BLOOD REQUISITION

KAI MEDICAL LABORATORY

Patient Last Name* | First Name* | DOB* / / | Sex* M F | Race* Caucasian❒ African American❒ Hispanic❒ Asian❒

Physician* | NPI* | Clinic Name* | Clinic Fax | Clinic Phone*

BILLING SERVICES

❒ Client Bill ❒ Third Party ❒ Medicare

Primary Insurance:_____

Secondary Insurance:_____

ATTACH PHOTOCOPY OF INSURANCE CARD, PATIENT DEMOGRAPHICS & MEDICAL RECORDS

SPECIMEN COLLECTION INFORMATION

Collector's Initials:_____

Date: / /

Time: AM/PM

❒ Fasting ❒ Non-Fasting

WELLNESS PANELS

❒ MALE WELLNESS PANEL 2-SST 1-LAV 1-RED

❒ FEMALE WELLNESS PANEL 2-SST 1-LAV 1-RED

❒ HEART WELLNESS PANEL 1-SST 1-LAV 1-RED

SEE BACK PAGE FOR LIST OF TESTS

PANELS

❒GENERAL HEALTH

❍ CBC W/ DIFF
❍ A/G RATIO
❍ ALT
❍ ALB
❍ ALP
❍ AST
❍ CO2
❍ BUN
❍ Ca
❍ Cl
❍ eGFR
❍ GLOB
❍ GLU
❍ K
❍ Na
❍ T-BILI
❍ T-PROTEIN
❍ CREAT
❍ HbA1C
❍ CK
❍ FOLATE
❍ URIC ACID
❍ VIT-B12
❍ IRON
❍ TIBC-%SAT
❍ FER
❍ TRSF
❍ TSH

1-SST 1-LAV

❒CARDIO HEALTH

❍ CHOL
❍ CRP
❍ HDL
❍ LDL
❍ LP-A
❍ TRIG
❍ Apo-A
❍ Apo-B
❍ FER
❍ IRON
❍ TIBC-%SAT
❍ TRSF
❍ TSH

1-SST

❒CHRONIC FATIGUE

❍ CBC W/ DIFF
❍ CMP
❍ TSH
❍ VIT-A
❍ VIT-D2 25-OH
❍ VIT-D3 25-OH
❍ Mg
❍ VIT-B12
❍ IRON
❍ TIBC-%SAT

1-SST 1-LAV 1-RED

❒VITAMIN PANEL

❍ VIT-D2 25-OH
❍ VIT-D3 25-OH
❍ VIT-E
❍ VIT-A
❍ VIT-B2
❍ VIT-B3
❍ VIT-B5
❍ VIT-B12

1-SST 1-RED

❒ANEMIA PANEL

❍ VIT-B12
❍ VIT-D2 25-OH
❍ VIT-D3 25-OH
❍ FER
❍ TRSF
❍ FOLATE
❍ IRON

1 SST 1-RED

COMMON ICD-10 CODES (PROVIDE AT LEAST 3 OR MORE)

METABOLIC

☐ Metabolic Syndrome E88.81
☐ Metabolism Endocrine, NOS E34.9
☐ Obesity, Unspecified E66.9
☐ Overweight E66.3
☐ Nutritional Deficiency Z86.39
☐ Kids BMI > 85% Z68.53
☐ Bariatric Surgery Status Z98.8

Liver/Renal

☐ Chr. nonEtOHLiver Disease NOS K76.0
☐ Recurrent Cystitis N30.90
☐ Impaired Renal Function N27.9
☐ Chronic Kidney Disease, NOS N18.9
☐ Kidney Stone N20.0
☐ Urinary Frequency R35.0
☐ Abn Kidney Function, NOS R94.4 4

Digestive Health

☐ Gerd/Reflux K21.9
☐ Gastritis K29.70
☐ Biliary Colic K80.20
☐ Diarrhea R19.7
☐ Abdominal Tendemess R10.819
☐ Abdominal Pain, NOS R10.9
☐ Nausea with Vomiting R11.2
☐ Persistent Vomiting R11.10

Respiratory

☐ Shortness of Breath R06.02
☐ Dyspnea Unspecified R06.00
☐ Cough R05

Gynecology

☐ Amenorrhea N91.2
☐ Vulvovaginitis N92.5
☐ Irregular Menses N92.6
☐ Infertility Female N97.9
☐ Dysmenorrhea N94.6
☐ Vaginal Bleeding N89.8
☐ Pregnancy Z34.00

