

3rd PARTY REQUISITION FORM



LAB USE ONLY

INSTRUCTIONS

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

6701 Carnegie Avenue | Suite 500 | Cleveland, Ohio 44103
p 866.358.9828 | f 866.869.0148
www.clevelandheartlab.com

PRACTITIONER INFORMATION

Form fields for Practitioner Information including Client ID, Practitioner ID, Practice Name, Practitioner Name, NPI, Address, City, State, ZIP, Phone, and Fax.

PATIENT INFORMATION

Form fields for Patient Information including DOB, Last Name, First Name, Middle Initial, Address, City, State, ZIP, Phone, Other Patient ID, Last Four Digits of SSN, Ht., Wt., BMI, Fasting?, Race, and Ethnicity.

TEST MENU (Please fill in box completely)

Test Menu section containing various lab test categories such as INFLAMMATION, ANEMIA/IRON METABOLISM, CANCER, PLATELET FUNCTION, GENETICS, ROUTINE PANELS, STANDARD LABORATORY TESTS, CLEVELAND CLINIC WELLNESS PROGRAMS, METABOLIC, LIPIDS, METABOLIC, CARDIAC, VITAMINS/SUPPLEMENTS, FATTY ACIDS, HORMONES, and THYROID FUNCTION.

BILLING INFORMATION (Check only one billing option)

Billing Information section with options for Insurance Provider, Medicare, Medicare HMO Provider, and Self-Pay, including instructions on where to attach insurance cards.

DIAGNOSIS (ICD-9 Code)

Table listing various medical diagnoses with their corresponding ICD-9 codes and rates, such as Acquired Hypothyroidism, Diabetes Type II, and Hypertension.

Note: The provided ICD-9 codes are listed as a convenience. Ordering practitioners should report the diagnosis code that best describes the reason for performing the test, regardless of whether the code is listed above or not.

COMMENTS:

Initials:
Time:
Draw Date:

Practitioner's Signature: X

Date: X

\* Sample must be shipped the same day collected.
† Individual tests for each panel are available upon request.

## INDIVIDUAL TESTS

Order Code	Test	CPT Code	Sample Type
C314	Adiponectin	83516	Serum
C109	Albumin	82040	Serum
C111	Alkaline Phosphatase	84075	Serum
C112	ALT	84460	Serum
C127	Amylase	82150	Serum
C604	ApoE Genotype	81401	EDTA Whole Blood**
C123	ApoB	82172	Serum
C122	ApoA1	82172	Serum
C922	AspirinWorks®	84431/82570	Urine
C113	AST	84450	Serum
C115	Bilirubin, Direct	82248	Serum
C114	Bilirubin, Total	82247	Serum
C107	BUN	84520	Serum
C130	CA 125	86304	Serum
C131	CA 15-3	86300	Serum
C132	CA 19-9	86301	Serum
C102	Calcium	82310	Serum
C135	Carcinoembryonic Antigen (CEA)	82378	Serum
C106	Chloride	82435	Serum
C117	Cholesterol, Total	82465	Serum
C138	CK-MB	82553	Serum
C105	CO <sub>2</sub>	82374	Serum
C311	Coenzyme Q10*	83789	Serum or EDTA Plasma
C915	Complete Blood Count w/Differential*	85025	EDTA Whole Blood
C917	Complete Blood Count w/o Differential*	85027	EDTA Whole Blood
C136	C-Peptide	84681	Serum
C137	Creatine Kinase (CK)	82550	Serum
C108	Creatinine	82565	Serum
C603	CYP2C19 Genotype	81225	EDTA Whole Blood**
C307	Cystatin C	82610	Serum
C139	D-Dimer*	85379	NaCit Plasma
C316	Estradiol	82670	Serum
C918	F <sub>2</sub> -Isoprostanes/Creat ratio	83789/82570	Urine
C140	Ferritin	82728	Serum
C334	Fibrinogen Mass†	85385	NaCit Plasma
C258	Folate	82746	Serum
C317	Follicle Stimulating Hormone	83001	Serum
C164	Fructosamine	82985	Serum
C315	Galectin-3	82777	Serum or EDTA Plasma
C165	GGT	82977	Serum
C101	Glucose	82947	Serum
C145	HbA1c	83036	EDTA Whole Blood
C118	HDL Cholesterol, Direct	83718	Serum
C324	HDL2b	82664	Serum
C308	Homocysteine	83090	Serum or EDTA Plasma
C121	hsCRP	86141	Serum or EDTA Plasma
C146	Insulin, Total	83525	Serum
C147	Iron	83540	Serum
C273	Iron Binding Capacity	83550	Serum
C148	Lactate Dehydrogenase	83615	Serum
C120	LDL Cholesterol, Direct	83721	Serum
C292	Lipase	83690	Serum
C167	Lp(a)	83695	Serum

