3rd PARTY REQUISITION FORM

ClevelandHeartLab®
Know your risk.

Customer Support 866.358.9828 | f 866.869.0148

LAB USE ONLY — CLIENT ID — LAB USE ONLY

INSTRUCTIONS

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

CLEAR FORM

Initials: ____ Time: ____ Draw Date: ____

PRACTITIONER INFORMATION

Client ID		
Practice Name		
Practitioner ID		
Practitioner Name		
NPI	PECOS Validated? ☐ Yes ☐ No	
Address		
City	State	ZIP
Phone	Fax	

TEST MENU (Please fill in box completely)

INFLAMMATION
- ☐ Myeloperoxidase (C133)
- ☐ Lp-PLA$_2$ Activity (C570)
- ☐ High-Sensitivity CRP (hs-CRP) (C121)
- ☐ Microalbumin/Creatinine (C919)
- ☐ ADMA/SDMA (C301)
- ☐ Oxidized LDL (C335)
- ☐ F$_2$-Isoprostanes/Creatinine (C261)

LIPIDS
- ☐ Standard Lipid Panel *(Includes non-HDL cholesterol)* (C906)
  - ☐ If TGs >400 mg/dL, reflex to a Direct LDL (C909)
- ☐ ApoB (C123)
- ☐ ApoA1 (C122)
- ☐ sdLDL (1341)
- ☐ Lp(a) (C124)
- ☐ HDL2b (1342)
- ☐ *NMR LipoProfile*® with Lipids (C907)*
- ☐ *NMR LipoProfile*® without Lipids (C944)*
- ☐ Ion Mobility, Lipid Fractionation (1346)*

METABOLIC
- ☐ TMAO (C524)
- ☐ Glucose (C101)
- ☐ Insulin (C146)
  - ☐ Reflex to Adiponectin if indicated (C520)
- ☐ OGTT (75g glucose) (C505)
- ☐ GlycoMark® (C155)
- ☐ HbA1c (C145)
- ☐ Adiponectin (C314)
- ☐ Fructosamine (C164)
- ☐ C-Peptide (C136)
- ☐ Cystatin C (C307)
- ☐ Homocysteine (C308)

HYPERTENSION/HEART FAILURE
- ☐ Galectin-3 (C315)
- ☐ NT-proBNP (C125)*

VITAMINS/SUPPLEMENTS
- ☐ Coenzyme Q10 (C295)**
- ☐ Vitamin D, 25 OH (C339)
- ☐ Vitamin D2/D3 (C277)
- ☐ Folate (C258)
- ☐ RBC Folate (C1259)†
- ☐ Vitamin B12 (C260)

FATTY ACIDS
- ☐ OmegaCheck® (C302)

HORMONES
- ☐ Testosterone, Total (C156)
- ☐ Estradiol (C316)
- ☐ FSH (C317)
- ☐ Luteinizing Hormone (C149)
- ☐ Progesterone (C320)

ANEMIA/IRON METABOLISM
- ☐ Ferritin (C140)
- ☐ Iron (C147)
- ☐ Serum Iron & IBC (C273)

THYROID FUNCTION
- ☐ T4, Free (C142)
- ☐ T4, Total (C158)
- ☐ T3, Free (C143)
- ☐ T3, Total (C144)
- ☐ TSH (C157)
  - ☐ Reflex to T4, Free if indicated (C513)
  - ☐ Reflex to T3, Free if indicated (C514)

CANCER
- ☐ PSA, Total (C154)
  - ☐ Reflex to PSA, Free if indictated (C512)

COAGULATION/PLATELET FUNCTION
- ☐ AspirinWorks® (C922)
- ☐ Fibrinogen Mass (C334)*

GENETICS
- ☐ 4q25-AF (1349)†
- ☐ 9P21 (1348)†
- ☐ ApoE (1087)†
- ☐ CYP2C19 (1086)†
- ☐ Factor II (1090)†
- ☐ Factor V (Leiden) (1089)†
- ☐ KIF6 (1350)†
- ☐ LPA Aspirin (1351)†
- ☐ LPA Intron-25 (1352)†
- ☐ MTHFR (1088)†

ROUTINE PANELS
- ☐ Basic Metabolic Panel (C902)
- ☐ Comprehensive Metabolic Panel (C901)
- ☐ Hepatic Function Panel (C903)
- ☐ Renal Function Panel (C904)
- ☐ Electrolyte Panel (C905)

