Consolidated Medical Bioanalysis, Inc.

CMB Laboratory Since 1979
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Director:
Ali Shakour Ali, M.D. Pathologist

PLEASE SEE REVERSE SIDE FOR PATIENT SERVICE CENTER LOCATIONS

REFERRING PHYSICIAN, CLINIC OR HOSPITAL

PHONE REPORT TO: ( )

STAT

☐ FASTING ☐ NON-FASTING

CHART I.D. NUMBER | DATE | TIME COLLECTED

BILL TO ☐ MEDICAL ☐ PHYSICIAN ☐ IPA ☐ OTHER ☐ MEDICARE ☐ PATIENT DIRECT ☐ INSURANCE _____

PATIENT LAST | FIRST | M.I.

INSURANCE / IPA / MEDICAL MANAGED CARE GROUP NAME

SOCIAL SECURITY NO. | SEX M F | AGE | DATE OF BIRTH

SUBSCRIBERS' NAME | RELATIONSHIP ☐ SELF ☐ SPOUSE ☐ PARENT

ADDRESS | PHONE # ( )

INSURANCE / MEDICARE / MEDICAL I.D. # | GROUP / LOCAL #

CITY | STATE | ZIP

INSURED'S SIGNATURE REQUIRED X

ALL INFORMATION MUST BE PROVIDED OR CLIENT WILL BE BILLED

I UNDERSTAND THAT I AM FINANCIALLY RESPONSIBLE FOR ANY CHARGES NOT PAID FULL BY INSURANCE

CHEMISTRY

	ICD9 CODE
05012 ☐ HIV (R)	
01070 ☐ AMYLASE (R)	
01090 ☐ BILIRUBIN, TOTAL (R)	
01130 ☐ BUN (R)	
01180 ☐ CHOLESTEROL (R)	
01200 ☐ CPK (R)	
01210 ☐ CREATININE (R)	
07310 ☐ FERRITIN (S,F)	
07320 ☐ FOLATE / B12 (07350) (S,F)	
07210 ☐ FSH (R)	
01230 ☐ GGTP (R)	
01250 ☐ GLUCOSE (GY)	
02300 ☐ GLYCOHEMOGLOBIN (L)	
09880 ☐ H . PYLORI IgG (R)	
07524 ☐ HBs ANTIGEN (R)	
01330 ☐ HDL CHOLESTEROL (R)	
01350 ☐ IRON, TOTAL (R)	
01355 ☐ IRON, PANEL (R)	
05820 ☐ LEAD (L)	
07220 ☐ L.H. (R)	
01380 ☐ LIPASE (R)	
01400 ☐ MAGNESIUM (R)	
01440 ☐ POTASSIUM (R)	
07280 ☐ PROLACTIN (R)	
01490 ☐ SGOT (AST) (R)	
01500 ☐ SGPT (ALT) (R)	
07030 ☐ TOTAL T3 (R)	
01600 ☐ T3 UPTAKE (R)	
07045 ☐ T4-FREE (R)	
07040 ☐ TOTAL T4 (R)	
07050 ☐ TSH - SENSITIVE (R)	
01530 ☐ TRIGLYCERIDE (R)	
01560 ☐ URIC ACID (R)	

HEMATOLOGY

	ICD9 CODE
00500 ☐ CBCRBCMORPH & PLATELETS (L)	
00050 ☐ ABO AND Rh FACTOR (R L)	
00060 ☐ ANTIBODY SCREEN (R)	
00100 ☐ URINALYSIS W/ MICROSCOPIC	
00150 ☐ U/A - C&S IF INDICATED (U R)	
00540 ☐ PROTHOMBIN TIME (PT) (B)	
00542 ☐ A PTT (B)	
00550 ☐ SED RATE **(ESR)** (L)	

MICROBIOLOGY

	ICD9 CODE
SOURCE _____	
SENSITIVITIES & IDS WILL BE PERFORMED IF INDICATED	
08021 ☐ AFB (INCLUDES SMEAR)	
96010 ☐ BETA STREP GROUP A	
96012 ☐ BETA STREP GROUP B	
08010 ☐ CULTURE, ROUTINE	
08030 ☐ BLOOD CULTURE	
08070 ☐ FUNGUS CULTURE	
08120 ☐ THROAT CULTURE	
08102 ☐ SPUTUM CULTURE (INCLUDES SMEAR)	
08110 ☐ STOOL CULTURE	
08130 ☐ URINE CULTURE	
08140 ☐ VAGINAL CULTURE	
08300 ☐ CHLAMYDIA **DNA PROBE**	
08320 ☐ GONORRHEA **DNA PROBE**	
08330 ☐ CHLAMYDIA AMP **(URINE)**	
08340 ☐ GONORRHEA AMP **(URINE)**	
08280 ☐ CHLAMYDIA AMP **(THIN PAP)**	
08290 ☐ GC AMPLICATION **(THIN PAP)**	
08200 ☐ GRAM STAIN	
08250 ☐ OCCULT BLOOD	
08270 ☐ OVA & PARASITES	
08210 ☐ WET MOUNT	

