



CMC Laboratory Services
 100 McGregor Street
 Manchester, NH 03102
 (603) 663-8031
 (603) 625-4511

| | | | | | |
|---|--|---------------|-----------------|----------------------------|--------------|
| Patients (Last, First, MI) | | Date of Birth | Sex | PRIMARY INSURANCE | |
| Patient Address | | | Insurance Name | State | |
| City | | State | Zip Code | Subscriber Name | Relationship |
| Patient Telephone | | | | Policy # | Group # |
| Ordering Provider: (First, last name) | | | | SECONDARY INSURANCE | |
| Copies to: Must provide complete name and address | | | Insurance Name | State | |
| Name | | | Subscriber Name | Relationship | |
| Address | | City | State | Zip Code | |
| PHONE: | | FAX: | | Policy # | Group# |
| | | | Comment: | | |

| | | | |
|-----------------|-----------------|--------------|--|
| Collection Date | Collection Time | Collected by | End date of the collection for 24 hour urine |
|-----------------|-----------------|--------------|--|

| | | | |
|---|-------------|--------------------------------------|---|
| Profile components may be ordered separately. | STAT | ICD.10 Codes (Required field) | Highlighted tests are Limited Coverage Tests |
|---|-------------|--------------------------------------|---|

| Organ / Disease Panels | General Tests | General Tests | General Tests |
|--|---|---|--|
| <input type="checkbox"/> Basic Metabolic with Total Calcium | <input type="checkbox"/> Albumin ALB | <input type="checkbox"/> Hep C Virus Ab HCV | <input type="checkbox"/> 24 hour urine for Creat. CL |
| <input type="checkbox"/> Comp Metabolic | <input type="checkbox"/> Alkaline phosphatase ALP | <input type="checkbox"/> Hep C Virus Ab HCV | HT _____ WT _____ |
| <input type="checkbox"/> Electrolyte Panel | <input type="checkbox"/> Alanine Aminotransferase ALT | <input type="checkbox"/> HDL HDL | OTHER TESTS |
| <input type="checkbox"/> Hepatic (LFT) Panel | <input type="checkbox"/> Amylase ZG706 | <input type="checkbox"/> HIV Ab Type 1,2 24H AG CHIV | <input type="checkbox"/> |
| <input type="checkbox"/> Acute Hepatitis Panel | <input type="checkbox"/> ANA reflex titer/pattern ANAIF | <input type="checkbox"/> Homocysteine HCY | <input type="checkbox"/> |
| <input type="checkbox"/> Lipid Panel | <input type="checkbox"/> Aspartate Aminotransferase AST | <input type="checkbox"/> H Pylori Ab, IGG HPG | <input type="checkbox"/> |
| <input type="checkbox"/> Renal Panel | <input type="checkbox"/> Vitamin B12 B12 | <input type="checkbox"/> Insulin INSLN | <input type="checkbox"/> |
| Hematology | <input type="checkbox"/> Bilirubin Direct BILID | <input type="checkbox"/> Iron IRON | <input type="checkbox"/> |
| <input type="checkbox"/> CBC No differential | <input type="checkbox"/> Bilirubin Total BILIT | <input type="checkbox"/> LDH LDH | <input type="checkbox"/> |
| <input type="checkbox"/> CBC w/ Diff (Reflex) | <input type="checkbox"/> B-Natriuretic peptide PBNP | <input type="checkbox"/> LDL Direct LDL | <input type="checkbox"/> |
| <input type="checkbox"/> Hematocrit | <input type="checkbox"/> BUN Urea Nitrogen BUN | <input type="checkbox"/> Luteinizing Hormone LH | <input type="checkbox"/> |
| <input type="checkbox"/> Hemoglobin | <input type="checkbox"/> Calcium (total) CA | <input type="checkbox"/> Lipase LIPAS | |
| <input type="checkbox"/> PT Prothombin | <input type="checkbox"/> CEA CEA | <input type="checkbox"/> Lithium LITH | |
| <input type="checkbox"/> Activated Partial Thromb Time | <input type="checkbox"/> CA125 CA125 | <input type="checkbox"/> LYME LYMES | |
| <input type="checkbox"/> Sed Rate (ESR) | <input type="checkbox"/> Chloride CL | <input type="checkbox"/> Magnesium MG | |
