

# LABORATORY REQUISITION FORM

Provider Name: \_\_\_\_\_  
 Provider #: \_\_\_\_\_  
 Location: \_\_\_\_\_  
 Phone #: \_\_\_\_\_

Pre-existing conditions:

ICD/Diagnosis Code(s):

Patient Name (Last, First): \_\_\_\_\_

Date of Birth (MM/DD/YYYY): \_\_\_\_\_

Sex: Male  Female

Address #: \_\_\_\_\_

Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

Insurance Name: \_\_\_\_\_

Insurance ID: \_\_\_\_\_



**MY CARE LABS**  
*Testing Made Easy.*

5500 Stewart Ave., Ste. 108  
 Fremont, CA 94538  
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 Fax: +1-888-289-9940

Chemistry		Toxicology	
<input type="checkbox"/>	<b>Comprehensive Metabolic Panel</b> <b>(Includes targets 1-14)</b>		<b>Chemistry Single Tests</b>
1	Blood Urea Nitrogen	<input type="checkbox"/>	Amylase
2	Calcium	<input type="checkbox"/>	C-Reactive Protein (Ext. Range)
3	Chloride	<input type="checkbox"/>	Creatine Kinase
4	Enzymatic Carbonate	<input type="checkbox"/>	Carbamazepine
5	Creatinine	<input type="checkbox"/>	Direct Bilirubin
6	Glucose	<input type="checkbox"/>	Ferritin
7	Potassium	<input type="checkbox"/>	Folate
8	Sodium	<input type="checkbox"/>	Hemoglobin A1C
9	Albumin	<input type="checkbox"/>	Iron
10	Alkaline Phosphatase	<input type="checkbox"/>	Iron-Binding Capacity
11	Alanine Aminotransferase	<input type="checkbox"/>	Magnesium
12	Aspartate Aminotransferase	<input type="checkbox"/>	Prealbumin
13	Total Bilirubin	<input type="checkbox"/>	Phosphorus
14	Total Protein	<input type="checkbox"/>	PSA (Free & Total)
<input type="checkbox"/>	<b>Lipid Panel</b> <b>(Includes targets 15-18)</b>	<input type="checkbox"/>	Valproic Acid
15	HDL Cholesterol – Automated	<input type="checkbox"/>	Vitamin B12
16	LDL Cholesterol – Automated	<input type="checkbox"/>	Vitamin D
17	Cholesterol	<input type="checkbox"/>	<b>Hematology</b>
18	Triglyceride	<input type="checkbox"/>	CBC with Differential if positive
<input type="checkbox"/>	<b>Thyroid Panel</b> <b>(Includes targets 19-22)</b>	<input type="checkbox"/>	<b>Coagulation</b>
19	Free T3	<input type="checkbox"/>	PT/INR
20	Free T4	<input type="checkbox"/>	<b>Combo Test (Includes targets 1-4)</b>
21	Total T4	1	Covid-19
22	Thyroid Stimulating Hormone	2	Influenza A
		3	Influenza B
		4	RSV - Respiratory syncytial virus
			<b>Drugs of Abuse</b>
<input type="checkbox"/>		<input type="checkbox"/>	Specimen Validity – required for urine testing (includes Creatinine, General Oxidant, pH, Specific Gravity)
<input type="checkbox"/>		<input type="checkbox"/>	Amphetamines (includes Methamphetamine)
<input type="checkbox"/>		<input type="checkbox"/>	Cocaine
<input type="checkbox"/>		<input type="checkbox"/>	Opiate
<input type="checkbox"/>		<input type="checkbox"/>	Phencyclidine (PCP)
<input type="checkbox"/>		<input type="checkbox"/>	THC
<input type="checkbox"/>		<input type="checkbox"/>	6-Acetylmorphine (6-AM)
<input type="checkbox"/>		<input type="checkbox"/>	Barbiturate
<input type="checkbox"/>		<input type="checkbox"/>	Benzodiazepine
<input type="checkbox"/>		<input type="checkbox"/>	Buprenorphine
<input type="checkbox"/>		<input type="checkbox"/>	Ecstasy
<input type="checkbox"/>		<input type="checkbox"/>	Ethyl Glucuronide
<input type="checkbox"/>		<input type="checkbox"/>	Fentanyl
<input type="checkbox"/>		<input type="checkbox"/>	Hydrocodone
<input type="checkbox"/>		<input type="checkbox"/>	Methadone
<input type="checkbox"/>		<input type="checkbox"/>	Oxycodone
<input type="checkbox"/>		<input type="checkbox"/>	Tramadol
			<b>Therapeutic Drug Monitoring</b>
<input type="checkbox"/>		<input type="checkbox"/>	Carbamazepine
<input type="checkbox"/>		<input type="checkbox"/>	Digoxin
<input type="checkbox"/>		<input type="checkbox"/>	Gentamicin
<input type="checkbox"/>		<input type="checkbox"/>	Phenytoin
<input type="checkbox"/>		<input type="checkbox"/>	Phenytoin
<input type="checkbox"/>		<input type="checkbox"/>	Valproic Acid
<input type="checkbox"/>		<input type="checkbox"/>	Vancomycin

