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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
HEMATOLOGY			<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
INDIVIDUAL TESTS			<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-1/02,	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	MICROBIOLOGY		
<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	THERAPEUTIC DRUG MONITORING		
<input type="checkbox"/>	CA 15-3	86300 S	<input type="checkbox"/>	Lithium	80178 S	CALL LAB		
<input type="checkbox"/>	CA 19-9 (Xr)	86301 S	<input type="checkbox"/>	Magnesium	83735 S	DRUG OF ABUSE		
<input type="checkbox"/>	Calcium	82310 S	<input type="checkbox"/>	Microalbumin	82043 S	CALL LAB		
<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: _____