## INDIVIDUAL TESTS (Continued)

Order Code	Test	CPT Code	Sample Type
C167	Lp-PLA <sub>2</sub> (The PLAC® Test)	83698	Serum or EDTA Plasma
C149	Luteinizing Hormone	83002	Serum
C150	Magnesium	83735	Serum
C605	MTHFR	81291	EDTA Whole Blood**
C133	Myeloperoxidase (MPO)	83876	EDTA Plasma
C152	Myoglobin	83874	Serum
C907	NMR LipoProfile® with Lipids*	83704/80061	Serum
C944	NMR LipoProfile® without Lipids*	83704	Serum
C125	NT-proBNP*	83880	Serum
C505	OGTT	82951	Serum
C1402	Omega-3 & Omega-6	82541	EDTA Plasma
C335	Oxidized LDL	83516	Serum or EDTA Plasma
C309	Parathyroid Hormone (PTH), Intact	83970	Serum
C116	Phosphorus	84100	Serum
C104	Potassium	84132	Serum
C320	Progesterone	84144	Serum
C512	PSA, Free and PSA, Total	84154/84153	Serum
C154	PSA, Total	84153	Serum
C110	Protein, Total	84155	Serum
C259	RBC Folate	82747	EDTA Whole Blood
C281	sdLDL	83701	Serum
C103	Sodium	84295	Serum
C156	Testosterone, Total	84403	Serum
C942	Testosterone, Free	84402	Serum
C157	Thyroid Stimulating Hormone	84443	Serum
C142	Thyroxine (T4), Free	84439	Serum
C158	Thyroxine (T4), Total	84436	Serum
C119	Triglycerides	84478	Serum
C143	Triiodothyronine (T3), Free	84481	Serum
C144	Triiodothyronine (T3), Total	84480	Serum
C159	Troponin T	84484	Serum
C161	Uric Acid	84550	Serum
C916	Urinalysis*	81001	Urine
C919	Urinary Microalbumin/Creat ratio	82043/82570	Urine
C260	Vitamin B12	82607	Serum
C169	Vitamin D, 25 OH	82306	Serum
C277	Vitamin D2/D3	82652	Serum or EDTA Plasma

## STANDARD PANELS

Order Code	Panel	CPT Code	Sample Type
C906	Standard Lipid Panel (includes non-HDL cholesterol)	80061	Serum
C902	Basic Metabolic Panel	80048	Serum
C901	Comprehensive Metabolic Panel	80053	Serum
C903	Hepatic Function Panel	80076	Serum
C904	Renal Function Panel	80069	Serum
C905	Electrolyte Panel	80051	Serum

## CLEVELAND CLINIC WELLNESS PROGRAMS

Order Code	Program	
C207	Go!® Foods for You	*Sample must be shipped the same day collected. **A single separate tube is required for genetic tests.
C208	Stress Free Now	
C333	Go!® to Sleep	

## SAMPLE REJECTION POLICY

### Samples will be rejected for any of the following reasons:

- Samples were shipped on Saturday.
- Friday blood draws arrived on Monday.
- Sample types were incorrect or samples were received in damaged condition (i.e. tube open or cracked, sample not at correct temperature).

## QUESTIONS? Please call (866) 358-9828

- Sample tube is not properly labeled with full name and date of birth
- Transport tube not properly labeled with sample type.
- Requisition form is not completely filled out. First and last name, date of birth and gender are required.
- Physician signature is missing.

## OFFICE PACKING

### Samples should be stored at 2-8° C immediately after they are collected and processed.

- 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 ice 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, Inc.**, 6701 Carnegie Avenue, Suite 500, Cleveland, OH 44103  
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.**