

# Custom Profile Request Form



Please complete this form and return to the fax number below. Once the request has been accepted, a confirmation with a unique order code will be faxed to you for each of your custom profiles. A custom profile does not constitute a standing order.

Physician Name	
Account ID	
Account Name	

## Custom Female Profile

Initial

Follow-up

- |   |  |
|---|--|
| <ul style="list-style-type: none"> <li><input type="checkbox"/> Amylase &amp; Lipase</li> <li><input type="checkbox"/> CBC w/ Diff</li> <li><input type="checkbox"/> CBC w/o Diff</li> <li><input type="checkbox"/> Comprehensive Metabolic Panel (CMP)<br/>(CMP = BMP + HFP)                             <ul style="list-style-type: none"> <li><input type="checkbox"/> Basic Metabolic Panel (BMP)</li> <li><input type="checkbox"/> Hepatic Function Panel (HFP)</li> </ul> </li> <li><input type="checkbox"/> Cortisol</li> <li><input type="checkbox"/> C-Peptide</li> <li><input type="checkbox"/> Creatine Kinase</li> <li><input type="checkbox"/> C-reactive Protein (CRP)</li> <li><input type="checkbox"/> Dehydroepiandrosterone Sulfate (DHEAs)</li> <li><input type="checkbox"/> Estradiol</li> <li><input type="checkbox"/> Ferritin</li> <li><input type="checkbox"/> Folate</li> <li><input type="checkbox"/> Follicle-stimulating Hormone (FSH)</li> <li><input type="checkbox"/> Growth Hormone</li> <li><input type="checkbox"/> Hemoglobin A1c</li> <li><input type="checkbox"/> Homocysteine</li> <li><input type="checkbox"/> Insulin</li> <li><input type="checkbox"/> Iron &amp; Total Iron Binding Capacity</li> <li><input type="checkbox"/> Iron only</li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> Luteinizing Hormone (LH)</li> <li><input type="checkbox"/> Lipids (Cholesterol, HDL, LDL, Triglycerides, Cholesterol/HDL Ratio)</li> <li><input type="checkbox"/> Magnesium</li> <li><input type="checkbox"/> Osteocalcin</li> <li><input type="checkbox"/> Phosphorus</li> <li><input type="checkbox"/> Progesterone</li> <li><input type="checkbox"/> Prolactin</li> <li><input type="checkbox"/> Sex Hormone Binding Globulin (SHBG)</li> <li><input type="checkbox"/> Testosterone, Total</li> <li><input type="checkbox"/> Thyroid Peroxidase Antibodies</li> <li><input type="checkbox"/> TSH without reflex</li> <li><input type="checkbox"/> TSH with Reflex to T4 Free</li> <li><input type="checkbox"/> T3 Free</li> <li><input type="checkbox"/> T3 Total</li> <li><input type="checkbox"/> T4 Free (Do not select if TSH reflex is selected)</li> <li><input type="checkbox"/> T4 Total</li> <li><input type="checkbox"/> Uric Acid</li> <li><input type="checkbox"/> Vitamin B12</li> <li><input type="checkbox"/> Vitamin D</li> </ul> |
|---|--|

I verify that these tests are medically necessary for the patients for whom they will be ordered and that supporting documentation of such will be provided, including but not limited to diagnosis codes (required for every specimen) and medical records (as necessary).