**Chemistry**

<input type="checkbox"/>	<b>Renal Function Panel</b> (Includes targets 1-10)	<input type="checkbox"/>	<b>Liver Function Panel</b> (Includes targets 1-7)
1	ALB - Albumin	1	ALTI - Alanine Aminotransferase
2	BUN - Blood Urea Nitrogen	2	ALB - Albumin
3	CA - Calcium	3	ALPI - Alkaline Phosphatase
4	CL - Chloride	4	AST - Aspartate Aminotransferase
5	ECO2 - Enzymatic Carbonate	5	DBI - Direct Bilirubin
6	CRE2 - Creatinine	6	TBI - Total Bilirubin
7	GLUC - Glucose	7	TP - Total Protein
8	PHOS - Phosphorus	<input type="checkbox"/>	<b>Anemia Profile</b> (Includes targets 1-6)
9	K - Potassium	1	FERR - Ferritin
10	NA - Sodium	2	IRON - Iron
<input type="checkbox"/>	<b>Electrolyte Panel</b> (Includes targets 1-6)	3	IBCT - Total Iron Binding Capacity
1	Sodium (Na)	4	VB12 - Vitamin B12
2	Potassium (K)	5	VITD - Vitamin D
3	Chloride (Cl)	6	FOLA - Folate
4	Bicarbonate (HCO <sub>3</sub> <sup>-</sup> )		
5	Calcium		
6	Phosphorus (Phosphate)		

<b>Blood Specimen</b>	<b>Urine Specimen</b>
Collection Date: _____ Time: ____:____ <input type="checkbox"/> AM <input type="checkbox"/> PM	Collection Date: _____
<input type="checkbox"/> Green ( __ tubes) <input type="checkbox"/> Lavender ( __ tubes) Specimen #: _____	Collection Time: ____:____ <input type="checkbox"/> AM <input type="checkbox"/> PM
<input type="checkbox"/> Non-fasting <input type="checkbox"/> Fasting (Hours: ____ )   <input type="checkbox"/> Routine <input type="checkbox"/> STAT	Specimen #: _____
Received by: _____ Specimen check: _____	Received by: _____ Check: _____

## Common Diagnosis Codes (ICD-10-CM)

These commonly used ICD-10 diagnosis codes are intended to assist physicians and other authorized ordering parties in providing correct ICD-10 codes as required by Medicare and other insurers. The physician or other authorized ordering party is responsible for providing correct codes that support the medical necessity of each test ordered for the diagnosis and treatment of the individual patient.

