

# 3rd PARTY REQUISITION FORM



LAB USE ONLY

Client ID:  
Doctor No:

Fill out form completely. Use a separate requisition form for each patient.  
Detailed instructions are on the back of this requisition form.

Initials:

Time:

Draw Date:

Patient Information (Required Information)				Ordering Physician Information		
Name (Last, First)			Physicians Name		NPI	
Address						
City	State	Zip	Address			
Phone	Other Patient ID#		City	State	Zip	
<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth		Phone	Fax		
Soc. Security #			Send Results via: <input type="checkbox"/> Fax <input type="checkbox"/> US Mail			

### Diagnosis

Diagnosis	ICD-9 Code	Diagnosis	ICD-9 Code	Diagnosis	ICD-9 Code
<input type="checkbox"/> Diabetes	250. ___	<input type="checkbox"/> Hypertensive Chronic Kidney Dis.	403. ___	<input type="checkbox"/> Malaise and Fatigue	780.79
<input type="checkbox"/> Pure Hypercholesterolemia	272.0	<input type="checkbox"/> HT Heart & Chronic Kidney Dis.	404. ___	<input type="checkbox"/> Other Resp. & Chest Symp.	786. ___
<input type="checkbox"/> Pure Hyperglyceridemia	272.1	<input type="checkbox"/> Arteriosclerotic Vascular Dis., Unspec.	440.9	<input type="checkbox"/> Shortness of Breath	786.05
<input type="checkbox"/> Mixed Hyperlipidemia	272.2	<input type="checkbox"/> Coronary Atherosclerosis	414.0 ___	<input type="checkbox"/> Screening, CV condition NOS	V81.2
<input type="checkbox"/> Unspecified Hyperlipidemia	272.4	<input type="checkbox"/> Heart Failure	428. ___	<input type="checkbox"/> Screening, Ischemic Heart Dis.	V81.0
<input type="checkbox"/> Hypertension (HTN)	401. ___			<input type="checkbox"/> PSA Screening	V76.44
<input type="checkbox"/> Hypertensive Heart Disease	402. ___				
<input type="checkbox"/> _____	_____				

**Note:** The provided ICD-9 codes are listed as a convenience for the ordering physician. Ordering physician should report the diagnosis code that best describes the reason for performing the test. Ordering physician must provide 4th or 5th ICD-9 digit as appropriate.