| <input type="checkbox"/> D Dimer | <input type="checkbox"/> Cholesterol, Total CHOL | <input type="checkbox"/> Phosphorous PHOS | |
| <input type="checkbox"/> Fibrinogen | <input type="checkbox"/> CK CK | <input type="checkbox"/> Potassium K | |
| <input type="checkbox"/> Platelet Count | <input type="checkbox"/> Cortisol AM CORTA | <input type="checkbox"/> Progesterone PRGE | |
| <input type="checkbox"/> Reticulocyte Count | <input type="checkbox"/> Cortisol PM CORTP | <input type="checkbox"/> Prolactin PRLT | |
| <input type="checkbox"/> Blood Parasite Screen | <input type="checkbox"/> Creatinine CREAT | <input type="checkbox"/> PSA (Screen) SPSAC | |
| Urines | <input type="checkbox"/> CRP (HS) CRPHS | <input type="checkbox"/> PSA (Diagnostic) PSAC | |
| <input type="checkbox"/> UA DIP reflex microscopic (sediment) & Culture if indicated | <input type="checkbox"/> CRP (INFLAMM) CRP | <input type="checkbox"/> Sodium NA | |
| <input type="checkbox"/> UA(DIP)reflex microscopic | <input type="checkbox"/> Digoxin DIG | <input type="checkbox"/> Syphilis SYP | |
| <input type="checkbox"/> Urinalysis Macroscopic | <input type="checkbox"/> Estradiol ESTRA | <input type="checkbox"/> Rheumatoid Factor RFQ | |
| <input type="checkbox"/> Urinealysis Microscopic | <input type="checkbox"/> Ferritin FER | <input type="checkbox"/> RF Quant w/reflex Anti- CCFACCP | |
| <input type="checkbox"/> Microalbumin | <input type="checkbox"/> Folate FOL | <input type="checkbox"/> T3 Uptake ZG457 | |
| <input type="checkbox"/> HCG urine qualitative | <input type="checkbox"/> FSH FSH | <input type="checkbox"/> T4 Free FT4 | |
| Microbiology | <input type="checkbox"/> GGT GGT | <input type="checkbox"/> T4 Total T4 | |
| <input type="checkbox"/> Urine Culture CXURN | <input type="checkbox"/> Glucose FASTING GLU | <input type="checkbox"/> TSH 3rd TSHV | |
| <input type="checkbox"/> Throat Culture CXTHR | <input type="checkbox"/> Glucose NON FAST GLU | <input type="checkbox"/> Thyroglobulin AB THYAB | |
| <input type="checkbox"/> Genital Culture CXGEN | <input type="checkbox"/> Glycohemoglobin A1C HA1CG | <input type="checkbox"/> Testosterone Total TSTO | INTERNAL Use only |
| <input type="checkbox"/> Superficial Wound CXWDS | <input type="checkbox"/> Haptoglobin HAPTO | <input type="checkbox"/> Thyroid Peroxidase AB TPOAB | ____ SST |
| Source: _____ | <input type="checkbox"/> Herpes Simplex Culture ZG263 | <input type="checkbox"/> Thyroid Cascade TSHC | ____ PST |
| <input type="checkbox"/> Deep Wound CXWDD | <input type="checkbox"/> HSV IgM Antibodies ZG458 | <input type="checkbox"/> TIBC TIBC | ____ BLU |
| Source: _____ | <input type="checkbox"/> HCG -Qual (+/-) HCG | <input type="checkbox"/> Total Protein TP | ____ RED |
| <input type="checkbox"/> Stool Culture CXSTO | <input type="checkbox"/> HCG -Quant. HCGQ | <input type="checkbox"/> Triglyceride TRIG | ____ LAV |
| <input type="checkbox"/> Clostridium Difficile, Stool XPCDF | <input type="checkbox"/> Hep A IgM Ab AHAVM | <input type="checkbox"/> Uric Acid URIC | ____ Frozen |
| <input type="checkbox"/> Ova & Parasite Scrn, Stool OVAP | <input type="checkbox"/> Hep A AB Total HAVT | <input type="checkbox"/> Valporic (Depakene) VALP | |
| <input type="checkbox"/> Occult Blood, Scrn IFOBT | <input type="checkbox"/> Hep B Core IgM Ab AHBCM | <input type="checkbox"/> 1,25 Dihydroxy Vitamin D ZG400 | |
| <input type="checkbox"/> Occult Blood, Diag. IFOBD | <input type="checkbox"/> Hep B Core Ab Total HBCT | <input type="checkbox"/> 25-Hydroxy Vitamin D VITAD | Triager: initial _____ |
| | <input type="checkbox"/> Hep B Surface Ag HBSAG | | |
| | <input type="checkbox"/> Hep B Surface Ab HBSAB | | |