BASIC METABOLIC PANEL		MALNUTRITION, NOS	E46	THYROID TESTING	
HEART FAILURE, UNSPECIFIED	I50.9	NAUSEA WITH VOMITING	R11.2	ABNORMAL RESULTS OF THYROID FUNCTION STUDIES	R94.6
HYPERLIPIDEMIA, UNSPECIFIED	E78.5	OTHER AMNESIA	R41.3	ANXIETY, UNSPECIFIED	F41.9
HYPERTENSION, ESSENTIAL UNSPECIFIED	I10	OTHER VITAMIN B12 DEFICIENCY ANEMIAS	D51.8	ATRIAL FIBILLATION	I48.91
HYPONATREMIA	E87.1	VITAMIN B12 DEFICIENCY ANEMIA DUE TO INTRINSIC FACTOR DEFICIENCY	E51.0	AUTOIMMUNE THYROIDITIS	E06.3
HYPOKALEMIA	E87.6	VITAMIN B12 DEFICIENCY ANEMIA UNSPECIFIED	D51.9	DEMENTIA, UNSPECIFIED	F03.90
HYPOTHYROIDISM, UNSPECIFIED	E03.9	<b>GLUCOSE</b>		DEPRESSION	F32.9
MIXED HYPERLIPIDEMIA	E78.2	ABNORMAL WEIGHT LOSS	R63.4	DISORDER OF THYROID, UNSPECIFIED	E07.9
OBESITY, UNSPECIFIED	E66.9	ABNORMAL WEIGHT GAIN	R63.5	GOITER, UNSPECIFIED	E04.9
OTHER LONG-TERM CURRENT DRUG THERAPY	Z79.899	CHEST PAIN, UNSPECIFIED	R07.9	MEMORY LOSS	R41.3
OTHER SPECIFIED HYPOTHYROIDISM	E03.8	COMA, UNSPECIFIED	R40.20	NUMBNESS, SKIN	R20.0
OTHER SPECIFIED ABNORMAL FINDINGS OF BLOOD CHEMISTRY	R79.89	ENCOUNTER FOR SCREENING FOR DIABETES MELLITUS	Z13.1	OTHER SPECIFIED HYPOTHYROIDISM	E03.8
RENAL INSUFFICIENCY ACUTE	N28.9	GLUCOSURIA	R81	PALPITATIONS	R00.2
TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	E11.65	HYPERGLYCEMIA, UNSPECIFIED	R73.9	SENILE DEMENTIA, UNCOMPLICATED	F03.90
TYPE 2 DIABETES MELLITUS WITH DIABETIC NEPHROPATHY	E11.21	HYPOGLYCEMIA, UNSPECIFIED	E16.2	<b>URINALYSIS (UA)</b>	
TYPE 2 DIABETES MELLITUS WITH OTHER SPECIFIED COMPLICATIONS	E11.69	IMPAIED FASTING GLUCOSE	R73.01	CHRONIC KIDNEY DISEASE, UNSPECIFIED	N18.9
TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	E11.9	PREDIABETES	R73.03	DYSURIA	R30.0
URINARY TRACT INFECTION (UTI)	N39.0	PROTENURIA, UNSPECIFIED	R80.9	HEMATURIA, UNSPECIFIED	R31.9
<b>COMPLETE BLOOD COUNT - CBC</b>		PURE HYPERCHOLESTEROLEMIA UNSPECIFIED	E78.00	MALIGNANT NEOPLASM OF PROSTATE	C61
ABNORMAL LEAD LEVEL IN BLOOD	R78.71	SEIZURES, NOS	R56.9	NOCTURIA	R35.1
ABDOMINAL PAIN UNSPECIFIED	R10.9	<b>HEMOGLOBIN A1C</b>		NONSPECIFIC FINDINGS ON EXAM OF URINE	R82.99
ABNORMAL WEIGHT LOSS	R63.4	DIABETES MELLITIS, UNSPECIFIED	E11.9	OTHER SYMPTOMS OF URINARY SYSTEMS	R39.9
