APOLLO LABORATORIES

1890 Crown Drive, Suite 1330
Farmers Branch, TX 75234
Tel: (972)-685-0870 | Fax: (214)-871-8647
www.apollolabs.net | CLIA# 45D2094591
Medical Director: Sara Milchgrub, M.D.

arbor DIAGNOSTICS

1801 Royal Lane, Suite 805, Dallas, TX 75229
Tel: (469) 886-4700 | Fax: (469) 886-4710 | CLIA# 45D2121293
Medical Director: Sara Milchgrub, M.D.

PATIENT INFORMATION (REQUIRED)

Name:
(Last, First, MI)

Sex: ☐ M ☐ F Date of Birth: (M M / D D / Y Y Y Y)

Age: Weight:

Address:

Phone: ID/SSN:

Payment Method: ☐ Patient Insurance ☐ Self Pay ☐ Worker's Comp ☐ Client Bill

Insurance Name Policy # Group/Plan #

Insurance Address:

Subscriber Name: Subscriber DOB:

Relationship to Subscriber: ☐ Self ☐ Spouse ☐ Dependent

Secondary Insurance: ☐ Yes ☐ No
Attach all secondary insurance information to this requisition

PROVIDER INFORMATION (REQUIRED)

Client Name/Account #:

Address:

Ordering Physician:

Collection Date: / /

Time : ☐ AM ☐ PM

Hourse Since Last Meal: ☐ Fasting ☐ Non-Fasting

Phlebotomist's Name:

ASSIGNMENT OF BENEFITS AND CONSENT (REQUIRED)

The specimen identified on this form is my own and I have not adulterated it in any way. I am voluntarily submitting this specimen for analysis by my physician and/or third-party lab. I authorize the third-party lab to release the test results to the ordering practitioner. In consideration of services rendered, I hereby assign and convey directly to Apollo Laboratories and/or Arbor Diagnostics, as applicable, ("Lab"), as my designated authorized representative, all medical benefits and/or insurance reimbursement, if any, otherwise payable to me for services rendered or provided by the Lab, regardless of its managed care network participation status. I understand that I am financially responsible for all charges (including deductibles or co-insurance charges) regardless of any applicable insurance or benefit payments. I understand that my practitioner may have a financial relationship with the Lab and I have the option of obtaining lab services from another facility and that, upon my request, I will be provided a list of alternative facilities. I authorize (i) my ordering practitioner; (ii) the Lab and its agents; and/or (iii) my plan administrator fiduciary, insurer and/or attorney, to release, to any of the foregoing parties, any and all medical information, plan documents, summary benefit description, insurance policy or settlement information needed to determine, process, claim and receive my medical benefits. I hereby assign and convey to the Lab any legal or administrative claim or choice of action, including, but not limited to, ERISA breach of fiduciary duty claims, other legal and administrative claims or action and any right to pursue those legal or administrative claims, arising under any group health plan, employee benefits plan, health insurance or tortfeasor insurance concerning medical expenses incurred as a result of the services I receive from the Lab. I agree that this Assignment of Benefits and Consent will cover all medical services rendered by the Lab until such authorization is revoked in writing by me.

Patient's Signature	Date
Physician Signature	

DIAGNOSITIC CODES (REQUIRED)

- ☐ Anemia, Nutritional D543.9
- ☐ Anemia, B12 Deficiency D51.9
- ☐ Arrhythmia I49.9
- ☐ Arthritis General M19.90
- ☐ Chronic Renal Disease Stage One N18.1
- ☐ CHF I50.9
- ☐ Diabetes 1 with CKD E10.22
- ☐ Diabetes 2 with Neuropathy E11.21
- ☐ Diabetes 2 with CKD E11.2
- ☐ Fatigue R53.82
- ☐ Hematuria R31.9
- ☐ Hepatitis K75.9
- ☐ Hypertension with Heart Failure I11.0
- ☐ Hypertension, Essential I10
- ☐ Hypercholesterolemia E73.9
- ☐ Hyperglycemia R73.9
- ☐ Hypothyroid E03.9
- ☐ Malaise R53.81
- ☐ PSA Screen Z12.5
- ☐ Therapeutic Drug Monitoring Z51.81
- ☐ Urinary Frequency R35.0
- ☐ Vitamin D Deficiency E55.9
- ☐ Weight Gain R63.5
- ☐ Weight Loss R63.4

OTHER

- ☐ ____________________
- ☐ ____________________
- ☐ ____________________
- ☐ ____________________

TEST REQUESTS (REQUIRED)

(All tests in bold require an ABN for Medicare patients)

