



LABORATORY ALLIANCE

of Central New York, LLC

Ph: (315) 461-3008 Fax: (315) 461-3090

www.laboratoryalliance.com

PLACE BAR CODE LABEL HERE

VO BOX

Electrolyte Panel (CL, CO₂, K, NA)

Basic Metabolic Panel (BUN, CA, CL, K, GLU, CO₂, CREA, NA)

Lipid Panel (CHOL, HDL, Calculated LDL, TRIG) Fasting

Hepatic Panel (ALK PHOS, ALB, BILI, DIRECT & TOT, TP, AST, ALT)

Comprehensive Metabolic Panel (ALB, ALK PHOS, ALT, AST, BUN, CA, CL, CO₂, CREAT, K, GLU, NA, T BIL, TP)

Renal Function Panel (ALB, CA, CO₂, CL, CR, GLU, PHO, K, NA, BUN)

S - (SST) SERUM R - (RED) CLOTTED BLOOD/RED G - (GRAY)
 B - (BLU) WHOLE BLOOD/BLUE L - (LAV) WHOLE BLOOD/LAV U - RANDOM URINE
 BR - (BROWN) WHOLE BLOOD P - (PINK) WHOLE BLOOD

SPECIMEN INFORMATION

DATE COLLECTED _____ TIME COLLECTED _____ COLLECTED BY _____

COPY TO PHYSICIAN _____ FIRST NAME _____ LAST NAME _____

PHYSICIAN'S SIGNATURE

(REQUIRED FOR MEDICAID) _____

PATIENT INFORMATION

PATIENT NAME (LAST/FIRST/MI) _____

PATIENT I.D. NO. _____ SOCIAL SECURITY NO. _____

PHONE NO. _____ DATE OF BIRTH _____ SEX _____
 MALE FEMALE

STREET ADDRESS _____

CITY, STATE, ZIP _____

INSURANCE BILLING INFORMATION

RESPONSIBLE PARTY (SUBSCRIBER) _____

SUBSCRIBER SOCIAL SECURITY NO. _____

PATIENT RELATIONSHIP TO INSURED
 SELF SPOUSE CHILD OTHER _____

SUBSCRIBER'S ADDRESS (CITY/STATE/ZIP) _____

PRIMARY INSURANCE: CO. NAME _____

POLICY NO. _____ GROUP NO. _____

SECONDARY INSURANCE: CO. NAME _____

POLICY NO. _____ GROUP NO. _____

ICD10 DX CODE(S) FOR TESTS ORDERED (MUST BE PROVIDED)

1.	2.	3.
4.	5.	6.

VERBAL DIAGNOSIS RECEIVED FROM _____

RECEIVED BY _____ DATE _____

PATIENT AUTHORIZATION

I authorize the release to my insurance carrier of any medical information necessary to process this claim, and I authorize payment of medical benefits directly to Laboratory Alliance of Central New York, LLC.

Signature (Patient or person authorized to consent for patient)

X _____

Miscellaneous Test (s)