STANDARD LABORATORY TESTS
- ☐ CBC/Auto Diff (C915)*
- ☐ CBC (C917)*
- ☐ Urinalysis (C916)*
- ☐ Uric Acid (C161)
- ☐ Creatine Kinase (C137)

CLEVELAND CLINIC WELLNESS PROGRAMS
- ☐ Go!® Foods for You (C207)
- ☐ Stress Free Now (C208)
- ☐ Go!® to Sleep (C333)

OTHER
- ☐ _____ _____
- ☐ _____ _____
- ☐ _____ _____
- ☐ _____ _____
- ☐ _____ _____
- ☐ _____ _____
- ☐ _____ _____

*Sample must be shipped the same day collected.
**Sample must be protected from light.
†A single separate tube is required. **Note:** Up to 5 genetic tests can be run from one tube.

PATIENT INFORMATION

DOB mm / dd / yyyy	☐ Male ☐ Female	
Last Name		
First Name	Middle Initial	
Address		
City	State	ZIP
Phone		
Ht. ft. | in. Wt. lbs. BMI	Fasting? ☐ Yes ☐ No	

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

BILLING INFORMATION (Check only one billing option)

☐ **Insurance:** Please attach a copy of **BOTH** sides of patient's insurance card.

☐ **Medicare#** _____
Please attach a copy of **BOTH** sides of patient's Medicare card.

☐ **Self-Pay:** CHL will bill the patient.

DIAGNOSIS (ICD-10 Code)

- ☐ Iron deficiency anemia, unspecified. D50.9
- ☐ Anemia, unspecified D64.9
- ☐ Other iodine-deficiency related thyroid disorders and allied conditions E01.8
- ☐ Subclinical iodine-deficiency hypothyroidism E02
- ☐ Unspec. hypothyroidism E03.9
- ☐ Type 2 diabetes mellitus with hyperglycemia E11.65
- ☐ Type 2 diabetes mellitus without complications E11.9
- ☐ Other spec. diabetes mellitus w/o mention of complications E13.9
- ☐ Vitamin D deficiency, unspecified. E55.9
- ☐ Disorders of sulfur-bearing aminio-acid metabolism, unspecified. E72.10
- ☐ Homocystinuria E72.11
- ☐ Pure hypercholesterolemia, unspecified E78.00
- ☐ Familial hypercholesterolemia E78.01
- ☐ Pure hyperglyceridemia E78.1
- ☐ Mixed hyperlipidemia E78.2
- ☐ Other hyperlipidemia E78.4
- ☐ Hyperlipidemia, unspecified. E78.5
- ☐ Hyperuricemia w/o signs of inflammatory arthritis and tophaceous disease E79.0
- ☐ Metabolic Syndrome E88.81
- ☐ Essential (primary) hypertension I10
- ☐ Unstable angina I20.0
- ☐ Atherosclerotic heart disease of native coronary artery w/o angina pectoris I25.10
- ☐ Atherosclerotic heart disease of native coronary artery with unstable angina pectoris I25.110
- ☐ Unspec. systolic (congestive) heart failure I50.20
- ☐ Heart failure, unspecified. I50.9
- ☐ Unspec. atherosclerosis I70.90
- ☐ Generalized atherosclerosis I70.91
- ☐ Shortness of breath R06.02
- ☐ Neoplastic (malignant) related fatigue R53.0
- ☐ Weakness R53.1
- ☐ Other malaise R53.81
- ☐ Other fatigue R53.83
- ☐ Other general symptoms and signs R68.89
- ☐ Impaired fasting glucose R73.01
- ☐ Impaired glucose tolerance test (oral) R73.02
- ☐ Other specified abnormal findings of blood chemistry R79.89
- ☐ Abnormal finding of blood chemistry, unspecified. R79.9
- ☐ Encounter for screening for malignant neoplasm of prostate Z12.5
- ☐ Long-term (current) use of aspirin Z79.82
- ☐ Family history of ischemic heart disease and other diseases of the circulatory system. Z82.49
- ☐ Family history of diabetes mellitus Z83.3
- ☐ Other _____ _____
- ☐ Other _____ _____
- ☐ Other _____ _____
- ☐ Other _____ _____

Note: The provided ICD-10 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. Only tests that are medically reasonable and necessary for the diagnosis or treatment of a Medicare or Medicaid patient will be reimbursed. The Office of the Inspector General takes the position that a physician who orders medically unnecessary tests for Medicare or Medicaid reimbursement may be subject to civil penalties under the False Claims Act.

COMMENTS:

Practitioner's Signature: **X** Date: **X**