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The attending Physician authorizes GENEX Lab to perform the test requested on this form

GENEX LABORATORIES

1301 N. San Fernando Blvd.
Burbank, CA 91504
Tel: 818-557-0004 Fax: 818-557-0040

Lab Director: MARIAM MOLANI.

PLACE
BARCODE
LABEL
HERE

PLEASE COMPLETE THE INFORMATION BELOW AND PRINT CLEARLY TO ENSURE CORRECT BILLING

PATIENT (LAST NAME) (FIRST NAME) (M.I.) DATE OF BIRTH / / SEX PATIENT PHONE NUMBER () () ()					<input type="checkbox"/> VENIPUNCTURE
PATIENT STREET ADDRESS			CITY	STATE	ZIP
PATIENT I.D. NO.	SOCIAL SECURITY NUMBER	FASTING	DATE COLLECTED	TIME COLLECTED	<input type="checkbox"/> STAT
BILLING INFORMATION - PLEASE CHECK APPROPRIATE BOX AND SUPPLY COMPLETE INFORMATION					
<input type="checkbox"/> BILL DOCTOR	<input type="checkbox"/> BILL PATIENT	<input type="checkbox"/> BILL MEDICARE	<input type="checkbox"/> BILL MEDI-CAL	<input type="checkbox"/> BILL INSURANCE	PLEASE ATTACH POE WITH COPY OF INSURANCE CARD
INSURANCE ID#		SUFFIX	UPIN#	RELATIONSHIP OF RESPONSIBLE PARTY <input type="checkbox"/> SELF <input type="checkbox"/> CHILD <input type="checkbox"/> GUARDIAN <input type="checkbox"/> SPOUSE <input type="checkbox"/> OTHER	
PLAN NAME / INSURANCE COMPANY / CARRIER			GROUP NO.	EMPLOYER OF INSURED	
SUBSCRIBER NO.			ADDRESS		
INSURED'S SIGNATURE x _____ DATE _____					

If complete/legible information is not submitted, client/doctor will be billed.

ASSIGNMENT
I authorize payment of medical benefits payable to me to be issued to GENEX Laboratory Services. I understand that I'm financially covered. Certain tests may not be covered by Medicare/Medi-Cal (eg. CEA/PSA/HIV/RPR/TSH) A photocopy of this authorization will be as valid as original

CLEARLY CHECK THE PROFILE(S) / INDIVIDUAL TEST (S) CODE(S) REQUESTED

SELECT ONLY TEST(S) FOR WHICH A DIAGNOSIS / MEDICAL NECESSITY WARRANTS / CAN BE VALIDATES (SEE ICD10)

