



PACIFIC MEDICAL LABORATORY

15 Corporate Park, Irvine, CA 92606

www.pacificmedlab.com

TEL: (877) 972-2228

TEL: (949) 346-1111

TEL: (714) 972-2222

LABORATORY

FAX: (714) 972-2221

DO NOT WRITE IN THIS BOX

LABORATORY USE ONLY

PATIENT'S LAST NAME (PLEASE PRINT)		FIRST	M.I.	SEX	D.O.B.		REFERRING PHYSICIAN	
				<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE				
PATIENT'S ADDRESS					PATIENT'S PHONE NUMBER			
CITY		STATE	ZIP CODE	EMAIL				
BILL TO:	MEDICARE NO.			PATIENT ID				
<input type="checkbox"/> CLIENT	MEDI-CAL NO.			ISSUE DATE				
<input type="checkbox"/> MEDICARE								
<input type="checkbox"/> MEDI-CAL	PLAN NAME / INSURANCE COMPANY / CARRIER			ADDRESS				
<input type="checkbox"/> INSURANCE	SUBSCRIBER NO.			GROUP NO.	DATE COLLECTED	TIME COLLECTED	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> STAT (ADDITIONAL FEE FOR PICK UP)
<input type="checkbox"/> PATIENT								FASTING <input type="checkbox"/> YES <input type="checkbox"/> NO

Physician's Signature _____

DIAGNOSIS CODE (ICD-10)

PANELS AND PROFILES

<input type="checkbox"/> Allergy Panel - Food Sx2	<input type="checkbox"/> Chemistry Profile+CBC SL	<input type="checkbox"/> General Diagnostic Profile SLU	<input type="checkbox"/> Liver Profile (Hepatic) S	<input type="checkbox"/> STD Profile SU
<input type="checkbox"/> Allergy Panel - Respiratory Sx2	<input type="checkbox"/> Chemistry Profile+CBC+UA SLU	<input type="checkbox"/> Hepatitis Profile-Comp. S	<input type="checkbox"/> Lupus Diagnostic Profile S	<input type="checkbox"/> Stool Profile Stool
<input type="checkbox"/> Anemia Profile SL	<input type="checkbox"/> CMP (Comp Metabolic Profile) S	<input type="checkbox"/> Hormone Profile - Female S	<input type="checkbox"/> Obstetric Profile Comprehensive SLU	<input type="checkbox"/> Thyroid Profile-Comp. S
<input type="checkbox"/> Arthritis Profile SL	<input type="checkbox"/> Cardiac Risk Profile SL	<input type="checkbox"/> Hormone Profile - Male S	<input type="checkbox"/> PAP w/ HPV & CT/NG PAP	<input type="checkbox"/> Urinalysis w/reflex To PCR U
<input type="checkbox"/> BMP (Basic Metabolic Profile) S	<input type="checkbox"/> EBV Profile - Mono Screen S	<input type="checkbox"/> Immunoglobulin Total Profile S	<input type="checkbox"/> Pre-Op Profile SLUB	<input type="checkbox"/> Urine Drug Screen U
<input type="checkbox"/> CBC (Complete Blood Count) L	<input type="checkbox"/> Electrolytes S	<input type="checkbox"/> Lipid Profile S	<input type="checkbox"/> Renal Function Profile S	<input type="checkbox"/> UTI PCR U
<input type="checkbox"/> Celiac Profile Sx2	<input type="checkbox"/> Fungal PCR Profile Toenail	<input type="checkbox"/> Lipid Profile, Extended S	<input type="checkbox"/> Respiratory Viral Profile UTM	<input type="checkbox"/> Wound PCR SW

