PACIFIC MEDICAL LABORATORY

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DO NOT WRITE IN THIS BOX

LABORATORY USE ONLY

PATIENT'S LAST NAME (PLEASE PRINT)	FIRST	M.I.	SEX	D.O.B.
			❑ MALE ❑ FEMALE	

PATIENT'S ADDRESS | PATIENT'S PHONE NUMBER

CITY | STATE | ZIP CODE | EMAIL

BILL TO: ❑ CLIENT ❑ MEDICARE ❑ MEDI-CAL ❑ INSURANCE ❑ PATIENT

MEDICARE NO. | PATIENT ID

MEDI-CAL NO. | ISSUE DATE

PLAN NAME / INSURANCE COMPANY / CARRIER | ADDRESS

SUBSCRIBER NO. | GROUP NO. | DATE COLLECTED | TIME COLLECTED ❑ AM ❑ PM | ❑ STAT (ADDITIONAL FEE FOR PICK UP) | FASTING ❑ YES ❑ NO

REFERRING PHYSICIAN

REQUIRED: Please complete the Referring Physician information before printing. Forms submitted without this information may be delayed.

Physician's Signature _____

DIAGNOSIS CODE (ICD-10)

PANELS AND PROFILES

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

INDIVIDUAL TESTS

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

MICROBIOLOGY/VIROLOGY/MYCOLOGY

❑ Culture, Genital SW	❑ Fungal PCR _____ Toenail	❑ HPV Primary Screen P	❑ Respiratory Viral Profile SW/UTM	❑ Urine Culture Reflex to PCR U
❑ Culture, Sputum Sputum	❑ GC/Chlamydia, RNA Amp. U	❑ Occult Blood X _____ Stool	❑ Stool Profile Stool	❑ UTI PCR U
❑ Culture, Throat SW	❑ H.Pylori Breathe Test BB	❑ Pap Smear P	❑ Trichomonas U	❑ 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 our 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. You health information which Medicare sees will be kept confidential by Medicare.

PROFILES & COMPONENTS

Anemia Profile
CBC
Ferritin
Folate
Haptoglobin
Iron
Iron Saturation
Reticulocyte Count
TIBC
Transferrin
Vitamin B12

Arhritis Profile
ANA/SLE
ASO
Calcium
CCP Antibody
CRP-Inflammatory
Rheumatoid Factor
Uric Acid
Sedimentation Rate (ESR)

Basic Metabolic Profile (BMP)
Electrolyte Profile
BUN
Calcium
Creatinine / eGFR
Glucose

Celiac Profile w/ IgA
Endomysial Ab IgA
Gliadin Ab, IgA
Gliadin Ab, IgG
Reticulin Ab, IgA
TTG Ab, IgA

Complete Blood Count (CBC)
WBC
RBC
HGB
HCT
MCV
MCH
MCHC
PLT
RDW
WBC Differential Count - Automated

Complete Metabolic Profile (CMP)
BMP
Electrolyte Profile
Albumin
Alkaline Phosphatase
ALT/SGPT
AST/SGOT
Globulin
Total Bilirubin
Total Protein

Coronary Risk Profile
CPK
Extended Lipid Profile
Hgb A1c
Homocysteine
HS-CRP
LDH
Magnesium
Pro-BNP
Troponin T

Electrolytes Profile
Chloride
CO2
Potassium
Sodium

Female Hormone Profile
Estradiol
FSH
LH
Progesterone
Prolactin

Fungal PCR
T.equinum
T.tonsurans
T.interdigitale
T.mentagrophytes
T.interdigitale/mentagrophytes
T.quickeanum
T.schoenleinii
T.simii
T.benhamiae white
T.benhaimaie yellow
T.bollosum
T.concentricum
T.erinacei
T.verrucosum
E.floccosum
N.fulva
N.gypsea
N.incurvata
N.persicolor
M.canis
M.audouinii
M.canis/audouini
C.parasilosis
C.guilliermondii
C.albicans
F.solani
F.oxysporum
S.brevicaulis

General Diagnostic Profile
SMA 20
Lipid Profile
Hypothyroid Profile
GGTP
ASO
CRP-linflammatory
Hep. B Surface Ag
Rheumatoid Factor
SyphilisScreen (T. Pallidum Ab)
Urinalysis

Hepatits 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

Hormone Profile - Female
Estradiol
FSH
LH
Progesterone
Prolactin

Hormone Profile - Male
FSH
LH
Prolactin
Sex Hormone Binding Globulin
Testosterone, Free
Testosterone, Total

Immunoglobulin Total Profile
IGA
IGE
IGG
IGM

Lipid Profile
Cholesterol, HDL
Cholesterol, LDL, Calc.
Cholesterol, Total
Triglycerides
Cholesterol/HDL Ratio
Cholesterol/Triglycerides Ratio
LDL/HDL Ratio
VLDL, Calc.

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.

Liver Profile (Hepatic)
Albumin
Alkaline Phosphatase
ALT/SGPT
AST/SGOT
Bilirubin, Total
Bilirubin, Direct
Pre-Albumin
T. Protein

Obstetric Profile - Comprehensive
CBC
ABO/Rh Type
Antibody Screen
CMV IgG
HbA1c
HCG Quant
Hep. B Surface Ag
Hep. C Ab.
HIV ½ 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

Pre-Op Profile
BMP
CBC
Hepatitis Profile
HCG Quant (Female)
HIV 1/1 Ab/Ag Screen
PT/PTT
Syphilis Screen (T. Pallidum Ab)
Urinalysis

Renal Function Profile
BMP
Electrolyte Profile
Albumin
Phosphorus

Respiratory Viral Panel
SARS-CoV-2
Adenovirus
Coronavirus 229E
Coronavirus HKU1
Coronavirus NL63
Coronavirus OC43
Metapneumovirus
Rhinovirus
Enterovirus
Influenza A
Influenza B
Parainfluenza 1
Paraainfluenza 2
Paraainfluenza 3
Parainfluenza 4
RSV
Bordatella pertussis
Bardatella parapertussis
Chlamydia pneumoniae
Mycoplasma pneumoniae

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

Stool Panel
Stool WBC
Occult Blood
H.pylori
Campylobacter
Clostridium difficile A/B
Plesiomonas
Salmonella
Vibrio
Vibrio cholerae
Yersinia enterocolitica
E.coli
Shiga Toxin
Cryptosporidium
Cyclospora
Entamoeba
Giardia lamblia
Adenovirus
Astrovirus
Norovirus
Rotavirus
Sapovirus

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)

Urine Drug Screen
Amphetamine
Barbiturate
Benzodiazepine
Buprenorphine
Cocaine
MDMA
Methadone
Methamphetamine
Opiates
Oxycodone
Phencyclidine
THC Cannabinoids

UTI PCR
Acinetobacter baumannii
Candida albicans
E.coli
Enterobacter cloacae
Enterococcus faecalis/faecium
Klebsiella oxytoca
Klebsiella aerogenes
Klebsiella pneumoniae
Morganella morganii
Proteus species
Providencia suartii
Pseudomonas aeruginosa
Staph. saprophyticus
Streptococcus agalactiae
Carbapenem resistance
Beta-lactamase resistance
Trimethoprim resistance
Fluoroquinolone resistance
Methicillin resistance
Sulfonamide resistance
Vancomycin resistance

Wound PCR
Acinetobacter baumannii
Candida albicans
Candida kruseri
Candida parapsilosis
Candida tropicalis
E.coli
Enterobacteriaceae
H.infuenzae
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

*Requires patient consent