PROFILE / PANELS	INDIVIDUAL TESTS	INDIVIDUAL TESTS	HEPATITIS STUDIES
<input type="checkbox"/> ANEMIA PROFILE 1-LAV, 1-SST VIT B-12 FOLATE FERRITIN FE UIBC CBC ESR	<input type="checkbox"/> ALLERGY FOOD (20) 2-SST	<input type="checkbox"/> PRO BNP SST	<input type="checkbox"/> Hep A Ab SST
<input type="checkbox"/> BASIC METABOLIC PANEL 1-SST NA K CL CO2 GLUC CREAT BUN CAL	<input type="checkbox"/> ALLERGY INHALANT (36) 2-SST	<input type="checkbox"/> PTH SST	<input type="checkbox"/> Hep A Ab Igm SST
<input type="checkbox"/> COMP METABOLIC PANEL 1-SST NA K CL CO2 GLUC BUN CAL ALT CREA TP ALB TBIL ALP AST	<input type="checkbox"/> ALBUMIN SST	<input type="checkbox"/> TRANSFERRIN SST	<input type="checkbox"/> Hep Bs Ab SST
<input type="checkbox"/> ARTHRITIS PROFILE 1-LAV, 1-SST URIC ACID, ANA, RA ESR, ASOT, CRP, C3, C4, RPR	<input type="checkbox"/> AMYLASE SST	<input type="checkbox"/> TRIGLYCERIDES SST	<input type="checkbox"/> Hep Bs Ag SST
<input type="checkbox"/> LIPID PROFILE 1-SST CHOL LDL (Calc.) TRIG HDL VLDL CHOL/HDL	<input type="checkbox"/> BETA hCG, QUAL SST	<input type="checkbox"/> UREA NITROGEN (UN) SST	<input type="checkbox"/> Hep B Core Ab I gm SST
<input type="checkbox"/> ELECTROLYTES PANEL 1-SST NA, K, CL, CO2	<input type="checkbox"/> BETA hCG, QUANT SST	<input type="checkbox"/> URIC ACID SST	<input type="checkbox"/> Hep C Ab SST
<input type="checkbox"/> HEPATITIS PROFILE 1-SST HA-Ab(IgM), HBsAg, HBcoreAb(IgM), HC-Ab HA-AB, HBsAB,	<input type="checkbox"/> BILIRUBIN, DIRECT SST	<input type="checkbox"/> VITAMIN B-12 SST	
<input type="checkbox"/> LIVER I HEPATIC FUNCTION PANEL 1-SST ALB TBILI DBILI ALP AST ALT TP	<input type="checkbox"/> BILIRUBIN, TOTAL SST	<input type="checkbox"/> UTI U	HORMONE STUDIES
<input type="checkbox"/> GENERAL HEALTH PROFILE 1-LAV, 1-SST CMP, LIPID, ANEMIA, THYROID, ARTHRITIS	<input type="checkbox"/> CALCIUM SST	<input type="checkbox"/> UA W/MICROSCOPIC U	<input type="checkbox"/> ESTRADIOL SST
<input type="checkbox"/> WELLNESS PANEL (MALE) 1-LAV, 2-SST GENERAL HEALTH PROFILE, HEPATITIS, AMYLASE, LIPASE, MAGNESIUM, HPYLORI, A1C, PTH, TESTOSTERONE, PSA	<input type="checkbox"/> CREATININE SST	<input type="checkbox"/> UA U	<input type="checkbox"/> FSH SST
