

CLIENT REQUISITION FORM

INSTRUCTIONS

1. Please complete all highlighted areas in their entirety.

2. Please provide all specimen information (draw date/time).

ClevelandHeartLab®

Know your risk.

Customer Support 866.358.9828 | f 866.869.0148

LAB USE ONLY

LAB USE ONLY

CLIENT ID

PRACTITIONER INFORMATION

Client ID

Practice Name

Practitioner ID

Practitioner Name

NPI

Address

City State ZIP

Phone Fax

TEST MENU (Please fill in box completely)

INFLAMMATION

LIPIDS

METABOLIC

HYPERTENSION/HEART FAILURE

VITAMINS/SUPPLEMENTS

FATTY ACIDS

HORMONES

THYROID FUNCTION

ANEMIA/IRON METABOLISM

CANCER

COAGULATION/PLATELET FUNCTION

GENETICS

ROUTINE PANELS

STANDARD LABORATORY TESTS

CLEVELAND CLINIC WELLNESS PROGRAMS

OTHER

PATIENT INFORMATION

DOB mm / dd / yyyy

Male Female

Last Name

First Name Middle Initial

Ht. ft. | in. Wt. lbs. BMI Fasting? Yes No

Address

City State ZIP

Phone

Race American Indian/Alaskan Native Asian Black/African-American White/Caucasian (Non-Hispanic) Hispanic/Latino Other

Patient Demographics Sheet Attached

Other Patient ID Last Four Digits of SSN

COMMENTS

Comments section for patient information.

Initials:

Time:

Draw Date:

Practitioner's Signature: X

Date: X