INDIVIDUAL TESTS

<input type="checkbox"/> ABO/Rh L	<input type="checkbox"/> Cortisol S	<input type="checkbox"/> Hemoglobin Electrophoresis L	<input type="checkbox"/> Lipase S	<input type="checkbox"/> T3, Free S
<input type="checkbox"/> Antibody Screen L	<input type="checkbox"/> CPK S	<input type="checkbox"/> Hepatitis A Ab, IgM S	<input type="checkbox"/> Lithium S	<input type="checkbox"/> T3, Total S
<input type="checkbox"/> ACTH L	<input type="checkbox"/> Creatinine S	<input type="checkbox"/> Hepatitis A Ab, Total S	<input type="checkbox"/> Lipoprotein [a] S	<input type="checkbox"/> T4, Free S
<input type="checkbox"/> AFP (Non Maternal) S	<input type="checkbox"/> Creatinine Clearance SU	<input type="checkbox"/> Hepatitis B Core Ab, IgM S	<input type="checkbox"/> Magnesium S	<input type="checkbox"/> T4, Total S
<input type="checkbox"/> Alk Phos S	<input type="checkbox"/> CRP-High Sensitive S	<input type="checkbox"/> Hepatitis B Core Ab, Total S	<input type="checkbox"/> Measles, IgG S	<input type="checkbox"/> T3 Uptake S
<input type="checkbox"/> ALT S	<input type="checkbox"/> CRP-Inflammatory S	<input type="checkbox"/> Hepatitis B Surface Ag S	<input type="checkbox"/> Microalbumin/Creatinine U	<input type="checkbox"/> Tegretol (Carbamazepine) S
<input type="checkbox"/> Ammonia L	<input type="checkbox"/> DHEA-S S	<input type="checkbox"/> Hepatitis B Surface Ab Quant. S	<input type="checkbox"/> Methylmalonic Acid (MMA) S	<input type="checkbox"/> Testosterone, Total S
<input type="checkbox"/> Amylase	<input type="checkbox"/> Digoxin S	<input type="checkbox"/> Hepatitis C Antibody S	<input type="checkbox"/> Mumps, IgG S	<input type="checkbox"/> Testosterone, Free S
<input type="checkbox"/> ANA (SLE) S	<input type="checkbox"/> Dilantin (Phenytoin) S	<input type="checkbox"/> HGH S	<input type="checkbox"/> Phenobarbital S	<input type="checkbox"/> Thyroid Peroxidase Ab (TPO) S
<input type="checkbox"/> ASO Quant. S	<input type="checkbox"/> ESR (Sedimentation Rate) L	<input type="checkbox"/> HIV 1/2, Ab/Ag Screen S	<input type="checkbox"/> Phosphorus S	<input type="checkbox"/> Thyroglobulin Ab (Anti-TGA) S
<input type="checkbox"/> AST S	<input type="checkbox"/> Estradiol S	<input type="checkbox"/> HIV PCR Quant. L	<input type="checkbox"/> Potassium S	<input type="checkbox"/> Thyroglobulin Total S
<input type="checkbox"/> APOlipoprotein-A1 S	<input type="checkbox"/> Ferritin S	<input type="checkbox"/> Homocysteine S	<input type="checkbox"/> Progesterone S	<input type="checkbox"/> TIBC S
<input type="checkbox"/> APOlipoprotein-B S	<input type="checkbox"/> Folate S	<input type="checkbox"/> HSV 1-IgG S	<input type="checkbox"/> Prolactin S	<input type="checkbox"/> Total Protein S
<input type="checkbox"/> ASO Quant. S	<input type="checkbox"/> FSH S	<input type="checkbox"/> HSV 2-IgG S	<input type="checkbox"/> PSA, Free S	<input type="checkbox"/> Transferrin S
<input type="checkbox"/> Bilirubin, Total S	<input type="checkbox"/> GGT S	<input type="checkbox"/> IGF-1 S	<input type="checkbox"/> PSA, Total S	<input type="checkbox"/> Triglycerides S
<input type="checkbox"/> BNP (N-Terminal) S	<input type="checkbox"/> Glucose, Fasting G	<input type="checkbox"/> IgA, Total S	<input type="checkbox"/> PTH, Intact S	<input type="checkbox"/> Troponin-T GR
<input type="checkbox"/> BUN S	<input type="checkbox"/> Glucose, Random S	<input type="checkbox"/> IgE, Total S	<input type="checkbox"/> PT/INR B	<input type="checkbox"/> TSH S
<input type="checkbox"/> CA 15-3 S	<input type="checkbox"/> Glucose Tolerance Test G	<input type="checkbox"/> IgG, Total S	<input type="checkbox"/> PTT, Activated B	<input type="checkbox"/> TSH with Reflex to Free T4 S
<input type="checkbox"/> CA 125 S	<input type="checkbox"/> Haptoglobin S	<input type="checkbox"/> IgM, Total S	<input type="checkbox"/> Quantiferon TB-Test GR	<input type="checkbox"/> Uric Acid S
<input type="checkbox"/> CA 19-9 S	<input type="checkbox"/> H. Pylori IgG S	<input type="checkbox"/> Insulin S	<input type="checkbox"/> Reticulocyte Count L	<input type="checkbox"/> Urinalysis w/Microscopy U
<input type="checkbox"/> Calcium S	<input type="checkbox"/> HCG, Qual (Urine) U	<input type="checkbox"/> Iron S	<input type="checkbox"/> Rheumatoid Factor Quant. S	<input type="checkbox"/> Urine Protein U
<input type="checkbox"/> CEA S	<input type="checkbox"/> HCG, Quant. L	<input type="checkbox"/> Lead L	<input type="checkbox"/> Rubella IgG Ab S	<input type="checkbox"/> Valproic Acid (Depakote) S
<input type="checkbox"/> CCP Antibody S	<input type="checkbox"/> HCV-RNA PCR Quant. L	<input type="checkbox"/> LDH S	<input type="checkbox"/> SHBG S	<input type="checkbox"/> Vitamin B12 S
<input type="checkbox"/> Cholesterol, Total	<input type="checkbox"/> HDL, Cholesterol S	<input type="checkbox"/> LDL, Cholesterol - Direct S	<input type="checkbox"/> Sodium S	<input type="checkbox"/> Vitamin D, 25-OH S
<input type="checkbox"/> CO2 S	<input type="checkbox"/> Hemoglobin A1C L	<input type="checkbox"/> LH S	<input type="checkbox"/> Syphilis Screen (T.Pallidum Ab) S	<input type="checkbox"/> VZV, IgG S