Elderly

☐ Osteoporosis NOS M81.0
☐ Alzheimer's G30.9
☐ Mild Cognitive Impairment G31.84
☐ Memory Loss R41.2
☐ Abnormal Gait R26.0
☐ Lack of Coordination R27.0
☐ Altered Mental Status R41.82
☐ Dementia F03.90

Dermatology

☐ Hirsutism L68.0
☐ Pruritus, NOS L29.9
☐ Alopecia L65.9
☐ Other Psoriasis L40.8

HORMONE ENDOCRINE

☐ Depression Unspecified F32.9
☐ Major Depressive Disorder, Recurrent F33.9
☐ Unspecified Psychosis F29
☐ Non-Psychotic Disorder, NOS F48.9
☐ Psychosexual Dysfunction R37
☐ Low Libido F52.8
☐ Inhibited Sexual Desire F52.0
☐ Testicular Dysfunction E29.1
☐ Impotence N52.9
☐ Andropause E23.6
☐ Menopause N95.1
☐ Post Menopausal NOS N95.9
☐ Hormone Disorder Unspecified E03.9
☐ Disorders of Thyroid E07.0
☐ Hypothyroidism Unspecified E20.9
☐ Hyperparathyroidism E21.3
☐ Hypoparathyroidism E20.9
☐ Screening for Prostate Cancer Z12.5
☐ Elevated PSA R97.2
☐ Prostate Cancer C61
☐ BPH N40.0
☐ Alopecia L65.9
☐ Androgen Insensitivity, NOS E34.50
☐ Thyroid Disorder NOS E07.89

GLUCOSE / DIABETES

☐ Insulin Resistance E88.81
☐ Diabetes II, Controlled E11.9
☐ Diabetes II, Uncontrolled E11.65
☐ Screening Diabetes Mellitus Z13.1
☐ Prediabetes Abn Glucose R73.09
☐ Impaired Fasting Glucose R73.01

HEMATOLOGY

☐ Abnormal Blood Chemistry R78.78
☐ Anemia, Unspecified D64.9
☐ Vitamin B Deficiencies E53.8
☐ Vitamin D Deficiency E55.9
☐ Iron Deficiency D50.9
☐ Folate Deficiency D52.9
☐ Other Abnormal Blood Tests R78.9
☐ Routine Annual Check-Up Z00.00

INFLAMMATORY / PAIN

☐ Dizziness R42
☐ Chest Pain NOS R07.9
☐ Hypertension, NOS I10
☐ Angina 120.8
☐ Cardiovascular Disease I25.10
☐ Congestive Heart Failure I50.9
☐ Atrial Fibrillation I48.91
☐ Vascular Disease I70.8
☐ Postural Hypotension I95.1
☐ Hypercholesterolemia E78.0
☐ Hypertrigylceridemia E78.1
☐ Hyperlipidemia NOS E78.5
☐ Screening for Lipid Disorder Z13.220
☐ Palpitations R00.2
☐ Syncope R55

INFLAMMATORY / PAIN

☐ Neuropathy Unspecified G60.9
☐ Long-Term Use of Medication Z79.891
☐ Myalgia M79.1
☐ Fatigue Malaise, Weakness R53.1
☐ Acute Gout M10.00
☐ Gout Unspecified M10.9
☐ Alcoholism F10.20
☐ Tobacco Use F17.200
☐ Personal Hx of Tobacco Use Z87.891
☐ Fever R50.9
☐ Chills R68.83
☐ Chronic Fatigue Syndrome R53.82
☐ Insomnia G47.9
☐ Chronic Pain Syndrome G89.4
☐ Other long term (current) drug therapy w/specified anxiety Z79.899/F418
☐ Cervicalgia M54.2
☐ Patient's intentional under-dosing of medication regimen Z91.12
☐ Anxiety Disorder Unspecified F41.9
☐ Other disorders of branched-chain amino- acid metabolism E71.19

ADDITIONAL DIAGNOSTIC CODES

SAMPLE REJECTION POLICY

-Specimens received after 48 hours from time of collection
-Sample types were incorrect or samples received in damaged condition (i.e. tube open, cracked, or sample not at correct temperature)
-Sample tube not properly labeled with full name and date of birth
-Requisition form is not completely filled out; first name, last name, date of birth, gender and race are required
-Physician and Patient signature are required

Financial Responsibility: The Lab will make reasonable efforts to collect from my insurance carrier and I agree to take financial responsibility should my carrier deny payments for the tests ordered. I authorize the Lab to release any medical or related information to any responsible third party insurer or payer providing medical benefits on my behalf.

