


GUIDE TO COMPLETING LABCORP HOME HEALTH TEST REQUEST FORM

To help you complete the new form, please see the callouts below.
Reminder: Please print clearly and enter all information requested. Please be sure to transfer information that may be listed on a referral sheet to the test request form.

- Account information preprinted here.
- Specimen identification labels located here. Place one specimen label on each tube.
- Check the fax box and list the fax number(s) where the result report should be faxed. If more than one fax number, please list all numbers here.
- List patient's name here (last, first, middle initial); include patient's gender and date of birth.
- Include collection time and collection date here. This information is critical for certain tests.
- Include NPI
- Include the ordering physician's name (last, first) and physician signature, if applicable.
- Indicate on the test request form the appropriate ICD-9-CM code(s) to identify diagnoses, signs, symptoms, conditions, complaints, or other reason(s) for the laboratory tests ordered for the date of service.
- Complete the patient's insurance information.
- Complete the patient's address information.
- Patient signs and dates here to release information and authorize payment.
- If needed for Medicare, refer to Advance Beneficiary Notice of Noncoverage (ABN) on reverse of form.
- Select the test to be ordered. The tube(s) needed for the home health care collection is printed beside of the test number.
- Don't see a test listed? Call 888-522-4452 for assistance regarding test availability and specimen requirements.



HOME HEALTH

To find the nearest patient service center, visit www.labcorp.com or call 888-LABCORP (888-522-2677).

Fax
 Call
 Mail

Send additional copy of report to:
 Client Number/Physician's Name: **3**
 Phone/Fax Number: _____
 City, State, Zip: _____

Patient's Legal Name (Last, First, MI): _____
 Sex: _____ Date of Birth: _____
 MO DAY YR

Collection Time: _____
 Fasting: Yes No
 Collection Date: _____
 MO DAY YR

Urine hrs/vol: _____
 hrs _____ vol _____

NPI: _____ UPIN: _____
 Physician's ID #: _____ Patient's SS #: _____
 Patient's ID #: _____

Physician's Name (Last, First): _____
 Physician/Authorized Signature: _____
 Date: _____

Hospital Patient Status: In-Patient Out-Patient Non-Patient
 Patient's Address: _____
 City: _____ State: _____ ZIP: _____

Diagnosis/Signs/Symptoms in ICD-9-CM format in effect at Date of Service: _____
ICD-9-CM CODE(S) PRINTED

Name of Policy Holder (if different from patient): _____
 Address of Policy Holder: _____ APT #: _____
 City: _____ State: _____ ZIP: _____

PRIMARY BILLING PARTY	SECONDARY BILLING PARTY
Insurance Carrier: _____	Insurance Carrier: _____
ID #: _____	ID #: _____
Group #: _____	Group #: _____
Insurance Address: _____	Insurance Address: _____
Name of Insured Person: _____	Name of Insured Person: _____
Relationship to Patient: _____	Relationship to Patient: _____
Employer Name: _____	Employer Name: _____
*If Medicaid State: _____	Physician's Provider #: _____ Workers Comp: <input type="checkbox"/> Yes <input type="checkbox"/> No

Medicare Advance Beneficiary Notice of Noncoverage (ABN) (ABN)
 Refer to Determining Necessity of ABN Completion Form.

OTHER TESTS / INDIVIDUAL PROFILE COMPONENTS
 TEST # TEST NAME

PANELS			
331599 Basic Metabolic 80048 (green & gray)	331327 Comp Metabolic 80053 (green & gray)	303754 Electrolyte 80051 (green)	
376839 Renal Function 80069 (green & gray)	303756 Lipid Panel 80061 (green)	322744 Acute Hep 80074 (purple)	
001321 Iron and IBC 83540, 83550 (green)	231712 Anemia Panel 82728, 83350, 83466, 83550 (green)	322755 Hep Func (Liver) 80076 (green)	

