

GUIDE TO COMPLETING LABCORP HOME HEALTH TEST REQUEST FORM

To help you complete the new form, please see the callouts below.

Reminder: Print clearly and enter all information requested. 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. Two patient-specific identifiers (such as name and date of birth) must be included on each label. The identifiers must correspond to information on the patient's test request form.
- 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/authorized signature, if applicable.
- Indicate on the test request form the appropriate ICD-10-CM code(s) at highest level of specificity 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(s) to be ordered. The tube(s) needed for the home health care collection is printed beside the test number.
- Do not see a test listed? Call 888-522-4452 for assistance regarding test availability and specimen requirements.

LabCorp

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

☐ Fax
☐ Call
☐ Mail

Send with copy of referral to:

3200.09

1 Patient's Legal Name (Last, First, MI)

2 Sex

3 Date of Birth

4 Collection Time

5 Fasting

6 Collection Date

7 Urine/No Urine

8 Patient's ID#

9 Physician's ID#

10 Patient's Address

11 City

12 State

13 ZIP

14 Name of Policy Holder (if different from patient)

15 Address of Policy Holder

16 City

17 State

18 ZIP

19 Date of Service

20 Physician's Signature

21 Physician's Name (Last, First)

22 Insurance Carrier

23 ID#

24 Group #

25 Insurance Address

26 Name of Insured Person

27 Relationship to Patient

28 Employer Name

29 Physician's Provider #

30 Workers Comp

31 Other Ins.

PANELS

331599 Basic Metabolic	80018 (green & gray)	331227 Comp Metabolic	80053 (green & gray)	303754 Electrolyte	80061 (green)
376839 Renal Function	80068 (green & gray)	800766 Lipid Panel	80061 (green)	322744 Acute Hsp	80074 (purple)
041321 Iron and IBC	85048, 85050 (green)	231712 Anemia Panel	8728, 8735, 8736 (green)	322755 Hsp Func (Liver)	80076 (green)

HEMATOLOGY

005009 CBC with diff	85075 (purple)	001081 Albumin	82043 (green)	001370 Creatinine	82565 (green)	143000 Pro-BNP	83080 (green)
028142 CBC w/o diff	85077 (purple)	001107 Alkaline Phos	84075 (green)	001378 Ferritin	83778 (green)	001379 Protein	84155 (green)
005054 Hematocrit	85014 (purple)	001545 ALT (SGPT)	84160 (green)	004598 Folate	82716 (green)	010322 PSA	84153 (green)
005041 Hemoglobin	85018 (purple)	001296 Amylase	82150 (green)	002014 GGT	82977 (green)	126120 PTH Intact	83070 (purple)
005249 Platelet count	85049 (purple)	164947 ANA	86038 (red)	001858 Glucose	82947 (gray)	008502 RA	80431 (green)
005280 Reticulocyte	85045 (purple)	001123 AST (SGOT)	84150 (green)	001453 Hemoglobin A1c	83036 (purple)	001188 Sodium	84195 (green)
005026 WBC	85048 (purple)	001099 Bilirubin	82047 (green)	008601 IgG Subclasses	82787 x 4 (red)	004937 Transferrin	84466 (green)
005215 Sed Rate/ESR	85072 (purple)	001089 Bilirubin	82047 (green)	001764 Immunoglobulin IgA	82784 (green)	001172 Triglycerides	84178 (green)
005119 PT/INR	85010 (purple)	001040 BUN	84520 (green)	001776 Immunoglobulin IgG	82784 (green)	001156 T3 Uptake	84479 (green)
005207 PTT	85130 (purple)	004804 Calcium/Ionized	82200 (red)	001792 Immunoglobulin IgM	82784 (green)	001149 T4 (Thyroxine)	84434 (green)

THERAPEUTIC DRUG MONITORING

706554 Cyclosporin	80154 (purple)	001878 Calcium Oxidase	82074 (green)	001339 Iron	85149 (green)	004259 TSH	84443 (green)
007345 Digoxin	80182 (green)	002139 CEA	82078 (purple)	001404 Uric Acid	83630 (green)	001057 Uric Acid	84150 (green)
007401 Olanzapine	80185 (green)	001206 Chloride	82435 (green)	001537 Magnesium	83735 (green)	001503 Vitamin B12	82007 (green)
007823 Phenytoin	80184 (green)	001565 Cholesterol	82445 (green)	001024 Phosphorus	84100 (green)	001091 Vitamin D1,25(OH) ₂	82682 (green)
007848 Tacrolimus	80197 (purple)	001382 CPK	82560 (green)	001180 Potassium	84132 (green)	001850 Vitamin D5 hydroxy	82306 (red)
007419 Cefazolin	80196 (green)	004527 C-Reactive Protein	80140 (green)	015831 Creatinine	81131 (green)		

FOR LAB USE ONLY

TRACE ELEMENTS

734820 Chromium	82445 (Royal Blue)
041041 Copper	82625 (Royal Blue)
724195 Manganese	83745 (Royal Blue)
041034 Selenium	84255 (Royal Blue)
070032 Zinc	84635 (Royal Blue)
007625 Lead	83655 (Royal Blue)

ADDITIONAL TESTS

SPECIAL INSTRUCTIONS

1 = ID / Susceptibility at Additional Charge

NOTE: Some specimen requirements have changed. Please refer to the specimen collection requirement listed on the form for the test (example: purple) and only submit the tube(s) necessary for the test(s) ordered.

