



VIP LABS LLC.

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LABORATORY REQUEST FORM

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

CHEMISTRY PANELS

ANEMIA PANEL CBC, B12, FERRITIN, FOLIC ACID, IRON, IRON SATURATION, RETIC, TRANSFERRIN	LIPID PANEL APOLIPOPROTEIN, CHOLESTEROL, HDL, LDL, TRIGLYCERIDE
ARTHRITIS PANEL ANA, ESR, RA, URIC ACID	LFT - Liver Function Test ALB, TOTAL BILIRUBIN, DIRECT BILIRUBIN, ALKALINE PHOSPHATASE, SGOT, SGPT
BMP - Basic Metabolic Panel BUN, CO2, CHLORIDE, CREATININE, GLUCOSE, K, NA	NUTRITIONAL PANEL CBC, ALB, BUN, CHOL, CHLORIDE, GLUCOSE, IRON, K, TOTAL PROTEIN, NA, TRIG
CARDIAC ENZYMES CPK, LDH, SGOT(AST), SGPT (ALT)	RENAL PANEL BMP, ALBUMIN, PHOSPHORUS
CMP - Comprehensive Metabolic Panel BMP, ALB, TOTAL BILIRUBIN, CA, ALKALINE PHOSPHATASE, TOTAL PROTEIN, SGOT	THYROID PANEL I T3, T4, TSH
COAGULATION PANEL PT/INR, PTT, FIBRINOGEN	THYROID PANEL II T3, FREE T4, TSH,
ELECTROLYTES CO2, CHLORIDE, K, NA	Other

INDIVIDUAL TEST LISTING

THERAPEUTIC DRUGS

MICROBIOLOGY

ALBUMIN (1R)	LDH (1R)	AMIKACIN PEAK (1R)	BLOOD CULTURE
ALKALINE PHOSPHATASE (1R)	LDL, DIRECT (1R)	AMIKACIN TROUGH (1R)	C DIFFICILE TOXIN
AMMONIA (1L)	LIPASE (1R)	CARBAMAZEPINE (Tegretol) (1R)	OCCULT BLOOD
AMYLASE (1R)	MAGNESIUM (1R)	DIGOXIN (1R)	OVA & PARASITE
ANA (1R)	MICROALBUMIN (U)	DILANTIN/PHENYTOIN (1R)	SPUTUM CULTURE
APOLIPOPROTEIN (1R)	PHOSPHORUS (1R)	GENTAMYCIN PEAK (1R)	STOOL CULTURE
BILIRUBIN, DIRECT (1R)	POTASSIUM (1R)	GENTAMYCIN TROUGH (1R)	THROAT CULTURE
BILIRUBIN, TOTAL (1R)	PREALBUMIN (1R)	PHENOBARBITAL (1R)	URINE CULTURE
BUN (1R)	PROTEIN, TOTAL (1R)	THEOPHYLLINE (1R)	WOUND CULTURE
CALCIUM (1R)	PT/INR with Fibrinogen (1B)	VANCOMYCIN, PEAK (1R)	OTHER
CBC W/DIFF (1L)	PTT (1B)	VANCOMYCIN, TROUGH (1R)	
CHOLESTEROL (1R)	PTH (1R)	VALPROIC / DEPAKENE (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 : _____

CPK (1R)	RETIC (1L)
CREATININE (1R)	SED RATE (ESR) (1L)
FERRITIN (1R)	SGOT (AST) (1R)
FIBRINOGEN (1B)	SGPT (ALT) (1R)
FOLIC ACID (1R)	SODIUM (1R)
FREE T4 (1R)	T3 (T-Uptake) (1R)
GLUCOSE (1R)	THYROXINE (T4) (1R)
HDL (1R)	TIBC (Transferrin) (1R)
HEMOGLOBIN A1C (1L)	TRIGLYCERIDE (1R)
HEMOGRAM (Hgb & Hct) (1L)	TSH (1R)
High Sensitive CRP (1R)	URIC ACID (1R)
H. PYLORI (1L)	URINALYSIS (U)
IRON (1R)	VITAMIN B12 (1R)