



Vital Veins Lab Services

1755 Park St. St. 200, Naperville, IL - 60563

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LABORATORY REQUEST FORM

COLLECTION DATE		TIME	Req#:	FACILITY INFORMATION	
PATIENT: Phone		Email			
NAME: LAST		FIRST			
ADDRESS		CITY	ZIP		
SEX	AGE	DATE OF BIRTH mm/dd/yyyy		PHONE:	
SOCIAL SECURITY NUMBER		INSURANCE INFORMATION		FAX:	
DIAGNOSIS / ICD9 CODES		ID:		<input type="checkbox"/> FASTING <input type="checkbox"/> NON-FASTING <input type="checkbox"/> PHONE/FAX RESULTS	
1. _____ 2. _____		<input type="checkbox"/> MC <input type="checkbox"/> BCBS <input type="checkbox"/> Facility <input type="checkbox"/> Medicaid <input type="checkbox"/> Insurance <input type="checkbox"/> Other		DOCTORS INFORMATION	
3. _____ 4. _____		GROUP #:		NAME	
				NPI	
				DOCTOR/NURSE SIGNATURE	
				Electronically Signed	

PANELS

General Health Profile (L,R,U) <small>CMP,TIBC,Lipid,T3, T4,TSH,Cortisol,CBC,H-CRP,IRON,CRP,ASO,ESR,S Cell,Urinalysis</small>	LIPID PANEL (R)
Coagulation Panel (L,R,U) <small>Need to ask</small>	Arthritis Panel (L,R,U) <small>CMP,Lipid,T3,T4,TSH,TIBC,CBC,EST,ASO,ANA,HCRP,RA,IRON,Urinalysis</small>
Anemia Profile (L,R,U) <small>CMP,Lipid,T3,T4,TSH,TIBC,Ferritin,CBC,ESR,IRON,S Cell, Retic Ct,Urinalysis</small>	Hypertension Cardiac Profile (L,R,U) <small>CMP,Lipid,T3,T4,TSH,Cortisol,CBC,HCRP,MG,Iron,ESR,Urinalysis,BMP</small>
Diabetes Panel (L,R,U) <small>CMP,Lipid,T3,T4,TSH,Glycohemoglobin,Cortisol,CBC,Iron,Urinalysis</small>	Prenatal Panel (L,R,U) <small>CMP,Retic CT,Lipid,T3,T4,TSH,TIBC,Ferritin,Antibody Screen,CBC,ABORh,S Cell,RPR,HBSAG,Rubella,Iron,Urinalysis</small>
Thyroid Profile (L,R,U) <small>CMP,Lipid,T3,T4,TSH,Cortisol,CBC,Iron,Urinalysis</small>	Nutritional Panel (L,R,U) <small>Need to ask</small>
Liver Function Panel (L,R,U) <small>CMP,Lipid,T4,TSH,Amylase,CBC,ESR,Iron,Urinalysis</small>	Iron Binding Capacity (R)
Renal function Panel (R)	Other

INDIVIDUAL TESTS

OTHER TESTS

Microbiology

ALBUMIN (1R)	FOLIC ACID (1R)	Basic Met Panel (R)	Blood Culture
ALKALINE PHOSPHATASE (1R)	FSH (1R)	Comp Met Panel (R)	Occult Blood
AMMONIA (1L)	Glucose Fasting (1R)	Drug Screen (U)	Sputum Culture
AMYLASE (1R)	Glucose 2 Hr PP (1R)	Tegretol (R)	Ova & Parasite
ANA (1R)	Hemoglobin A1C (1R)	Troponin (R)	Stool Culture
BILIRUBIN, DIRECT (1R)	H. PYLORI (1R)	Respiratory Panel (R,L,U)	Throat Culture
BILIRUBIN, TOTAL (1R)	LDL, DIRECT (1R)	Covid-19 (SW)	Wound Culture
BUN (1R)	LIPASE (1R)	Theophylline (R)	UA / UC
BNP (1R)	MAGNESIUM (1R)	BNP (L)	UA/UC by PCR
CALCIUM (1R)	Microalbumin (1U)	PTH Intact w/ Calcium (L)	OTHER
CBC W/DIFF (1L)	Phosphorus (1R)	RA Rheumatoid Factor (R)	
CBC W/o Diff (1L)	Potassium (1R)	Vancomycin Peak (R)	
CEA (1R)	Pre Albumin (1R)		

ADDITIONAL TEST: _____

SPECIMEN MEDIA COLLECTED

- Red Blue Stool Sputum
 Lavender Urine Cup Culture Other _____

MEDICARE ADVANCE BENEFICIARY NOTICE (ABN)

I authorize the release of medical information necessary to process this claim and request payment of benefits to the party who accepts assignment. I permit the copy of this authorization to be used in place of the original. I understand that Medicare is likely to deny certain procedures. I agree to be personally responsible for payment of laboratory services if Medicare does not provide

Patient's Signature : _____

CHOLESTEROL (1R)	PT/INR (1R)
Chem Scan (1R)	PTT (1R)
CORTISOL (1R)	PTH (1R)
CPK (1R)	PSA (1R)
CREATININE (1R)	Prolactin (1R)
High Sensitive CRP (1R)	RA (Rheumatoid) (1R)
Valproic Acid (1R)	URIC ACID (1R)
Digoxin (1R)	TIBC (Transferrin) (1R)
Dilantin (1R)	TSH (1R)
Electrolytes (1R)	Vitamin B12 (1R)
SED RATE (ESR) (1R)	Vitamin D25 (1R)
Estradiol (1R)	Vancomycin Peak (1R)
FERRITIN (1R)	Vancomycin Trough(1R)