

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 3 3200.09
☐ Call
☐ Mail

1 Patient's Legal Name (Last, First, MI) 2 Sex 3 Date of Birth 4 Collection Time 5 Fasting 6 Collection Date 7 Urine h/v/a/v

8 Physician's Name (Last, First, MI) 9 Physician's Signature 10 Patient's Address 11 City 12 State 13 ZIP

14 Insurance Carrier 15 Insurance ID # 16 Insurance Address 17 City 18 State 19 ZIP

20 Relationship to Patient 21 Relationship to Patient 22 Employer Name 23 Employer Name

24 Patient's Signature 25 Date 26 Physician's Signature 27 Date

28 Medicare Advance Beneficiary Notice of Noncoverage (ABN) 29 Refer to Determining Necessity of ABN Completion

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 8278, 8156, 8158 (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 84156 (green)
005054 Hematocrit 85014 (purple)	001545 ALT (SGPT) 84460 (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) 84450 (green)	001453 Hemoglobin A1c 83036 (purple)	001188 Sodium 84195 (green)
005026 WBC 85048 (purple)	001222 Bilirubin 82048 (green)	001453 IgG Subclasses 82787 x 4 (red)	004937 Transferrin 84466 (green)
005215 Sed Rate/ESR 85072 (purple)	001099 Bilirubin 82047 (green)	208601 Immunoglobulin IgA 82784 (green)	001172 Triglycerides 84178 (green)
005119 PT/INR 85610 (purple)	001640 BUN 84520 (green)	001764 Immunoglobulin IgG 82784 (green)	001156 T3 Uptake 84479 (green)
005207 PTT 85730 (purple)	004804 Calcium/Ionized 82200 (red)	001776 Immunoglobulin IgM 82784 (green)	001149 T4 (Thyroxine) 84434 (green)

THERAPEUTIC DRUG MONITORING

706554 Cyclosporin 80154 (purple)	001878 Calcium Oxidase 82074 (green)	001339 Iron 85549 (green)	004259 TSH 84443 (green)
007345 Digoxin 80182 (green)	002139 CEA 82378 (purple)	001404 Uric Acid 84560 (green)	001057 Uric Acid 84560 (green)
007401 Olanzapine 80185 (green)	001206 Chloride 82435 (green)	001537 Magnesium 85735 (green)	001503 Vitamin B12 82007 (green)
007823 Phenytoin 80184 (green)	001565 Cholesterol 82465 (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)	004327 C-Reactive Protein 80140 (green)	015831 Pregabalin 81131 (green)	
007335 Theophylline 80198 (green)			
007280 Valproic Acid 80194 (green)			

FOR LAB USE ONLY

TRACE ELEMENTS

734820 Chromium 82445 (Royal Blue)	002772 Urinalysis w/ microscopic 81001	008447 Urine Cat. Carb 87048	007204 Urine Test 82190 (green)
081041 Copper 82625 (Royal Blue)	002038 Urinalysis, microscopic on PTA 81003	008447 Urine Cat. Carb 87048	007205 Urine Test 82190 (green)
724195 Manganese 83785 (Royal Blue)	149997 Moss Albumin Random 82043	008144 STD CULTURE 1 87437	007206 Urine Test 82190 (green)
081034 Selenium 84255 (Royal Blue)		007162 Urine Test 82190 (green)	007163 Urine Test 82190 (green)
070032 Zinc 84455 (Royal Blue)		180810 STD CULTURE 1 87070 (purple)	007161 Urine Test 82190 (green)
007625 Lead 83655 (Royal Blue)		183111 STD CULTURE 1 87070 (purple)	007154 Urine Test 82190 (green)

ADDITIONAL TESTS

SPECIAL INSTRUCTIONS

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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.

