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**Practice Information:**

**Requesting Provider:**

**PANEL TEST REQUISITION**

Patient's Last Name:		First:		MI:	SSN#:
Sex: M F	DOB:	Date / Time Collected:	MRN:	Relationship to Insured/Responsible Party: ____Self ____Spouse ____Dependent	
Address of Patient:				Patient Phone:	
City, State, and Zip Code:			Name of Insured/Responsible Party if not patient:		
Bill To:		Insurance Company Name (Please attached a copy of card front & back):			
<input type="checkbox"/> Medicare <input type="checkbox"/> Medi-cal / Medicaid <input type="checkbox"/> Patient <input type="checkbox"/> Insurance (PPO) <input type="checkbox"/> Other: _____		Insurance ID#:		Group#:	
		Medi-Cal # / Medicaid #:		Medicare #:	

**DIAGNOSIS CODES (ICD CODES)**

PROFILES		INDIVIDUAL TESTS		INDIVIDUAL TESTS	
<input type="checkbox"/> Electrolyte Panel	80051 S	<input type="checkbox"/> Cholesterol, Total	82465 S	<input type="checkbox"/> PSA Free	84154 S
<input type="checkbox"/> Basic Metabolic Panel	80048 S	<input type="checkbox"/> CK, Total	82550 S	<input type="checkbox"/> Sed Rate, Westergren	85651 L
<input type="checkbox"/> Comp Metabolic Panel	80053 S	<input type="checkbox"/> Estradiol	82670 S	<input type="checkbox"/> SHBG	84270 S
<input type="checkbox"/> Hepatic (Liver) Panel	80076 S	<input type="checkbox"/> Glucose	82947 G	<input type="checkbox"/> Testosterone Total	84403 S
<input type="checkbox"/> Hepatitis Panel w/Reflex	80074 S	<input type="checkbox"/> Gonorrhea (Hologic)	87591 UA	<input type="checkbox"/> Testosterone Free	84402 S
<input type="checkbox"/> Lipid Profile	80061 S	<input type="checkbox"/> Haptoglobin	83010 S	<input type="checkbox"/> Theophylline	80198 S
<input type="checkbox"/> Lipid Profile w/Reflex D-LDL	80061 S	<input type="checkbox"/> HCG, Quant.	84702 S	<input type="checkbox"/> T3 Free	84481 S
<input type="checkbox"/> Obstetric Profile w/Reflex	80055 S,L	<input type="checkbox"/> HCG, Qual. Serum	84703 S	<input type="checkbox"/> T3 Total	84480 S
<input type="checkbox"/> Renal Function Profile	80069 S	<input type="checkbox"/> HCG, Qual. Urine	84703 S	<input type="checkbox"/> T3 Uptake	84479 S
<b>HEMATOLOGY</b>		<input type="checkbox"/> Hemoglobin A1c	83036 L	<input type="checkbox"/> T4, Free	84439 S
<input type="checkbox"/> CBC wDiff	85025 L	<input type="checkbox"/> Hepatitis A Ab IgG	86708 S	<input type="checkbox"/> T4, Total	84436 S
<input type="checkbox"/> CBC w/o Diff w Plt	85027 L	<input type="checkbox"/> Hepatitis A Ab IgM	86709 S	<input type="checkbox"/> TPO-Anti	86376 S
<input type="checkbox"/> Hematocrit	85014 L	<input type="checkbox"/> Hepatitis B Core Ab IgM	86704 S	<input type="checkbox"/> Toxoplasma IgG	86777 S
<input type="checkbox"/> Hemoglobin	85018 L	<input type="checkbox"/> Hepatitis B Core Ab IgG	86705 S	<input type="checkbox"/> TSH 3rd Generation	84443 S
<input type="checkbox"/> PT with INR	85049 B	<input type="checkbox"/> Hepatitis B Surface Ab IgG	86706 S	<input type="checkbox"/> Trichomonas Vaginalis	87661 TP