### Test Menu

<b>CVD Inflammation Profile</b> <input type="checkbox"/> Myeloperoxidase 83876 <input type="checkbox"/> High-sensitivity CRP 86141 <input type="checkbox"/> Lp-PLA <sub>2</sub> (The PLAC <sup>®</sup> Test) 83698 <input type="checkbox"/> F <sub>2</sub> -Isoprostanes/creatinine ratio 83789/82570 <input type="checkbox"/> Microalbumin/creatinine ratio 82043/82570 <b>Advanced CVD Risk Profile</b> <input type="checkbox"/> Vitamin D, 25 OH 82306 <input type="checkbox"/> ApoB 82172 <input type="checkbox"/> ApoA1 82172 <input type="checkbox"/> Lp(a) 83695 <input type="checkbox"/> NT-proBNP* 83880 <input type="checkbox"/> sd-LDL 83701 <input type="checkbox"/> HDL2b 82664 <input type="checkbox"/> Homocysteine 83090 <b>Advanced Lipid Profile</b> (Includes lipid panel) <input type="checkbox"/> NMR LipoProfile <sup>®</sup> 83704 <b>Routine Panels**</b> <input type="checkbox"/> Lipid Panel 80061 <input type="checkbox"/> Basic Metabolic Panel 80048 <input type="checkbox"/> Comprehensive Metabolic Panel 80053 (Basic Metabolic Panel, Plus) <input type="checkbox"/> Hepatic Function Panel 80076 <input type="checkbox"/> Renal Function Panel 80069 <input type="checkbox"/> Electrolyte Panel 80051	<b>Cardiac</b> <input type="checkbox"/> Creatine Kinase 82550 <input type="checkbox"/> Creatine Kinase - MB 82553 <input type="checkbox"/> Myoglobin 83874 <input type="checkbox"/> Troponin T 84484 <b>Metabolic Syndrome</b> <input type="checkbox"/> Glucose 82947 <input type="checkbox"/> Total Insulin 83525 <input type="checkbox"/> HbA1c 83036 <input type="checkbox"/> Fructosamine 82985 <input type="checkbox"/> C-Peptide 84681 <b>Cancer</b> <input type="checkbox"/> CA 125 86304 <input type="checkbox"/> CA 15-3 86300 <input type="checkbox"/> CA 19-9 86301 <input type="checkbox"/> Carcinoembryonic Antigen (CEA) 82378 <input type="checkbox"/> Prostate Specific Ag, Free 84154 <input type="checkbox"/> Prostate Specific Ag, Total 84153 <input type="checkbox"/> PSA Screening G0103 <b>Thyroid Function</b> <input type="checkbox"/> Thyroxine (T4), Free 84439 <input type="checkbox"/> Thyroxine (T4), Total 84436 <input type="checkbox"/> Triiodothyronine (T3), Free 84481 <input type="checkbox"/> Triiodothyronine (T3), Total 84480 <input type="checkbox"/> Thyroid Stimulating Hormone (TSH) 84443 <b>Hormones</b> <input type="checkbox"/> Testosterone, Total 84403 <input type="checkbox"/> Luteinizing Hormone 83002	<b>Coagulation</b> <input type="checkbox"/> D-Dimer <sup>†</sup> 85379 <b>Enzymes</b> <input type="checkbox"/> Amylase 82150 <input type="checkbox"/> Amylase-Pancreatic 82150 <input type="checkbox"/> GGT 82977 <input type="checkbox"/> Lactate Dehydrogenase 83615 <b>Anemia/Iron Metabolism</b> <input type="checkbox"/> Folate 82746 <input type="checkbox"/> RBC Folate 82747 <input type="checkbox"/> Vitamin B12 82607 <input type="checkbox"/> Iron 83540 <input type="checkbox"/> Serum Iron & Iron Binding Capacity (IBC) 83550/83540 <input type="checkbox"/> Ferritin 82728 <b>Therapeutic Drug Monitoring</b> <input type="checkbox"/> AspirinWorks <sup>®</sup> † (11-dehydro thromboxane B2) 84431 <b>Standard Laboratory Tests</b> <input type="checkbox"/> Complete Blood Count (CBC)/Diff* 85025 <input type="checkbox"/> Complete Blood Count (CBC)* 85027 <input type="checkbox"/> Urinalysis 81001 <input type="checkbox"/> Uric Acid 84550 <input type="checkbox"/> Ammonia 82140 <b>360-5.com Wellness Program</b> (one time charge of \$10 for each program) <input type="checkbox"/> GO <sup>®</sup> FoodsforYou n/a <input type="checkbox"/> StressFreeNow n/a	<input type="checkbox"/> P <input type="checkbox"/> LAV <input type="checkbox"/> SST <input type="checkbox"/> SST <input type="checkbox"/> CHU <input type="checkbox"/> UR <input type="checkbox"/> NMR <input type="checkbox"/> SER <input type="checkbox"/> Other:
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\*Sample must be shipped the same day collected.  
 \*\*Individual tests for each panel are available upon request. Please visit our website (www.clevelandheartlab.com) or contact Cleveland HeartLab for a complete listing of tests.  
 †Call CHL for sample handling procedures.

