

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

CLEVELAND HEARTLAB USE ONLY

P
 LAV
 SST
 SST
 CHU
 UR
 NMR
 SER
 Other:

*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)	
<input type="checkbox"/> Billing Option 1 – Insurance Copy BOTH sides of the patient's insurance card(s) and attach to this form. Patient Relation: <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent	<input type="checkbox"/> Billing Option 2 – Medicare Medicare No. _____
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.	
Patient's Signature: _____	

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

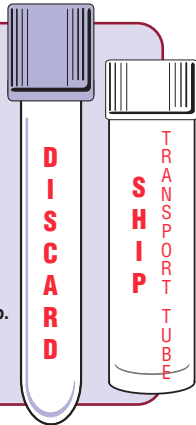
1. Myeloperoxidase (MPO)
2. hsCRP
3. Lp-PLA₂
4. Ammonia*

Sample Handling

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

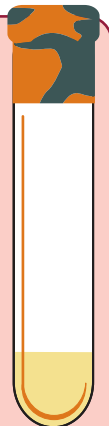
- | | | |
|----------------------------------|-------------------------|--------------------------------------|
| 1. Vitamin D, 25 OH | 10 Renal Function Panel | 20. Enzymes |
| 2. ApoB | 11. Electrolyte Panel | 21. Iron |
| 3. ApoA1 | 12. Folate & IBC | 22. Serum Iron |
| 4. Lp(a) | 13. Vitamin B12 | 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)

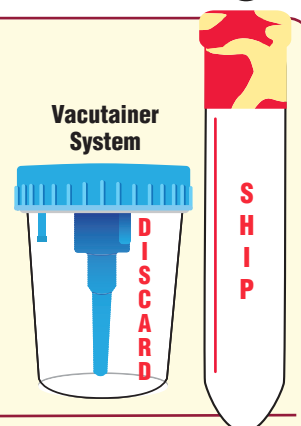
Tests

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)

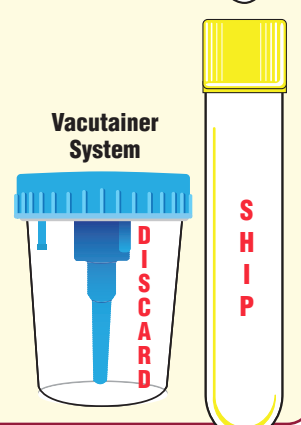
Tests (Yellow)

1. F₂-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.



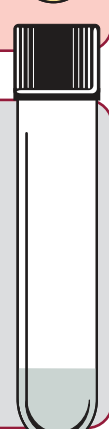
NMR Lipo Tube (Black)

Tests

1. NMR LipoProfile®

Sample Handling

1. Draw
2. Gently invert **5x** (DO NOT SHAKE!)
3. Let blood clot for 30 min.
4. Centrifuge for 30 min.
5. Store refrigerated for up to 24 hours before shipping.



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