<input type="checkbox"/> PTT, Activated	85041 B	<input type="checkbox"/> Hepatitis B Surface Ab IgM	87340 S	<input type="checkbox"/> Triglycerides	84478 S
<b>INDIVIDUAL TESTS</b>		<input type="checkbox"/> Hepatitis C Antibody	86803 S	<input type="checkbox"/> Troponin-1	84484 S
<input type="checkbox"/> ABO and RH	86901 S,L	<input type="checkbox"/> HBsAg (Qual Conf)	87341 S	<input type="checkbox"/> Uric Acid	84550 S
<input type="checkbox"/> AFP Tumor Marker	82105 S	<input type="checkbox"/> HDL Cholesterol	83718 S	<input type="checkbox"/> UA, Dipstick	81000 UA
<input type="checkbox"/> Albumin	82040 S	<input type="checkbox"/> HIV-1/O2,	87389 S	<input type="checkbox"/> UA, Dipstick w/ Microscopic	81015 UA
<input type="checkbox"/> Alkaline Phosphatase	84075 S	<input type="checkbox"/> Homocysteine	83090 S	<input type="checkbox"/> Uric Acid	84550 S
<input type="checkbox"/> ALT (SGPT)	84460 S	<input type="checkbox"/> HPV (Hologic) Thin Prep	87624 TP	<input type="checkbox"/> Vitamin B12	82607 S
<input type="checkbox"/> Antibody Screen	86850 S	<input type="checkbox"/> H Pylori, IgG Screening	86677 S	<input type="checkbox"/> Vitamin D, 25 Hydroxy	82306 S
<input type="checkbox"/> Amylase	82150 S	<input type="checkbox"/> IgA	82784 S	<b>MICROBIOLOGY</b>	
<input type="checkbox"/> Antinuclear Antibodies	86038 S	<input type="checkbox"/> IgG	82784 S	<input type="checkbox"/> Cult. Sp Aerobic, Routine	87081 Swab
<input type="checkbox"/> AST (SGOT)	84450 S	<input type="checkbox"/> IgM	82784 S	<input type="checkbox"/> Cult. Screen Only Beta Strep	87070 Swab
<input type="checkbox"/> Bilirubin, Direct	82248 S	<input type="checkbox"/> Insulin	83525 S	<input type="checkbox"/> Cult. Colony Count, Urine	87086 STC
<input type="checkbox"/> Bilirubin, Total	82247 S	<input type="checkbox"/> Iron Serum	83540 S	<input type="checkbox"/> Cult, Urine, Organism ID	87088 STC
<input type="checkbox"/> Calcium	82310 S	<input type="checkbox"/> Lactate Dehydrogenase (LDH)	83615 S	<input type="checkbox"/> Culture Vaginal	87070 Swab
<input type="checkbox"/> C-Reactive Protein HS	86141 S	<input type="checkbox"/> Lactate Dehydrogenase (LD)	83625 S	<input type="checkbox"/> Culture Stool	87045 STC
<input type="checkbox"/> DHEA-Sulfate	82627 S	<input type="checkbox"/> LDL Cholesterol	83721 S	<input type="checkbox"/> Sensitivity ID(pos Cult Reflex)	87184 STC
<input type="checkbox"/> CA 125	86304 S	<input type="checkbox"/> LH	83002 S	<b>THERAPEUTIC DRUG MONITORING</b>	
<input type="checkbox"/> CA 15-3	86300 S	<input type="checkbox"/> Lithium	80178 S	<b>CALL LAB</b>	
<input type="checkbox"/> CA 19-9 (Xr)	86301 S	<input type="checkbox"/> Magnesium	83735 S	<b>DRUG OF ABUSE</b>	
<input type="checkbox"/> Calcium	82310 S	<input type="checkbox"/> Microalbumin	82043 S	<b>CALL LAB</b>	
<input type="checkbox"/> CEA	82378 S	<input type="checkbox"/> Occult Blood Feces	82270 STC		
<input type="checkbox"/> Chlamydia (Hologic)	87491 UA	<input type="checkbox"/> PSA Total	84153 S		

Provider Signature: \_\_\_\_\_  
 Patient Signature: \_\_\_\_\_  
 Collector Signature: \_\_\_\_\_

Date: \_\_\_\_\_  
 Date: \_\_\_\_\_  
 Date: \_\_\_\_\_