MICROBIOLOGY/VIROLOGY/MYCOLOGY

<input type="checkbox"/> Culture, Genital SW	<input type="checkbox"/> Fungal PCR Toenail	<input type="checkbox"/> HPV Primary Screen P	<input type="checkbox"/> Respiratory Viral Profile SW/UTM	<input type="checkbox"/> Urine Culture Reflex to PCR U
<input type="checkbox"/> Culture, Sputum Sputum	<input type="checkbox"/> GC/Chlamydia, RNA Amp. U	<input type="checkbox"/> Occult Blood X Stool	<input type="checkbox"/> Stool Profile Stool	<input type="checkbox"/> UTI PCR U
<input type="checkbox"/> Culture, Throat SW	<input type="checkbox"/> H.Pylori Breathe Test BB	<input type="checkbox"/> Pap Smear P	<input type="checkbox"/> Trichomonas U	<input type="checkbox"/> Wound PCR SW/UTM

SPECIMEN CODE: S- SERUM SEPARATOR G-GRAY L-LAVENDER B-BLUE GR-GREEN U-URINE BB-BREATHE BAG SW-SWAB P-PAP UTM-UNIVERSAL TRANSPORT MEDIA SWAB

PLEASE REFER TO LABORATORY MANUAL FOR CUSTOM PROFILES AND SPECIMEN REQUIREMENTS.

PLEASE ATTACH ADVANCED BENEFICIARY NOTICE (ABN) SIGNED BY MEDICARE PATIENTS.

MEDICARE WILL ONLY PAY FOR TESTS THAT MEET THE MEDICARE CRITERIA AND ARE REASONABLE AND NECESSARY TO TREAT OR DIAGNOSE AN INDIVIDUAL PATIENT.

Patient's Signature _____

FORM-PML0001-01-20241016

ADVANCE BENEFICIARY NOTICE (ABN)

NOTE: You need to make a choice about receiving these laboratory tests

We expect that Medicare will not pay for the laboratory test(s) that are described below. Medicare does not pay for all of your health care costs. Medicare only pays for covered items and service when Medicare rules are met. The fact that Medicare may not pay for a particular item or service does not mean that you should not receive it. There may be a good reason for your doctor recommended it. Right now, in your case Medicare probably will not pay for the laboratory test(s) indicated below for the following reasons:

Medicare does not pay for these tests of your condition	Medicare does not pay for these tests as often as this (denied as too frequent)	Medicare does not pay for experimental or research use tests

The purpose of this form is to help you make an informed choice about whether or not you want to receive these laboratory tests, knowing that you might have to pay for them yourself. Before you make a decision about your options, you should read this entire notice carefully. Ask us to explain if you don't understand why Medicare probably won't pay. Ask us how much these laboratory tests will cost you (estimate Cost: \$ _____), in case you have to pay for them yourself or through other insurance.