HEMATOLOGY		CHEMISTRY	
005009 CBC with diff 85025 (purple)	001081 Albumin 82040 (green)	001370 Creatinine 82565 (green)	143000 Pro-BNP 83880 (green)
028142 CBC w/o diff 85027 (purple)	001107 Alkaline Phos 84075 (green)	004598 Ferritin 82728 (green)	001073 Protein 84155 (green)
005058 Hematocrit 85014 (purple)	001545 ALT (SGPT) 84460 (green)	002014 Folate 82746 (green)	010322 PSA 84153 (green)
005041 Hemoglobin 85018 (purple)	164947 ANA 86038 (red)	001958 GGT 82977 (green)	126120 PTH intact 83970 (purple)
005249 Platelet count 85049 (purple)	001123 AST (SGOT) 84450 (green)	001818 Glucose 82947 (gray)	006502 RA 86431 (green)
005025 WBC 85048 (purple)	001222 Bilirubin, direct 82248 (green)	001453 Hemoglobin A1c 83036 (purple)	001198 Sodium 84295 (green)
005215 Sed Rate/ESR 85652 (purple)	001099 Bilirubin, total 82247 (green)	209601 IgG Subclasses 82784, 82787 x 4 (red)	004937 Transferrin 84466 (green)
005199 PT/INR 85610 (LT blue)	001040 BUN 84820 (green)	001784 Immunoglobulin IgA 82784 (green)	001172 Triglycerides 84478 (green)
005207 PTT 85730 (LT blue)	004804 Calcium, ionized 82330 (red, gel)	001776 Immunoglobulin IgM 82784 (green)	001156 T3 Uptake 84479 (green)
	001016 Calcium, total 82310 (green)	001792 Immunoglobulin IgG 82784 (green)	001149 T4 (Thyroxine) 84436 (green)
	001578 Carbon Dioxide 82374 (green)	001339 Iron 83540 (green)	004259 TSH 84443 (green)
	002139 CEA 82378 (purple)	001404 Lipase 83990 (green)	001057 Uric Acid 84550 (green)
	001206 Chloride 82435 (green)	001537 Magnesium 83735 (green)	001503 Vitamin B12 82607 (green)
	001055 Cholesterol 82465 (green)	001024 Phosphorus 84100 (green)	081091 Vitamin D1 25 Hydroxy 82652 (green)
	001362 CPK 82550 (green)	001180 Potassium 84132 (green)	081950 Vitamin D25 Hydroxy 82306 (red)
	006627 C-Reactive Protein 86140 (green)	016931 Preactilium 84134 (green)	

URINALYSIS		MICROBIOLOGY / CULTURES		RANDOM, TROUGH, AND PEAK DRUG MONITORING	
003772 Urinalysis with microscopic 81001	008847 Urine, Cult. Clear Catch 87086	007204 Amikacin, Peak 80150 (green)			
003038 Urinalysis, microscopic on Pos. 81003	008847 Urine, Cult. Cat. 87086	007205 Amikacin, Trough 80150 (green)			
149997 Micro Albumin, Random 82043	008144 STOOL CULTURE 87427 (op)	007203 Amikacin, Random 80150 (green)			
	180810 SPUTUM CULTURE 87070 (sputum)	007162 Gentamicin, Peak 80170 (green)			
	071522 Chromium 82495 (Royal Blue)	183111 WOUND CULTURE 87075 (swab)	007163 Gentamicin, Trough 80170 (green)		
	001586 Copper 82525 (Royal Blue)	008300 BLOOD CULTURE 87040 (bld cit)	007161 Gentamicin, Random 80170 (green)		
	071589 Manganese 83785 (Royal Blue)		007154 Tobramycin, Peak 80200 (green)		
	716910 Selenium 84255 (Royal Blue)		007155 Tobramycin, Trough 80200 (green)		
	001800 Zinc 84630 (Royal Blue)		007153 Tobramycin, Random 80200 (green)		
	007625 Lead 83655 (Royal Blue)		070327 Vancomycin, Peak 80202 (green)		
			070328 Vancomycin, Trough 80202 (green)		
			070326 Vancomycin, Random 80202 (green)		

TRACE ELEMENTS	
071522 Chromium 82495 (Royal Blue)	001586 Copper 82525 (Royal Blue)
071589 Manganese 83785 (Royal Blue)	716910 Selenium 84255 (Royal Blue)
001800 Zinc 84630 (Royal Blue)	007625 Lead 83655 (Royal Blue)

Additional Tests Special Instructions: _____
 (↑ = ID / Susceptibility at Additional Charge)

NOTE: WHEN ORDERING TESTS FOR WHICH MEDICARE OR MEDICAID REIMBURSEMENT WILL BE SOUGHT, PHYSICIANS SHOULD ONLY ORDER TESTS THAT ARE MEDICALLY NECESSARY FOR THE DIAGNOSIS OR TREATMENT OF THE PATIENT. COMPONENTS OF THE ORGAN OR DISEASE PANELS/COMBINATIONS PRINTED ABOVE ARE SHOWN ON THE REVERSE SIDE AND MAY ALSO BE ORDERED INDIVIDUALLY ABOVE. COMPONENTS MAY BE BILLED SEPARATELY PER CARRIER POLICY.