ANEMIA, IRON DEFICIENCY UNSPECIFIED	D50.9	HEMOCHROMATOSIS, UNSPECIFIED	E83.119	RHEUMATOID ARTHRITIS, UNSPECIFIED	M06.9
ANEMIA, NUTRITIONAL UNSPECIFIED	D53.9	LONG TERM CURRENT USE OF INSULIN	Z79.4	RENAL INSUFFICIENCY ACUTE	N28.9
ANTHEROSCLEROTIC HEART DISEASE OF NATIVE CORONARY ARTERY WITHOUT ANGINA	I25.10	<b>HEPATIC FUNCTION - LIVER</b>		RETENTION OF URINE, UNSPECIFIED	R33.9
CHRONIC KIDNEY DISEASE STAGE 3 MODERATE	N18.3	ABNORMAL LEVELS OF OTHER SERUM ENZYMES	R74.8	URINARY FREQUENCY	R35.0
DIZZINESS AND GIDDINESS	R42	ABNORMAL LIVER ENZYMES	R74.0	URINARY INCONTINENCE, UNSPECIFIED	R32
ENCOUNTER FOR THERAPEUTIC DRUG MONITORING	Z51.81	ABNORMAL RESULTS OF LIVER FUNCTION STUDIES	R94.5	<b>VITAMIN B12</b>	
GASTRO-ESOPHAGEAL REFLUX DISEASE WITHOUT ESOPHAGITIS	K21.9	AUTOIMMUNE HEPATITIS	K75.4	ABNORMAL GAIT, UNSPECIFIED	R26.9
IMPAIED FASTING GLUCOSE	R73.01	CONGESTIVE HEART FAILURE, UNSPECIFIED	I50.9	LACK OF COORDINATION, UNSPECIFIED	R27.9
LONG-TERM USE OF ANTICOAGULANTS	Z79.01	EDEMA	R60.9	OTHER B-COMPLEX DEFICIENCIES	E53.8
OTHER ABNORMAL GLUCOSE	R73.09	FATTY CHANGE OF LIVER NOS	K76.0	PERIPHERAL NEUROPATHY, UNSPECIFIED	G62.9
OTHER FATIGUE	R53.83	FEVER, UNSPECIFIED	R50.9	PERNICIOUS ANEMIA	D51.0
PURE HYPERCHOLESTEROLEMIA UNSPECIFIED	E78.00	HEPATITIS B, ACUTE NOS	B16.9	VITAMIN B DIFIENCY, UNSPECIFIED	E53.9
SYNCOPE AN COLLASPE	R55.9	HEPATITIC C, ACUTE NON	B17.10	<b>VITAMIN D-25 HYDROXY</b>	
VITAMIN D DEFICIENCY UNSPECIFIED	E55.9	LONG-TERM USE OF OPIATE ANALGESIC	Z79.891	CELIAC DISEASE	K90.0
<b>FOLATE</b>		OTHER SPECIFIED DISEASE OF LIVER	K76.89	DISORDER OF BONE, UNSPECIFIED	M89.9
ALZHEIMER'S DISEASE UNSPECIFIED	D64.9	WEAKNESS	R53.1	DISORDER OF PHOSPHORUS METABOLISM UNSPECIFIED	E83.30
ANEMIA, UNSPECIFIED	D64.9	<b>LIPID &amp; CHOLESTEROL</b>		HYPOCALCEMIA	E83.51
DEFICIENCY OF OTHER SPECIFIED B GROUP VITAMINS	E53.9	CHRONIC KIDNEY DISEASE, UNSPECIFIED	N18.9	HYPERCALCEMIA	E83.52
FOLATE DEFICIENCY ANEMIA, UNSPECIFIED	D52.9	CONGESTIVE HEART FAILURE, UNSPECIFIED	I50.9	OSTEOPOROSIS, UNSPECIFIED	M81.0
HOMOCYSTINURIA	E72.11	CORONORY ATHEROSIEROSIS	I25.10	PSORIASIS, UNSPECIFIED	L40.9
MALaise	R53.81	OBESITY, UNSPECIFIED	E66.9	VITAMIN D DEFICIENCY, UNSPECIFIED	E55.9