<input type="checkbox"/> WELLNESS PANEL (FEMALE) 1-LAV, 2-SST GENERAL HEALTH PROFILE, HEPATITIS, AMYLASE, LIPASE, MAGNESIUM, HPYLORI, A1C, PTH, TESTOSTERONE, LH, FSH, PROGESTERONE	<input type="checkbox"/> CHOLESTEROL, TOT SST	HEMATOLOGY	<input type="checkbox"/> LH SST
<input type="checkbox"/> THYROID PROFILE 1-SST TSH, FT3, TT3, T4, TU	<input type="checkbox"/> CK, TOTAL SST	<input type="checkbox"/> CBC w/DIFF LAV	<input type="checkbox"/> PROLACTIN SST
	<input type="checkbox"/> DIGOXIN/LANOXIN RED	<input type="checkbox"/> SED. RATE (ESR) LAV	<input type="checkbox"/> PROGESTERONE SST
	<input type="checkbox"/> DILANTIN/PHENYTOIN RED	SEROLOGY	<input type="checkbox"/> TESTOSTERONE, Tot SST
	<input type="checkbox"/> FERRITIN SST	<input type="checkbox"/> ASOT SST	<input type="checkbox"/> SHBG/FREE TESTO SST
	<input type="checkbox"/> FOLATE SST	<input type="checkbox"/> CRP SST	THYROID STUDIES
	<input type="checkbox"/> GLUCOSE SST	<input type="checkbox"/> H.S. CRP SST	<input type="checkbox"/> TSH SST
	<input type="checkbox"/> GLUCOSE, FASTING GRY	<input type="checkbox"/> H PYLORI SST	<input type="checkbox"/> T4, TOTAL (THYROX) SST
	<input type="checkbox"/> GLUCOSE, 2-HR PP GRY	<input type="checkbox"/> H. PYLORI-BREATH SST	<input type="checkbox"/> T4, UPTAKE SST
	<input type="checkbox"/> GLYCO-HGB (A1c) LAV	<input type="checkbox"/> ANA LATEX SST	<input type="checkbox"/> T3, TOTAL SST
	<input type="checkbox"/> HDL SST	<input type="checkbox"/> RA SST	<input type="checkbox"/> FREE T3 SST
	<input type="checkbox"/> HOMOCYSTEINE RED	<input type="checkbox"/> RPR - ROUTINE SST	<input type="checkbox"/> FREE T4 SST
	<input type="checkbox"/> IRON, IBC, & SAT SST	<input type="checkbox"/> RUBELLA (IgG) SST	
	<input type="checkbox"/> IRON, TOTAL SST	TUMOR MARKERS	OTHER
	<input type="checkbox"/> LIPASE SST	<input type="checkbox"/> PSA TOTAL SST	<input type="checkbox"/> GFR
	<input type="checkbox"/> MAGNESIUM SST	<input type="checkbox"/> PSA FREE SST	<input type="checkbox"/> VITAMIN D SST
	<input type="checkbox"/> PHOSPHORUS SST	<input type="checkbox"/> CEA SST	<input type="checkbox"/> COVID-19 IgG SST
	<input type="checkbox"/> POTASSIUM SST	<input type="checkbox"/> CA 125 SST	
	<input type="checkbox"/> PROTIME (PT) LTBLU	<input type="checkbox"/> CA 19-9 SST	
	<input type="checkbox"/> PTT LTBLU		