SEROLOGY

	ICD9 CODE
06015 ☐ ANA TITER (R)	
06030 ☐ ASO (R)	
06050 ☐ CRP (R)	
06051 ☐ ULTRA SENSITIVE CRP (R)	
06143 ☐ TP.PA SYPHILIS CONFIRMATION (R)	
06120 ☐ MONO SCREEN (R)	
06160 ☐ RA TEST (R)	
93160 ☐ RUBELLA (R)	
06200 ☐ RPR (R)	

PREGNANCY TESTS

07245 ☐ URINE (UR)	
07255 ☐ BHCG QUANT (R)	
07250 ☐ HCG QUAL (R)	

TOXICOLOGY

	ICD9 CODE
07820 ☐ DIGOXIN (R)	
07830 ☐ DILANTIN (R)	
07850 ☐ LITHIUM (R)	
07860 ☐ PHENOBARBITAL (R)	
07900 ☐ CARBAMZEPINE (TEGRETOL) (R)	
07890 ☐ THEOPHYLLINE (R)	
07920 ☐ VALPROIC ACID (DEPAKENE) (R)	

PANELS

	ICD9 CODE
09031 ☐ BASIC METABOLIC PANEL (R) (NA, K, Cl, BUN, CREAT, GLU, CA)	
09041 ☐ COMPREHENSIVE METABOLIC PANEL (R) (ALB, ALK P, AST, T-BILI, BUN,CA CL, CREAT, GLU,K, T PROT, NA,ALT)	
09130 ☐ **RENAL PANEL** (ALB, CA, CO2, CL, CREAT, GLU, PHOS, NA, K, BUN) (R)	

PANELS (cont.)

	ICD9 CODE
HEPATITIS	
09715 ☐ HEPATITIS A,B PANEL (R) (HBsAg, HBsAb, HBcAb TOTAL HAVAB)	
07530 ☐ HEP. C. ANTIBODY (R)	
LIPID PANEL	
09100 ☐ (CHOL, TRIG, HDL, LDL, VLDL, RISK FACTOR)	
HEPATIC PANEL (R)	
09110 ☐ (T. PROTEIN, ALBUMIN SGPT, SGOT, T. BILIRUBIN, D. BILIRUBIN, ALK., PHOS, A/G RATIO)	
PRENATAL PANEL (RL)	
09310 ☐ (CBC, PLATELETS, RPR RUBELLA, ABO & RH, ANTIBODY SCREEN, HBSAG)	

TUMOR MARKERS

	ICD9 CODE
07400 ☐ AFP (NON-PREGNANT) (R)	
07440 ☐ CA 19-9 (R)	
07420 ☐ CA 125 (R)	
07410 ☐ CEA (R)	
07470 ☐ PSA (R)	

PAP SMEAR

SOURCE: C / V / E

LMP: _____

CLINICAL HISTORY: _____

☐ Pregnant ☐ BCP
☐ Post Partum ☐ Hormonal
☐ Hysterectomy ☐ IUD
☐ Postmenopausal
☐ Other _____
☐ **Liquid Base PAP with HPV-DNA High Risk is ASCUS**

SPECIAL TESTS

NOTICE TO PHYSICIANS

When ordering tests for which Medicare reimbursement will be sought, physicians (or other individual authorized by law to order tests) should only order tests that are medically necessary for the diagnosis or treatment of a patient, rather than for screening purposes. COMPONENTS AND BILLING CODES FOR TEST PROFILES ARE LISTED ON THE REVERSE. COMPONENTS MAY BE BILLED SEPARATELY IN ACCORDANCE WITH CARRIER POLICIES. ALL LABORATORY PROCEDURES WILL BE BILLED TO THIRD PARTY CARRIERS (INCLUDING MEDICARE AND MEDI-CAL) AT PRICES BILLED TO PATIENTS.

SPECIMEN CODES

B = BLUE	GY = GRAY	S = SERUM
BI = BIOPSY	L = LAVENDER	SL = SLIDE
F = FROZEN	P = PLASMA	ST = STOOL
GN = GREEN	R = RED	UR = URINE

OTHER TEST

PAP SMEAR / BIOPSY USE PAP/BIOPSY REQUEST FORM

LAB COPY

PLEASE SEE REVERSE SIDE FOR PATIENT DRAWING SERVICE LOCATIONS AND DIAG. CODE

REV. 5-06