type="checkbox"/> FSH	83001	SS				
				144	<input type="checkbox"/> GGT*	82977	SS				
				145	<input type="checkbox"/> GLUCOSE, FASTING*	80074	GY				
				263	<input type="checkbox"/> HCG, (QUAL) SERUM	84703	SS				
				265	<input type="checkbox"/> HCG, (QUAL) URINE	81025	U				
				151	<input type="checkbox"/> HCG, (QUANT) SERUM*	84702	SS				
				148	<input type="checkbox"/> HEMOGLOBIN A1c*	83036	L				
				275	<input type="checkbox"/> HEMOGLOBIN ELECTRO. +	83020	L				
				2332	<input type="checkbox"/> HGB & HCT*	85014, 85018	L				
				168	<input type="checkbox"/> HEPATITIS A Ab (TOTAL)	80074	SS				
				161	<input type="checkbox"/> HEPATITIS B Ab, IgM	80074	SS				
				158	<input type="checkbox"/> HEPATITIS C Ab	86720	SS				
				159	<input type="checkbox"/> HEPATITIS E Ab	87340	SS				
				162	<input type="checkbox"/> HEPATITIS G Ab	86803	SS				
				1112	<input type="checkbox"/> HIV Combo (Ab & p24) Gen	87389	SS				
				149	<input type="checkbox"/> H.PYLORI IgG	82017	SS				
				163	<input type="checkbox"/> HSV1 IgG	86696	SS				
				164	<input type="checkbox"/> HSV2 IgG	86696	SS				
				2121	<input type="checkbox"/> IMMUNOGLOBULINS IgG	82784x3	SS				
					<input type="checkbox"/> IRON, TOTAL*	83540	SS				
					<input type="checkbox"/> BINDING CAPACITY UNSAT	83550	SS				
				168	<input type="checkbox"/> LIPASE	82655	L				
				171	<input type="checkbox"/> LH	83002	SS				
				172	<input type="checkbox"/> LIPASE	83690	SS				
				109	<input type="checkbox"/> ANA BY EIA	86038	SS				
				119	<input type="checkbox"/> CALCIUM	82310	SS				
				116	<input type="checkbox"/> CA 125*	86304	SS				
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				2395	<input type="checkbox"/> CBC (HEMOGLOBIN w/o Diff*)	85027	L				
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				130	<input type="checkbox"/> CREATININE	82565	SS				
				133	<input type="checkbox"/> CRP Quant	86140	SS				
				236	<input type="checkbox"/> CRP High Sensitivity	86141	SS				
				135	<input type="checkbox"/> DILANTIN (PHENYTOIN)	80185	SS				
				138	<input type="checkbox"/> ESTRADIOL	82017	SS				
				140	<input type="checkbox"/> FERRITIN*	80074	SS				
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				143	<input type="checkbox"/> FSH	83001	SS				
				144	<input type="checkbox"/> GGT*	82977	SS				
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				148	<input type="checkbox"/> HEMOGLOBIN A1c*	83036	L				
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				162	<input type="checkbox"/> HEPATITIS G Ab	86803	SS				
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- NON-FASTING
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LabForms 889-200-5114

PATIENT'S LAST NAME		FIRST	MIDDLE INITIAL	SEX <input type="checkbox"/> M <input type="checkbox"/> F	DATE OF BIRTH	DATE COLLECTED	TIME COLLECTED <input type="checkbox"/> AM <input type="checkbox"/> PM	
BILLING ADDRESS			APT. #	CITY	STATE	ZIP CODE		
OPTIONS: <input type="checkbox"/> Client Account <input type="checkbox"/> Patient <input type="checkbox"/> Insurance <input type="checkbox"/> Medi-Cal <input type="checkbox"/> Medicare	BILLING INFORMATION			PATIENT PHONE #		PATIENT ID		
	INSURANCE COMPANY			Cc: PHYSICIAN		FAX #		
	ADDRESS			Cc: PHYSICIAN		FAX #		
	CITY/STATE/ZIP							
	MEDI-CAL #		MEDICARE #					
	SUBSCRIBER ID#		GROUP #					
	RELATION <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other				ICD-10 CODE			

SAMPLE

WestPac Labs can customize your Requisition Form here

SS \_\_\_ R \_\_\_ GY \_\_\_ STOOL \_\_\_ PAP \_\_\_ ESwab \_\_\_

L \_\_\_ U \_\_\_ LB \_\_\_ PNK \_\_\_ SW \_\_\_ OTHER \_\_\_ (LEGEND ON BACK)

ASTERISK(\*) RED FONT EQUALS LIMITED COVERAGE TESTS. A DIAGNOSIS CODE THAT MEETS MEDICAL NECESSITY CRITERIA OR ABN IS REQUIRED.

\* REFLEX TESTING PERFORMED AT AN ADDITIONAL CHARGE \*ASC-H, LSIL, HSIL, AIS, SCC, or Endocervical Adenocarcinoma

For any patient of any payor (including Medicaid and Medicare), only order tests that are MEDICALLY NECESSARY for the DIAGNOSIS or TREATMENT of the PATIENT.

Tests for screening purposes may be ordered, but Medicare patients require an Advanced Beneficiary Notice signed by the patient prior to obtaining the specimen.

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