

6900 Southpoint Dr N. Suite 220, Jacksonville, FL 32216
 (407)-636-3939 / FAX (904)800-1307
 CLIA: 10D2104401 LABORATORY DIRECTOR: MAX SOLANO

Date collected:	Time collected:
Routine	STAT

A. PHYSICIAN & COLLECTION INFORMATION

Facility Name:			Account Number:		Facility Type Doctor Office Assisted Living(ALF) Skilled nursing (SNF) Draw Center
Phone:	Fax:	Ordering provider:	NPI:		

PATIENT INFORMATION

LAST NAME:			FIRST NAME:			MALE
						FEMALE
DATE OF BIRTH:	Social Security:	Address:		City	State	Zip
INSURANCE:		Policy:	Group:			

B. TESTS

ORGAN & DISEASE PANELS		GENERAL TESTS CON'T		GENERAL TESTS CON'T		DRUG TEST LEVELS CON'T	
ACTUE HEPATITS PANEL	80074 - GEL	CCP ANTIBODIES IgG/IgA	86200 - GEL	IRON & IBC	83540 83550 - GEL	DIGOXIN (LANOXIN)	80162 - SER
BASIC METABOLIC (8)	80048 - GEL	CEA	82978 - GEL	LIPASE	83690 - GEL	DILANTIN (PHENYOIN)	80185 - SER
COMP METABOLIC (14)	80053 - GEL	CHOLESTEROL,TOTAL	82465 - GEL	MAGNESIUM	83735 - GEL	PHENOBARBITAL	80184 - SER
ELECTROLYTE	80051 - GEL	CORTISOL	82533 - GEL	POTASSIUM	84132 - GEL	THEOPHYLLINE	80198 - SER
HEPATIC FUNCTION (7)	80076 - GEL	COMPLIMENT C3 SERUM	86160 - GEL	PROGESTERONE	84144 - GEL	VALPROIC ACID (DEPAKOT®)	81064 - SER
LIPID PANEL	80061 - GEL	COMPLIMENT C4 SERUM	86160 - GEL	PROLACTIN	84146 - GEL	LITHIUM	80178 - SER
LIPID PANEL W/LDL/HDL RATIO	80061 - GEL	C-PEPTIDE SERUM	84681 - GEL	PSA	84153 - GEL	UDS 12 W/CONFIRM (URINE)	
RENAL FUNCTION	80069 - GEL	CRP,QUAN	86140 - GEL	PT/INR	85610 - BLU	URINE DRUG SCREEN	80101
THYROID PANEL	84436-39-79 - GEL	CREATININE KINASE, TOTAL	82550 - GEL	PTT ACTIVATED	85730 - BLU	VANCO SERUM TROUGH	80164 - SER
HEMATOLOGY		CREATININE	82565 - GEL	PTH INTACT	83970 - LAV	VANCO SERUM PEAK	80178 - SER
CBC W DIFF W PLT	85025 - LAV	ESTRADIOL	82670 - GEL	RA Factor	86431 - GEL	MICROBIOLOGY- PLEASE CHECK	
CBC W DIFF W/O PLT	85014 - LAV	FERRITIN	82728 - GEL	RPR	86592 - GEL	ENDOCERVICAL	THROAT
CBC W/O DIFF W PLT	85027 - LAV	FSH & LH	83001 83002 - GEL	RUBELLA ANTIBODIES, IgG	86762 - GEL	URETHRAL	URINE
CBC W/O DIFF W/O PLT	85014 - LAV	GGT	82977 - GEL	SLE PROFILE C	86225 86235 (4) - GEL	STOOL	OTHER
HEMATOCRIT	85014 - LAV	GLUCOSE, SERUM	82947 - GEL	TESTOSTERONE TOTAL	84403 - GEL	AEROBIC BACTERIAL CULTURE	87070