Patient Signature:* **Date:***

I acknowledge that documentation to support medical necessity for all tests are recorded in the patient's chart.* If not signed, Authorized Health Care Provider affirms **that test orders are placed in patient file with provider signature and will be available upon request**. *OIG requires documentation in patient medical chart including date of service, tests ordered and documentation to support medical necessity.

Physician Signature:* **Date:***

BLOOD WELLNESS PROFILES

ABV	Test Name	Heart Wellness Panel	Female Wellness Panel	Male Wellness Panel
17OH PROG	17-OH-Progesterone		X	X
A/G	A/G Ratio	X	X	X
AG	Anion Gap (NA, K, Chloride, Bicarbonate		X	X
ALB	Albumin	X	X	X
ALD	Aldosterone		X	X
ALP	Alkaline Phosphatase	X	X	X
ALT	Alanine Aminotransferase	X	X	X
AMY	Amylase		X	X
AND	Androstenedione		X	X
Apo-A	Apolipoprotein-A1	X	X	X
Apo-B	Apolipoprotein-B	X	X	X
AST	Aspartate Aminotransferase	X	X	X
A-TG2	Thyroglobulin Antibodies		X	X
A-TPO	Thyroid Peroxidase Antibodies		X	X
BUN	Blood Urea Nitrogen	X	X	X
BUN/CREAT	BUN/Creatinine Ratio (Calculated)	X	X	X
Ca	Calcium	X	X	X
CBC w/DIFF	Complete Blood Count	X	X	X
CHOL	Cholesterol	X	X	X
Cl	Chloride	X	X	X
CO2	Carbon Dioxide (Bicarbonate)	X	X	X
CORT	Cortisol		X	X
CREAT	Creatinine	X	X	X
CRP	C-Reactive Protein	X	X	X
D-BILI	Direct Bilirubin		X	X
DHEA-S	DHEA Sulfate		X	X
eGFR	Estimated Glomerular Filtration Rate	X	X	X
ESTRADIOL	Estradiol		X	
FER	Ferritin		X	X
FOL	Folate		X	X
FSH	Follicle Stimulating Hormone		X	X
FT3	Free T3		X	X
FT4	Free T4		X	X
GLOB	Globulin (Calculated)	X	X	X
GLU	Glucose	X	X	X
HbA1C	Hemoglobin A1C	X	X	X
HCY	Homocysteine	X	X	X
HDL	High Density Lipoprotein Cholesterol	X	X	X
HGH	Human Growth Hormone		X	X
IgG	Immunoglobulin G		X	X
IgM	Immunoglobulin M		X	X
INS	Insulin	X	X	X
K	Potassium	X	X	X
LDL	Low Density Lipoprotein CAL: CHOL, TRIG,HDL	X	X	X
LH	Luteinizing Hormone		X	X
LP-A	Lipoprotein A	X	X	X
Mg	Magnesium		X	X
Na	Sodium	X	X	X
PO4	Phosphorous		X	X
PRL	Prolactin		X	X
PROG	Progesterone		X	X
PSA	Prostate Specific Antigen			X
SHBG	Sex Hormone Binding Globulin		X	X
T3	Total T3		X	X
T4	Total T4		X	X
T-BILI	Total Bilirubin	X	X	X
TEST BIO	Testosterone, Bioavailable		X	X
TEST FREE	Testosterone, Free		X	X
TEST TOT	Testosterone, Total		X	X
TP	Total Protein	X	X	X
TRIG	Triglycerides	X	X	X
TRSF	Transferrin		X	X
TSH	Thyroid Stimulating Hormone	X	X	X
UA	Uric Acid	X	X	X
US-ESTRADIOL	Ultra Sensitive Estradiol			X
VIT-B12	Vitamin B-12		X	X
VIT-D2 25 OH	25-OH-Vitamin D2	X	X	X
VIT-D3 25 OH	25-OH-Vitamin D3	X	X	X