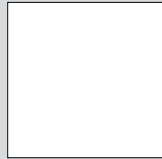


# CLIENT REQUISITION FORM



LAB  
USE  
ONLY



LAB  
USE  
ONLY

**CLIENT ID**

**INSTRUCTIONS**

1. Please complete all highlighted areas in their entirety.
2. Please provide all specimen information (draw date/time).

**Customer Support 866.358.9828 | f 866.869.0148**

Initials:

Time:

Draw Date:

**PRACTITIONER INFORMATION**

Client ID		
Practice Name		
Practitioner ID		
Practitioner Name		
NPI		
Address		
City	State	ZIP
Phone	Fax	

**TEST MENU** *(Please fill in box completely)*

<p><b>INFLAMMATION</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Myeloperoxidase (83876)</li> <li><input type="checkbox"/> Lp-PLA<sub>2</sub> Activity (83698)</li> <li><input type="checkbox"/> High-Sensitivity CRP (hs-CRP) (86141)</li> <li><input type="checkbox"/> Microalbumin/Creatinine (82043/82570)</li> <li><input type="checkbox"/> ADMA/SDMA (82542)</li> <li><input type="checkbox"/> Oxidized LDL (83516)</li> <li><input type="checkbox"/> F<sub>2</sub>-Isoprostanes/Creatinine (82542/82570)</li> </ul> <p><b>LIPIDS</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Standard Lipid Panel <i>(Includes non-HDL cholesterol)</i> (80061)               <ul style="list-style-type: none"> <li><input type="checkbox"/> If TGs &gt;400 mg/dL, reflex to a Direct LDL (83721)</li> </ul> </li> <li><input type="checkbox"/> ApoB (82172)</li> <li><input type="checkbox"/> ApoA1 (82172)</li> <li><input type="checkbox"/> sdLDL (83701)</li> <li><input type="checkbox"/> Lp(a) (83695)</li> <li><input type="checkbox"/> HDL2b (82664)</li> <li><input type="checkbox"/> <i>NMR LipoProfile</i><sup>®</sup> with Lipids (83704/80061)*</li> <li><input type="checkbox"/> <i>NMR LipoProfile</i><sup>®</sup> without Lipids (83704)*</li> </ul> <p><b>METABOLIC</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> TMAO (82542)</li> <li><input type="checkbox"/> Glucose (82947)</li> <li><input type="checkbox"/> Insulin (83525)               <ul style="list-style-type: none"> <li><input type="checkbox"/> Reflex to Adiponectin if indicated (83516)</li> </ul> </li> <li><input type="checkbox"/> OGTT (82951)</li> <li><input type="checkbox"/> GLYCO<sup>MARK</sup><sup>®</sup> (84378)</li> <li><input type="checkbox"/> HbA1c (83036)               <ul style="list-style-type: none"> <li><input type="checkbox"/> Reflex to GLYCO<sup>MARK</sup><sup>®</sup> if indicated (84378)</li> </ul> </li> <li><input type="checkbox"/> Adiponectin (83516)</li> <li><input type="checkbox"/> Fructosamine (82985)</li> <li><input type="checkbox"/> C-Peptide (84681)</li> <li><input type="checkbox"/> Cystatin C (82610)</li> <li><input type="checkbox"/> Homocysteine (83090)</li> </ul> <p><b>HYPERTENSION/HEART FAILURE</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Galectin-3 (82777)</li> <li><input type="checkbox"/> NT-proBNP (83880)*</li> </ul> <p><b>VITAMINS/SUPPLEMENTS</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Coenzyme Q10 (82542)**</li> <li><input type="checkbox"/> Vitamin D, 25 OH (82306)</li> <li><input type="checkbox"/> Vitamin D2/D3 (82306)</li> <li><input type="checkbox"/> Folate (82746)</li> <li><input type="checkbox"/> RBC Folate (82747)</li> <li><input type="checkbox"/> Vitamin B12 (82607)</li> </ul> <p><b>FATTY ACIDS</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> OmegaCheck<sup>™</sup> (82542)</li> </ul> <p><b>HORMONES</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Testosterone, Total (84403)</li> <li><input type="checkbox"/> Estradiol (82670)</li> <li><input type="checkbox"/> FSH (83001)</li> <li><input type="checkbox"/> Luteinizing Hormone (83002)</li> <li><input type="checkbox"/> Progesterone (84144)</li> </ul> <p><b>THYROID FUNCTION</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> T4, Free (84439)</li> <li><input type="checkbox"/> T4, Total (84436)</li> <li><input type="checkbox"/> T3, Free (84481)</li> <li><input type="checkbox"/> T3, Total (84480)</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> TSH (84443)               <ul style="list-style-type: none"> <li><input type="checkbox"/> Reflex to T4, Free if indicated (84439)</li> <li><input type="checkbox"/> Reflex to T3, Free if indicated (84481)</li> </ul> </li> </ul> <p><b>ANEMIA/IRON METABOLISM</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Ferritin (82728)</li> <li><input type="checkbox"/> Iron (83540)</li> <li><input type="checkbox"/> Serum Iron &amp; IBC (83540/83550)</li> </ul> <p><b>CANCER</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> PSA, Total (84153)               <ul style="list-style-type: none"> <li><input type="checkbox"/> Reflex to PSA, Free if indicated (84154)</li> </ul> </li> <li><input type="checkbox"/> PSA, Total (G0103; Medicare)</li> <li><input type="checkbox"/> Reflex to PSA, Free if indicated (84154)</li> </ul> <p><b>COAGULATION/PLATELET FUNCTION</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> AspirinWorks<sup>®</sup> (84431/82570)</li> <li><input type="checkbox"/> Fibrinogen Mass (85385)</li> </ul> <p><b>GENETICS</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> CYP2C19 (81225)</li> <li><input type="checkbox"/> ApoE (81401)</li> <li><input type="checkbox"/> MTHFR (81291)</li> <li><input type="checkbox"/> Factor II (81240)</li> <li><input type="checkbox"/> Factor V (Leiden) (81241)</li> </ul> <p><b>ROUTINE PANELS</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Basic Metabolic Panel (80048)</li> <li><input type="checkbox"/> Comprehensive Metabolic Panel (80053)</li> <li><input type="checkbox"/> Hepatic Function Panel (80076)</li> <li><input type="checkbox"/> Renal Function Panel (80069)</li> <li><input type="checkbox"/> Electrolyte Panel (80051)</li> </ul> <p><b>STANDARD LABORATORY TESTS</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> CBC/Auto Diff (85025)*</li> <li><input type="checkbox"/> CBC (85027)</li> <li><input type="checkbox"/> Urinalysis (81001)*</li> <li><input type="checkbox"/> Uric Acid (84550)</li> <li><input type="checkbox"/> Creatine Kinase (82550)</li> </ul> <p><b>CLEVELAND CLINIC WELLNESS PROGRAMS</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> <a href="#">Go! Foods for You</a></li> <li><input type="checkbox"/> <a href="#">Stress Free Now</a></li> <li><input type="checkbox"/> <a href="#">Go! to Sleep</a></li> </ul> <p><b>OTHER</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/></li> <li><input type="checkbox"/></li> <li><input type="checkbox"/></li> <li><input type="checkbox"/></li> <li><input type="checkbox"/></li> <li><input type="checkbox"/></li> <li><input type="checkbox"/></li> <li><input type="checkbox"/></li> <li><input type="checkbox"/></li> <li><input type="checkbox"/></li> <li><input type="checkbox"/></li> <li><input type="checkbox"/></li> <li><input type="checkbox"/></li> <li><input type="checkbox"/></li> <li><input type="checkbox"/></li> <li><input type="checkbox"/></li> <li><input type="checkbox"/></li> <li><input type="checkbox"/></li> <li><input type="checkbox"/></li> </ul>
---	--

\* Sample must be shipped the same day collected.  
\*\* Sample must be protected from light.

**PATIENT INFORMATION**

DOB mm / dd / yyyy		<input type="checkbox"/> Male	<input type="checkbox"/> Female
Last Name			
First Name		Middle Initial	
Ht. ft.	in.	Wt. lbs.	BMI
Fasting? <input type="checkbox"/> Yes			<input type="checkbox"/> No
Race <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African-American			
<input type="checkbox"/> White/Caucasian (Non-Hispanic) <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Other			
<input type="checkbox"/> Patient Demographics Sheet Attached			
Address			
City		State	ZIP
Phone			
Other Patient ID			Last Four Digits of SSN

**COMMENTS**

Practitioner's Signature: X

Date: X