L - Lavender TT - Tiger P- Plasma * - Refrigerate serum immediately

PANELS

(See back for detail)

- TT, L ☐ Global Panel (CBC w Diff w Pit, CMP, Lipids)
- TT ☐ Comprehensive Metabolic Panel
- TT ☐ Basic Metabolic Panel
- TT ☐ Hepatic Function Panel
- TT ☐ Anemia Panel
- TT ☐ Vitamin Panel
- TT ☐ Lipid Panel
- TT ☐ Electrolyte Panel
- TT ☐ Basic Thyroid Panel

TESTS

- TT ☐ Albumin
- TT ☐ Alk Phos
- TT ☐ ALT
- TT ☐ Amylase
- TT ☐ Apo A1
- TT ☐ Apo B
- TT ☐ AST
- L ☐ Auto CBC w Diff w Pit
- L ☐ Auto CBC without Diff
- TT ☐ Bilirubin, Direct
- TT ☐ Bilirubin, Total
- TT ☐ BUN
- TT ☐ C-Peptide
- TT ☐ Calcium
- TT ☐ Chloride
- TT ☐ **Cholesterol**
- TT ☐ CO2
- TT ☐ Cortisol
- TT ☐ Creatinine
- TT ☐ Creatine Kinase
- TT ☐ CRP
- TT ☐ DHEAs
- TT ☐ Estradiol
- TT ☐ FSH
- TT ☐ **Ferritin**
- TT ☐ Folate
- TT ☐ **Glucose**
- TT ☐ Growth Hormone
- L ☐ **HbA1c**
- TT ☐ **HCG Beta**
- TT ☐ HDL
- TT ☐ **Homocysteine***
- TT ☐ Insulin
- TT ☐ **Iron**
- TT ☐ **Iron and TIBC**
- TT ☐ **LDL, Measured**
- TT ☐ LDH
- TT ☐ LH
- TT ☐ Lipase
- TT ☐ Magnesium
- TT ☐ Phospherous
- TT ☐ Progesterone
- TT ☐ Prolactin
- TT ☐ Potassium
- TT ☐ Protein, Total
- TT ☐ **PSA, Free**
- TT ☐ **PSA, Total**
- P ☐ PTH
- TT ☐ RF
- TT ☐ SHBG
- TT ☐ Sodium
- TT ☐ T3 Total
- TT ☐ T3 Free
- TT ☐ **T4 Total**
- TT ☐ **T4 Free**
- TT ☐ Testosterone, Total
- TT ☐ Testosterone, Total, Free/SHBG (Male Only)
- TT ☐ Thuroglobulin Antibodies
- TT ☐ TPO
- TT ☐ **Triglyceride**
- TT ☐ **TSH**
- TT ☐ **TSH w/ Reflex to T4 Free**
- TT ☐ **Uric Acid**
- TT ☐ **Vitamin D-OH2**
- TT ☐ **Vitamin B12 (fasting)**

☐ Custom Panels

- ☐ ________________________________
- ☐ ________________________________
- ☐ ________________________________
- ☐ ________________________________
- ☐ ________________________________
- ☐ ________________________________

White- Lab Copy (Must accompany specimen) I Pink- Provider Copy

INSTRUCTIONS

Minimum 2 identifiers on EACH specimen
No multi-vitamins 8 hours prior to draw.

KEY

L - Lavender TT - Tiger P- Plasma

PANELS

TESTS	Comprehensive Metabolic Panel	Basic Metabolic Panel	Hepatic Function Panel	Electrolyte Panel	Anemia Panel	Lipid Panel	Vitamin Panel	Basic Thyroid Panel	Global Panel
Anion Gap	X	X							X
BUN	X	X							X
Calcium	X	X							X
Chloride	X	X		X					X
CO2	X	X		X					X
Creatinine	X	X							X
Glucose	X	X							X
Potassium	X	X		X					X
Sodium	X	X		X					X
A/G Ratio	X		X						X
Albumin	X		X						X
Alk Phos	X		X						X
ALT	X		X						X
Direct Bilirubin	X		X						X
Globulin	X		X						X
Total Bilirubin	X		X						X
Total Protein	X		X						X
AST	X		X						X
Ferritin					X				
Iron					X				
TIBC					X				
Auto CBC w Diff w Pit									X
Cholesterol						X			X
HDL						X			X
LDL						X			X
Triglyceride						X			X
TSH w/ Reflex to T4 Free									
Vitamin D-OH2							X		
Folate							X		
TSH								X	
Uric Acid									
Vitamin B12 (fasting)							X		
T3 Free								X	
T3 Total								X	
T4 Free								X	
T4 Total								X	