ICD CODES ARE REQUIRED FOR INSURANCE BILLING. THE CODES PROVIDED ARE NOT ALL-INCLUSIVE; CONSULT THE ICD-10 MANUAL FOR A COMPLETE LISTING.

J3089 <input type="checkbox"/> ALLERGIC RHINITIS OTHER R109 <input type="checkbox"/> ABDOMINAL PAIN UNSP R978 <input type="checkbox"/> ABNORMAL TUMOR MARKER 0649 <input type="checkbox"/> ANEMIA UNSP M129 <input type="checkbox"/> ARTHROPATHY, UNSP. J45909 <input type="checkbox"/> ASTHMA UNSP. I4891 <input type="checkbox"/> ATRIAL FIBRILLATION I499 <input type="checkbox"/> CARDIAC DYSRHYTHMIA R079 <input type="checkbox"/> CHEST PAIN R5382 <input type="checkbox"/> CHRONIC FATIGUE UNSP. K7460 <input type="checkbox"/> CIRRHOSIS OF LIVER	V5861 <input type="checkbox"/> COUMADIN THERAPY R05 <input type="checkbox"/> COUGH N181 <input type="checkbox"/> CKD STAGE 1 N184 <input type="checkbox"/> CKD STAGE 4 N189 <input type="checkbox"/> CKD UNSP E118 <input type="checkbox"/> DIABETES TYPE 2 UNSP E109 <input type="checkbox"/> DM TYPE 1 E1165 <input type="checkbox"/> DM TYPE 2 E119 <input type="checkbox"/> DM UNSP R0600 <input type="checkbox"/> DYSPNEA UNSP N400 <input type="checkbox"/> ENLARGED PROSTATE	I10 <input type="checkbox"/> ESSENTIAL HTN (PRIMARY) R1013 <input type="checkbox"/> EPIGASTRIC PAIN R5383 <input type="checkbox"/> FATIGUE K2970 <input type="checkbox"/> GASTRITIS Z2008 <input type="checkbox"/> GEN MED EXAM-ADULT I509 <input type="checkbox"/> HEART FAILURE UNSP R319 <input type="checkbox"/> HEMATURIA UNSP I110 <input type="checkbox"/> HHD WITH FAILURE E780 <input type="checkbox"/> HYPERCHOLESTEROLEMIA E8351 <input type="checkbox"/> HYPOCALCEMIA E8352 <input type="checkbox"/> HYPERCALCEMIA	R739 <input type="checkbox"/> HYPERGLYCEMIA UNSP E162 <input type="checkbox"/> HYPOGLYCEMIA UNSP E785 <input type="checkbox"/> HYPERLIPIDEMIA UNSP E039 <input type="checkbox"/> HYPOTHROIDISM R7301 <input type="checkbox"/> IMPAIRED GLUCOSE N419 <input type="checkbox"/> INFLAMMATORY DISEASE PROSTATE D509 <input type="checkbox"/> IRON DEF ANEMIA M2550 <input type="checkbox"/> JOINT PAIN UNSP M25569 <input type="checkbox"/> KNEE PAIN UNSP K759 <input type="checkbox"/> LIVER DISORDER UNSP C259 <input type="checkbox"/> MALIGNANT NEOPLASM PANCREAS	C50919 <input type="checkbox"/> MALIGNANT NEOPLASM, BREAST C5490 <input type="checkbox"/> MALIGNANT NEOPLASM, LUNG C569 <input type="checkbox"/> MALIGNANT NEOPLASM, OVARY C574 <input type="checkbox"/> MALIGNANT NEOPLASM, UTERUS C61 <input type="checkbox"/> MALIGNANT NEOPLASM, PROSTATE R351 <input type="checkbox"/> NOCTURIA R789 <input type="checkbox"/> NONSPECIFIC FINDING IN BLOOD R102 <input type="checkbox"/> PELVIC & PERINEAL PAIN I4940 <input type="checkbox"/> PREMATURE BEATS Z01818 <input type="checkbox"/> PREPROCEDURAL EXAM Z0000 <input type="checkbox"/> ROUTINE MEDICAL EXAM	M25519 <input type="checkbox"/> SHOULDER PAIN R000 <input type="checkbox"/> TACHYCARDIA, UNSP E0590 <input type="checkbox"/> THYROTOXICOSIS E079 <input type="checkbox"/> THYROID DISORDER E069 <input type="checkbox"/> THYROIDITIS, UNSP. N390 <input type="checkbox"/> U.T.I R339 <input type="checkbox"/> URINARY RETENTION R32 <input type="checkbox"/> URINARY INCONTINENCE R359 <input type="checkbox"/> URINARY FREQUENCY L508 <input type="checkbox"/> URTICARIA R063 <input type="checkbox"/> WHEEZING
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NOTES, COMMENTS & OTHER REQUESTS

PNEUMONIA PANEL LOWER RESPIRATORY: ICD-10 CODE(S): R05.3 Chronic Cough R06.02 Wheezing R50.9 Fever, unspecified J449 COPD J12.9 Viral Pneumonia, unspecified J20.9 Acute Bronchitis, unspecified E11.43 Type 2 Diabetes mellitus with diabetic autonomic (poly) neuropathy D70.9 Neutropenia, unspecified

DOCTORS SIGNATURE

RECEIVED IN LAB

ICD 10 CODE / DIAGNOSIS (Required)	DATE	TIME

LAB USE ONLY

<input type="checkbox"/> SST SERUM SEPARATOR	<input type="checkbox"/> RED RED	<input type="checkbox"/> LAV LAVENDER	<input type="checkbox"/> GRY GREY	<input type="checkbox"/> HPB HPYLORI BREATH	<input type="checkbox"/> U URINE	<input type="checkbox"/> LTBLU LT BLUE	<input type="checkbox"/> SC SPECIAL CULTURE	<input type="checkbox"/> C CULTURETTE	<input type="checkbox"/> ST STOOL	<input type="checkbox"/> SL SLIDE	<input type="checkbox"/> SP SPUTUM	<input type="checkbox"/> GLD GOLD
<input type="checkbox"/> SPUN	<input type="checkbox"/> UNSPUN	<input type="checkbox"/> HEMOL	<input type="checkbox"/> CLOTTED	<input type="checkbox"/> FROZEN								