Comments:

### Billing Information (Check only one billing option)

**Billing Option 1 – Insurance**  
 Copy BOTH sides of the patient's insurance card(s) and attach to this form.  
 Patient Relation:  
 Self  Spouse  Dependent

**Billing Option 2 – Medicare**  
 Medicare No. \_\_\_\_\_ Patient's Signature: \_\_\_\_\_

**Have patient sign Release of Benefits (below)**  
**Release and Assignment of Benefits**  
 As a courtesy, Cleveland HeartLab will make every reasonable effort to obtain reimbursement for its test. I authorize Cleveland HeartLab, LLC to release to Medicare, its intermediaries (including Blue Cross/Blue Shield) and any insurance carrier providing medical benefits to me and any health plan of which I am a member, any medical or other information needed for claim or payment purposes. I understand that I am responsible for any charges that may be denied or partially reimbursed by my insurance carrier. A photocopy of this form shall be valid as the original. I agree that this authorization will cover all medical services rendered until such authorization is revoked by me.

Physicians Signature: **X** Date: **X**

## Sample Rejection Policy

Samples may be rejected for any of the following reasons:

- Samples were shipped on Saturday.
- Friday blood draws arrived on Monday.
- Samples were not shipped the same day as draw.
- Sample types were incorrect or samples were received in damaged condition (i.e. tube open or cracked, sample not at correct temperature).
- Sample tube is not properly labeled. Name, date of birth and sample type is required.
- Requisition form is not completely filled out. First and last name, date of birth and gender is required.
- Physician signature is missing.

## Sample Handling/Storage Instructions

- Collect blood samples using aseptic venipuncture technique.
- Check that you have enough sample to perform each test ordered.
- Cap tightly and label sample tube. All samples should be properly identified. Sample label **must** include: NAME, DATE OF BIRTH and SAMPLE TYPE.
- Treat all samples with Universal and Standard precautions.

### EDTA Plasma (Lavender Top)

#### Tests

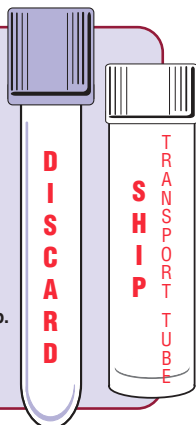
1. Myeloperoxidase (MPO)
2. hsCRP
3. Lp-PLA<sub>2</sub>
4. Ammonia\*

#### Sample Handling

1. Draw
2. Gently invert **8-10x** (DO NOT SHAKE!)
3. **Centrifuge immediately  $\leq 1300$  rcf for 10 min.**
4. **Aliquot top layer from lavender draw tube and place PLASMA into transport tube and dispose of draw tube. ONLY ship plasma in transport tube to Cleveland HeartLab.**
5. Store refrigerated for up to 6 days before shipping

**Note: A minimum of 0.5 mL of plasma is required per test.**

\*ALWAYS separate and FREEZE AMMONIA



### EDTA Whole Blood (Lavender Top)

#### Tests

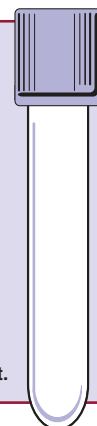
1. HbA1c
2. CBC
3. CBC/Diff
4. RBC Folate\*

#### Sample Handling

1. Draw
2. Gently invert **8-10x** (DO NOT SHAKE!)
3. DO NOT CENTRIFUGE

\*This test also requires that you provide a serum sample. A minimum of 1 mL of whole blood and serum is required for this test.