Physician signature: \_\_\_\_\_

Date: \_\_\_\_\_

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## Custom Male Profile

Initial

Follow-up

- |  |  |
|--|--|
| <ul style="list-style-type: none"> <li><input type="checkbox"/> Amylase &amp; Lipase</li> <li><input type="checkbox"/> CBC w/ Diff</li> <li><input type="checkbox"/> CBC w/o Diff</li> <li><input type="checkbox"/> Comprehensive Metabolic Panel (CMP)<br/>(CMP = BMP + HFP)                             <ul style="list-style-type: none"> <li><input type="checkbox"/> Basic Metabolic Panel (BMP)</li> <li><input type="checkbox"/> Hepatic Function Panel (HFP)</li> </ul> </li> <li><input type="checkbox"/> Cortisol</li> <li><input type="checkbox"/> C-Peptide</li> <li><input type="checkbox"/> Creatine Kinase</li> <li><input type="checkbox"/> C-reactive Protein (CRP)</li> <li><input type="checkbox"/> Dehydroepiandrosterone Sulfate (DHEAs)</li> <li><input type="checkbox"/> Estradiol</li> <li><input type="checkbox"/> Ferritin</li> <li><input type="checkbox"/> Folate</li> <li><input type="checkbox"/> Follicle-stimulating Hormone (FSH)</li> <li><input type="checkbox"/> Growth Hormone</li> <li><input type="checkbox"/> Hemoglobin A1c</li> <li><input type="checkbox"/> Homocysteine</li> <li><input type="checkbox"/> Insulin</li> <li><input type="checkbox"/> Iron &amp; Total Iron Binding Capacity</li> <li><input type="checkbox"/> Iron only</li> <li><input type="checkbox"/> Luteinizing Hormone (LH)</li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> Lipids (Cholesterol, HDL, LDL, Triglycerides, Cholesterol/HDL Ratio)</li> <li><input type="checkbox"/> Magnesium</li> <li><input type="checkbox"/> Osteocalcin</li> <li><input type="checkbox"/> Phosphorus</li> <li><input type="checkbox"/> Progesterone</li> <li><input type="checkbox"/> Prolactin</li> <li><input type="checkbox"/> Sex Hormone Binding Globulin (SHBG)</li> <li><input type="checkbox"/> Testosterone, Total</li> <li><input type="checkbox"/> Testosterone, Total &amp; Free/SHBG</li> <li><input type="checkbox"/> Thyroid Peroxidase Antibodies</li> <li><input type="checkbox"/> TSH without reflex</li> <li><input type="checkbox"/> TSH with Reflex to T4 Free</li> <li><input type="checkbox"/> T3 Free</li> <li><input type="checkbox"/> T3 Total</li> <li><input type="checkbox"/> T4 Free (Do not select if TSH reflex is selected)</li> <li><input type="checkbox"/> T4 Total</li> <li><input type="checkbox"/> Total PSA</li> <li><input type="checkbox"/> Free PSA</li> <li><input type="checkbox"/> Uric Acid</li> <li><input type="checkbox"/> Vitamin B12</li> <li><input type="checkbox"/> Vitamin D</li> </ul> |
|--|--|

I verify that these tests are medically necessary for the patients for whom they will be ordered and that supporting documentation of such will be provided, including but not limited to diagnosis codes (required for every specimen) and medical records (as necessary).

Physician signature: \_\_\_\_\_

Date: \_\_\_\_\_

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Account Name	

**Custom Profile Name:** \_\_\_\_\_

- |   |   |
|---|---|
| <input type="checkbox"/> Amylase & Lipase   | <input type="checkbox"/> Lipids (Cholesterol, HDL, LDL, Triglycerides, Cholesterol/HDL Ratio) |
| <input type="checkbox"/> CBC w/ Diff  | <input type="checkbox"/> Magnesium  |
| <input type="checkbox"/> CBC w/o Diff   | <input type="checkbox"/> Osteocalcin  |
| <input type="checkbox"/> Comprehensive Metabolic Panel (CMP)<br>(CMP = BMP + HFP) | <input type="checkbox"/> Phosphorus   |
| <input type="checkbox"/> Basic Metabolic Panel (BMP)                              | <input type="checkbox"/> Progesterone   |
| <input type="checkbox"/> Hepatic Function Panel (HFP)                             | <input type="checkbox"/> Prolactin  |
| <input type="checkbox"/> Cortisol   | <input type="checkbox"/> Sex Hormone Binding Globulin (SHBG)                                  |
| <input type="checkbox"/> C-Peptide  | <input type="checkbox"/> Testosterone, Total  |
| <input type="checkbox"/> Creatine Kinase  | <input type="checkbox"/> Testosterone, Total & Free/SHBG                                      |
| <input type="checkbox"/> C-reactive Protein (CRP)                                 | <input type="checkbox"/> Thyroid Peroxidase Antibodies  |
| <input type="checkbox"/> Dehydroepiandrosterone Sulfate (DHEAs)                   | <input type="checkbox"/> TSH without reflex   |
| <input type="checkbox"/> Estradiol  | <input type="checkbox"/> TSH with Reflex to T4 Free   |
| <input type="checkbox"/> Ferritin   | <input type="checkbox"/> T3 Free  |
| <input type="checkbox"/> Folate   | <input type="checkbox"/> T3 Total   |
| <input type="checkbox"/> Follicle-stimulating Hormone (FSH)                       | <input type="checkbox"/> T4 Free (Do not select if TSH reflex is selected)                    |
| <input type="checkbox"/> Growth Hormone   | <input type="checkbox"/> T4 Total   |
| <input type="checkbox"/> Hemoglobin A1c   | <input type="checkbox"/> Total PSA  |
| <input type="checkbox"/> Homocysteine   | <input type="checkbox"/> Free PSA   |
| <input type="checkbox"/> Insulin  | <input type="checkbox"/> Uric Acid  |
| <input type="checkbox"/> Iron & Total Iron Binding Capacity                       | <input type="checkbox"/> Vitamin B12  |
| <input type="checkbox"/> Iron only  | <input type="checkbox"/> Vitamin D  |
| <input type="checkbox"/> Luteinizing Hormone (LH)                                 |   |

I verify that these tests are medically necessary for the patients for whom they will be ordered and that supporting documentation of such will be provided, including but not limited to diagnosis codes (required for every specimen) and medical records (as necessary).

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Date: \_\_\_\_\_