PLEASE CHOOSE ONE OPTION, CHECK ONE BOX, SIGN & DATE YOUR CHOICE

Option 1. YES, I want to receive these laboratory tests.
 I understand that Medicare will not decide whether to pay unless I receive these laboratory tests. Please submit claim to Medicare, I understand that you may bill me for laboratory tests and that I may have to pay the bill while Medicare is making its decision.
 If Medicare does pay, you will refund to me any payments I made to you that are due to me.
 If Medicare denies payment, I agree to be personally and fully responsible for payment. That is, I will pay personally, either out of pocket or through any other insurance that I have. I understand I can appeal Medicare's decision.

Option 2. NO, I have decided not to receive these laboratory tests.
 I will not receive these laboratory tests. I understand that you will not be able to submit a claim to Medicare and that will not be able to appeal your opinion that Medicare won't pay.

Date

Signature of patient or person acting on patient's behalf

NOTE: Your health information will be kept confidential. Any information that we collect about you on this form will be kept confidential in our office. If a claim is submitted to Medicare, your health information on this form may be shared with Medicare. Your health information which Medicare sees will be kept confidential by Medicare.

PROFILES & COMPONENTS

<p>Anemia Profile CBC Ferritin Folate Haptoglobin Iron Iron Saturation Reticulocyte Count TIBC Transferrin Vitamin B12</p> <p>Arthritis Profile ANA/SLE ASO Calcium CCP Antibody CRP-Inflammatory Rheumatoid Factor Uric Acid Sedimentation Rate (ESR)</p> <p>Basic Metabolic Profile (BMP) Electrolyte Profile BUN Calcium Creatinine / eGFR Glucose</p> <p>Celiac Profile w/ IgA Endomysial Ab IgA Gliadin Ab, IgA Gliadin Ab, IgG Reticulin Ab, IgA TTG Ab, IgA</p> <p>Complete Blood Count (CBC) WBC RBC HGB HCT MCV MCH MCHC PLT RDW WBC Differential Count - Automated</p> <p>Complete Metabolic Profile (CMP) BMP Electrolyte Profile Albumin Alkaline Phosphatase ALT/SGPT AST/SGOT Globulin Total Bilirubin Total Protein</p> <p>Coronary Risk Profile CPK Extended Lipid Profile Hgb A1c Homocysteine HS-CRP LDH Magnesium Pro-BNP Troponin T</p>	<p>Electrolytes Profile Chloride CO2 Potassium Sodium</p> <p>Female Hormone Profile Estradiol FSH LH Progesterone Prolactin</p> <p>Fungal PCR Tequinum T.tonsurans T.interdigitale T.mentagrophytes T.interdigitale/mentagrophytes T.quickeanum T.schoenleinii T.simii T.benhamiae white T.benhamiae yellow T.bollosum T.concentricum Terinacei T.verrucosum E.floccosum</p> <p>General Diagnostic Profile SMA 20 Lipid Profile Hypothyroid Profile GGTP ASO CRP-Inflammatory Hep. B Surface Ag Rheumatoid Factor Syphilis Screen (T. Pallidum Ab) Urinalysis</p>	<p>Hepatitis Profile - Comprehensive Hep. A Ab, Total Hep. A Ab, IgM Hep. B Surface Ab Quant. Hep. B. Surface Ag Hep. B Core Ab, Total, Hep. B Core, IgM Hep. C Ab</p> <p>Hormone Profile - Female Estradiol FSH LH Progesterone Prolactin</p> <p>Hormone Profile - Male FSH LH Prolactin Sex Hormone Binding Globulin Testosterone, Free Testosterone, Total</p> <p>Immunoglobulin Total Profile IGA IGE IGG IGM</p> <p>Lipid Profile Cholesterol, HDL Cholesterol, LDL, Calc. Cholesterol, Total Triglycerides Cholesterol/HDL Ratio Cholesterol/Triglycerides Ratio LDL/HDL Ratio VLDL, Calc.