HEMOGLOBIN	85018 - LAV	GLUCOSE TOLERANCE [SSP]	82951 82952 X2 - GRY	THYROXINE (T4)	84439 - GEL	BLOOD CULTURE, ROUTINE	87040
PLATELET COUNT	85049 - LAV	hCG, BETA SUBUNIT, QUAL	84703 - GEL	THYROXINE , FREE (FT4)	84481 - GEL	CT/NG, NAA	87491 87591
RBC COUNT	85041 - LAV	hCG, BETA SUBUNIT, QUANT	84702 - GEL	THYROIDITIS (T3)	84479 - GEL	FUNGUS CULTURE	87101
SEDIMENTATION RATE/ESR	85652 - LAV	HDL CHOLESTEROL	83718 - GEL	TRIIODOTHYRONINE (T3)	84480 - GEL	GENITAL CULTURE, ROUTINE	87070
WBC COUNT	85048 - LAV	H.PYLORI, IgG	86677 - GEL	TRIIODOTHYRONINE, FREE(FT3)	84481 - GEL	GRAM STAIN	87205
WBC DIFF	85004 - LAV	HEMOGLOBIN A1C	83036 - LAV	TSH	84443 - GEL	OVA AND PARASITES	87177 87209
GENERAL TESTS		HEMOGLOBIN A2 QUAN	83021 - LAV	TSH WITH REFLEX FT4	83735 - GEL	GASTROINTESTINAL PANEL	87045, 87046, 87427
ALT (SGPT)	84460 - GEL	HEP A ANTIBODY, IgM	86709 - GEL	TROPONIN I	84484 - GEL	THROAT CULTURE	87081
AMYLASE	82150 - GEL	HEP B SURFACE ANTIBODY	86706 - GEL	URIC ACID	84550 - GEL	UPPER RESPIRATORY PANEL	87070
ANTINUCLEAR ANTIBODY	86038 - GEL	HEP B SURFACE ANTIGEN	87340 - GEL	URINALYSIS	81003 - URN	ADV.UTI PANEL, ROUTINE	81001
AST (SGOT)	84450 - GEL	HEP C ANTIBODY	86803 - GEL	VITAMIN D, 25-HYDROXY	82306 - GEL	UA W/Reflex to C&S	81001
B-TYPE NATRIURETIC PEPTIDE	83880 - GEL	HEP C VIRUS (HCV) , QUAN, RNA, PCR	87522 - GEL	DRUG TEST		COVID-19	
B12 AND FOLATE	82607 82746 - GEL	HERPES SIMPLEX VIRUS (HSV), IgG	86695 86696 - GEL	BARBITURATE SCREEN URINE	80101	COVID-19 PCR	U0003
BUN	84520 - GEL	HIV 1/2 ANTIBODIES	86703 - GEL	CARBAMAZEPINE (TEGRETOL)	80156 - SER	SEROLOGY TESTING	86769
						ANTIGEN TESTING	87426

TEST NAME	CODE	TEST NAME	CODE	TEST NAME	CODE	TEST NAME	CODE

C. PHYSICIAN'S SIGNATURE

SIGN: _____ DATE: _____

THE SPECIMEN IDENTIFIED ON THIS FORM IS MY OWN. I HAVE NOT ALTERED IT IN ANY WAY AND VOLUNTARILY SUBMIT THIS SPECIMEN. I AUTHORIZE FLORIDA LABORATORY ANALYSIS LLC(TLC) TO RELEASE RESULTS TO ORDERING PROVIDER AND BILL TO MY INSURANCE ON MY BEHALF. I AUTHORIZE MY INSURANCE BENEFITS TO BE PAID DIRECTLY TO TLC FOR SERVICES RENDERED. I ACKNOWLEDGE THAT I'M RESPONSIBLE FOR ANY OUTSTANDING BALANCES AND IF NOT PAID IN FULL ACCOUNT WILL BE FORWARDED TO COLLECTION OR LEGAL ACTION. SELF PATIENTS WILL BE BILLED DIRECTLY.

PATIENT'S SIGNATURE: _____	DATE: _____
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