**Note: A minimum of 0.5 mL of whole blood is required per test.**



### Serum (Tiger Top)

#### Tests

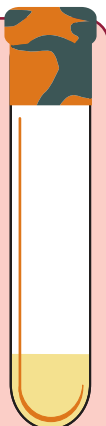
- |                                  |                         |                                      |
|----------------------------------|-------------------------|--------------------------------------|
| 1. Vitamin D, 25 OH              | 10 Renal Function Panel | 20. Enzymes                          |
| 2. ApoB                          | 11. Electrolyte Panel   | 21. Iron                             |
| 3. ApoA1                         | 12. Folate & IBC        | 22. Serum Iron                       |
| 4. Lp(a)                         | 13. Vitamin B12         | 23. Ferritin                         |
| 5. NT-proBNP                     | 14. sd-LDL              | 24. C-peptide*                       |
| 6. Lipid Panel                   | 15. HDL2b               | 25. Insulin*                         |
| 7. Basic Metabolic Panel         | 16. Thyroid Function    | 26. Prostate Specific Ag, Free/Total |
| 8. Comprehensive Metabolic Panel | 17. Cardiac Markers     | 27. Glucose                          |
| 9. Hepatic Function Panel        | 18. Cancer              | 28. Uric Acid                        |
|                                  | 19. Hormones            | 29. Homocysteine                     |

#### Sample Handling

1. Draw
2. Gently invert **5x** (DO NOT SHAKE!)
3. Let blood clot for 30 min.
4. **Centrifuge at 1300 rcf for 30 min.**
5. Store refrigerated and ship sample the same day as draw

**Note: A minimum of 0.5 mL of serum is required per test or panel.**

\*C-peptide and Insulin samples should be separated and frozen if the sample will not be tested within 24 hours of draw.



### Urine Specimen Tube (Cherry Red/Yellow Top)

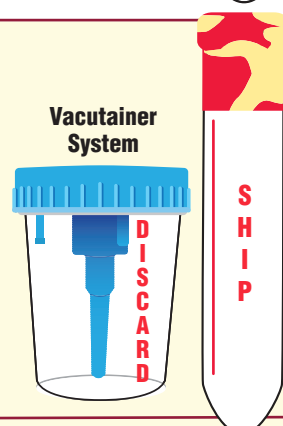
#### Tests

1. Urinalysis

#### Sample Handling

1. Collect random urine in clean specimen container
2. Transfer to cherry red/yellow top tube using the vacutainer system
3. Gently invert **5x** (DO NOT SHAKE!)
4. Ship within 2 days of collection

**Note: A minimum of 3.0 mL of urine is required per test.**



### Urine Specimen Tube (Yellow Top)

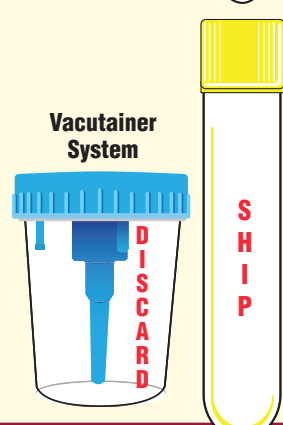
#### Tests (Yellow)

1. F<sub>2</sub>-Isoprostanes/creatinine ratio
2. Microalbumin/creatinine ratio

#### Sample Handling

1. Collect random urine
2. Transfer to yellow tube using the vacutainer system
3. Store refrigerated or frozen before shipping
4. Ship within 7 days of collection

**Note: A minimum of 1.0 mL of urine is required per test.**



## Office Packing

Prior to packaging, ensure samples are refrigerated.

- 1) Place cold or frozen sample(s) in the biohazard bags.
- 2) Place completed requisition (and insurance information if applicable) for each sample in the pouch of the biohazard bag.
- 3) Place biohazard bag (with sample(s) and requisition form) in the Styrofoam box.
- 4) Place a frozen gel pack on top of the samples in the Styrofoam box.
- 5) Place Styrofoam box into UPS Laboratory Shipping Pak.

## UPS Pick-Up

Call UPS at (800) 742-5877 to schedule a "Return Service Labeled" pick-up. (Have tracking number available)

Ship for next day delivery (with provided shipping label) to:  
**Cleveland HeartLab, LLC.**, 10265 Carnegie Avenue, Cleveland, OH 44106  
 Phone: (866) 358-9828

**Samples can be shipped Monday through Thursday using the Next Day Air label. Samples shipped out on Friday for Saturday delivery **must use a Saturday label.****

**Questions?** Please call (866) 358-9828