</p> <p>Lipid Profile - Extended Apolipoprotein [a] Apolipoprotein [b] Cholesterol, HDL Cholesterol, LDL, Calc. Cholesterol, Total Lipoprotein [a] Triglycerides Cholesterol/HDL Ratio Cholesterol/Triglycerides Ratio LDL/HDL Ratio VLDL, Calc.</p> <p>Liver Profile (Hepatic) Albumin Alkaline Phosphatase ALT/SGPT AST/SGOT Bilirubin, Total Bilirubin, Direct Pre-Albumin T. Protein</p>	<p>Obstetric Profile - Comprehensive CBC ABO/Rh Type Antibody Screen CMV IgG HbA1c HCG Quant Hep. B Surface Ag Hep. C Ab. HIV 1/2 Ab/Ag Screen* HSV II IgG Rubella IgG Ab Syphilis Screen (T. Pallidum Ab) GC/CT RNA (urine) T3 Uptake T4 Total TSH, 3rd Gen. Varicella Urinalysis w/ rfx to culture</p> <p>Pre-Op Profile BMP CBC Hepatitis Profile HCG Quant (Female) HIV 1/1 Ab/Ag Screen PT/PTT Syphilis Screen (T. Pallidum Ab) Urinalysis</p> <p>Renal Function Profile BMP Electrolyte Profile Albumin Phosphorus</p> <p>Respiratory Viral Panel SARS-CoV-2 Adenovirus Coronavirus 229E Coronavirus HKU1 Coronavirus NL63 Coronavirus OC43 Metapneumovirus Rhinovirus Enterovirus Influenza A Influenza B Parainfluenza 1 Parainfluenza 2 Parainfluenza 3 Parainfluenza 4 RSV Bordatella pertussis Bardatella parapertussis Chlamydia pneumoniae Mycoplasma pneumoniae</p>	<p>STD Profile GC/CT DNA (urine) Hep. B Surface Ag Hep. C Ab HIV 1/2 Ab/Ag Screen HSV-1 IgG HSV-2 IgG Syphilis Screen (T. Pallidum Ab) Trichomonas</p> <p>Stool Panel Stool WBC Occult Blood H.pylori Campylobacter Clostridium difficile A/B Plesiomonas Salmonella Salmonella Vibrio Vibrio cholerae Yersinia enterocolitica E.coli Shiga Toxin Cryptosporidium Cyclospora Entamoeba Giardia lamblia Adenovirus Astrovirus Norovirus Rotavirus Sapovirus</p> <p>Thyroid Profile T3 Total T3 Free T4 Total T4 Free T3 Uptake T7 TSH, 3rd Gen. Thyroglobulin Ab (Anti-TG) Thyroid Peroxidase Ab (Anti-TPO)</p> <p>Urine Drug Screen Amphetamine Barbiturate Benzodiazepine Buprenorphine Cocaine MDMA Methadone Methamphetamine Opiates Oxycodone Phencyclidine THC Cannabinoids</p>	<p>UTI PCR Acinetobacter baumannii Candida albicans E.coli Enterobacter cloacae Enterococcus faecalis/faecium Klebsiella oxytoca Klebsiella aerogenes Klebsiella pneumoniae Morganella morganii Proteus species Providencia stuartii Pseudomonas aeruginosa Staph. saprophyticus Streptococcus agalactiae Carbapenem resistance Beta-lactamase resistance Trimethoprim resistance Fluoroquinolone resistance Methicillin resistance Sulfonamide resistance Vancomycin resistance</p> <p>Wound PCR Acinetobacter baumannii Candida albicans Candida krusei Candida parapsilosis Candida tropicalis E.coli Enterobacteriaceae H.influenzae Klebsiella oxytoca Klebsiella pneumoniae Listeria monocytogenes Neisseria meningitidis Pseudomonas aeruginosa Pseudomonas species Staph. Aureus Staph. species Stenotrophomas Streptococcus species Strep. pneumoniae Cabapenem resistance Methicillin resistance Vancomycin resistance</p>
--	---	--	---	---	---

*Requires patient consent