✓ PROFILES/PANELS			CHEMISTRY (Cont'd)		
Basic Metabolic Panel	BMP	S	Prolactin	PRL	S
Comp. Metabolic Panel	CMP	S	Protein Electrophoresis*	SPE	S
Electrolyte Panel	LYT	S	PSA Monitor	PSA	S
Hepatic Panel	HFP	S	PSA Screen	PSAS	S
Lipid Panel <input type="checkbox"/> Fasting*	RSK	S	PSA with Reflex to Free*	PSATR	S
Renal Function Panel	RFP	S	Rheumatoid Factor	RF	S
✓ THERAPEUTIC DRUG MONITORING			Rubella IgG	RBIGG	S
Digoxin	DIG	S	Syphilis Screen*	TREP	S
Phenytoin (Dilantin)	PTN	R	T3	T3	S
Valproic Acid	VALP	S	T3, Free	T3F	S
✓ CHEMISTRY/IMMUNOLOGY			T4	T4	S
ALT (SGPT)	ALT	S	T4, Free	T4F	S
Amylase	AML	S	Triglyceride <input type="checkbox"/> Fasting	TGL	S
ANA with Reflex*	ANACS	S	TSH	TSHU	S
ANA Screen Only	ANAS	S	Uric Acid	URC	S
AST (SGOT)	AST	S	Vitamin B12	B12	S
NT-proBNP	PROBNP	S	✓ URINE TESTS		
Bilirubin, Direct	BLD	S	Urinalysis <input type="checkbox"/> Void <input type="checkbox"/> Cath	UA	U
Bilirubin, Total	BLT	S	Urine with Microscopic*	UAM	U
BUN	BUN	S	✓ TRANSFUSION SERVICES		
Calcium	CA	S	ABO / RH (blood type only)	ABRH	P/L
CA125	C125	S	Antibody Screen*	ASN	P/L
CEA	CEA	S	Direct Antiglobulin Test	DAT	P/L
Cholesterol	CHO	S	Direct and Indirect*	DCAS	P/L
CK	CK	S	Type and Screen*	TYSC	P/L
Cortisol	COR	S	✓ HEMATOLOGY		
Creatinine	CREA	S	CBC with Diff*	CBCD	L
CRP (Inflammation)	CRP	S	CBC without Diff*	CBC	L
CRP, High Sens (Cardiac Risk)	HSCR	S	PT (Prothrombin Time)	PT	B
Estradiol	ESTR	S	PTT (Act. Par. Thrombo Time)	PTT	B
Ferritin	FER	S	Retic Count	RET	L
Folate	FOL	S	Sed Rate (Westergren)	ESR	L
Follicle Stimulating Hormone	FSH	S	✓ MICROBIOLOGY		
GGT (Gamma GT)	GT	S	Source:		
Glucose <input type="checkbox"/> Fasting	GLU	G/S	Acid Fast Culture w/Smear	AFBC	
Glucose Challenge Test	GLUCT	G/S	Culture, SPECIFY:		
HCG (Qualitative)	HCGS	S	Fungus Culture	FUNC	
HCG (Quantitative) Serum	HCGQ	S	Fungus KOH	KOHP	
HDL Cholesterol	HDL	S	GRP A Strep Molecular	GASM	
Hemoglobin A1C	HA1C	L	Pertussis PCR Source: NP swab	PERSD	
Hep A Antibody (IgM)	HAIGM	S	Urine Culture	URNC	
Hep B Core Antibody (IgM)	HBCIGM	S	Source:		
Hep B Surface Antibody	HBSABQ	S	GC & CHL Amplified	GCCAT	
Hep B Surface Antigen	HBSAG	S	Chlamydia, Amplified	CHAT	
Hep C Antibody*	HCVAB	S	GC, Amplified	GCAT	
HIV 1,2	HIV12	P	GRP B Strep by PCR	BSBP	
IgA	IGA	S	GRP B Strep w/Sens-Pen Allergy	BSBS	
IgG	IGG	S	Vaginitis DNA Probe	VAGDT	
IgM	IGM	S	Vaginal/Cervical Culture	VGCXC	
Ionized Calcium	CAI	S	Source:		
Iron, Total	FE	S	C. Diff Toxin B by PCR	CDTXCR	
Iron with TIBC	IRON	S	Enteric Pathogens by PCR (Includes: Norovirus and Rotavirus)	EPPCR	
LDH	LD	S	O & P Routine for Giardia/Cryptosp.	OAPDFA	
Lipase	LIP	S	Source:		
Luteinizing Hormone	LH	S	FLU A & B/RSV by PCR	FLXRSV	
Magnesium	MG	S	Herpes Simplex Virus 1&2 / Varicella	HVZMC	
Mono Test	MNSP	S	Zoster from lesions		
Phosphorus	PHO	S	Viral Culture*	VIRC	
Potassium	K	S			
Progesterone	PROG	S			



FL	SERUM	CBAT	SPIN	GOLD	UNSPIN	RED	GREY	TAN	LAV	BLU	PNK	URN	URN CUL	BACT ALRT	O&P	STL	SWAB	AMPLIFIED	VAG	VIRAL	STERILE	OTHER
FLUID	SERUM	SPIN	UNSPIN	SPIN	UNSPIN	RED	GREY	TAN	LAVENDER	BLUE	PINK	URINE	TRANSPT	BLD CULT	KIT	STOOL	TRANSPT	CG/CHL	DIRECT	TRANSPT	TRANSPT	OTHER