1198800

Inova™ Laboratories

2832 JUNIPER STREET • FAIRFAX, VA 22031
(703) 645-6175 Inova.org/labs

Date Collected:	Time Collected:	Collected By:	Time Centrifuged:

ATTACH INSURANCE CARDS

STAT ☐ BILL: ☐ OFFICE ☐ PAT. INSURANCE ☐ PATIENT

PATIENT LAST NAME	FIRST NAME	MI

SEX (M-Male F-Female)	DATE OF BIRTH (mm/dd/yyyy)	PHONE	RACE
	__/__/____	(___) ___-____	

ADDRESS	CITY	STATE	ZIP

PRIMARY BILLING PARTY

INSURANCE CARRIER

POLICY #

GROUP#/ENROLLMENT CODE

INSURANCE ADDRESS

SUBSCRIBER SUBSCRIBER'S DATE OF BIRTH

❑ FAX TO _____

_____

ORDERING PHYSICIAN

Physician's Name _____
LAST FIRST

ATTACH INSURANCE CARDS

	EPIC	CPT	TEST NAME
	LAB11208	86038 86039	ANTI-NUCLEAR ANTIBODIES (ANA) W/REFLEX TO TITER AND PATTERN
	LAB52	82248	BILIRUBIN DIRECT
	LAB10047	83880	NT-PROBNP **(FROZEN PLASMA)**
	LAB293	85025	COMPLETE BLOOD COUNT (CBC) WITH DIFFERENTIAL
	LAB294	85027	COMPLETE BLOOD COUNT (CBC) WITHOUT DIFFERENTIAL
	LAB149	86140	C-REACTIVE PROTEIN
	LAB23	80162	DIGOXIN, RANDOM
	LAB31	80185	DILANTIN PHENYTOIN
	LAB68	82728	FERRITIN
	LAB69	82746	FOLATE
	LAB2298	82977	GAMMA-GLUTAMYLTRANSFERASE (GGT)
	LAB82	82947	GLUCOSE, RANDOM
	LAB90	83036	HEMOGLOBIN AC1 PLUS AEG
	LAB472	83617	HEPATITIS B SURFACE ANTIBODY
	LAB471	87340	HEPATITIS B SURFACE ANTIGEN W/REFLEX
	LAB868	86803	HEPATITIS C ANTIBODY
	LAB11729	87389	HIV AG/AB 4TH GEN
	LAB94	83540	IRON
	LAB2348	83550	IRON PROFILE
	LAB103	83735	MAGNESIUM
	LAB160	86735	MUMPS VIRUS ANTIBODY, IGG
	LAB9364	82043	MICROALBUMIN, RANDOM URINE
	LAB114	84132	POTASSIUM
	LAB116	84153	PROSTATE SPECIFIC ANTIGEN, TOTAL
	LAB320	85610	PROTHROMBIN TIME (PT-INR)
	LAB2207	85730	ACTIVATED PARTIAL PROTHROMBOPLASTIN TIME (APTT)
	LAB496	86762	RUBELLA ANTIBODIES, IGG
	LAB657	86765	RUBEOLA (MEASELS) ANTIBODIES, IGG
	LAB547	85651	SEDIMENTATION RATE
	LAB13238	86780	SYPHILIS TOTAL (IGG & IGM) ANTIBODY WITH REFLEX

	EPIC	CPT	TEST NAME
	LAB137	84481	T3, FREE
	LAB127	84439	T4, FREE
	LAB129	84443	THYROID STIMULATING HORMONE (TSH)
	LAB141	84550	URIC ACID
	LAB348	81001	URINALYSIS, COMPLETE (MACROSCOPIC & MICROSCOPIC)
	LAB9113	81003	URINALYSIS, REFLEX TO URINE CULTURE
	LAB2436	81003	URINALYSIS WITHOUT MICROSOPIC
	LAB162		VARICELLA-ZOSTER ANTIBODY, IGG
	LAB67	82607	VITAMIN B12
	LAB8614	82306	VITAMIN D, 25-OH, TOTAL

Notice to Physicians:
Diagnosis codes must be provided for each test ordered. Only tests you believe are appropriate for patient care should be ordered. Medicare will only pay for tests that are medically necessary for the diagnosis and treatment of the patient. Medicare does not generally cover routine screening tests.

	EPIC	CPT	PANEL		ICD
	LAB15	80048	BMP	**BASIC METABOLIC PANEL** BUN,CALCIUM, CHLORIDE, CO2, CREATININE GLUCOSE, POTASSIUM, SODIUM	
	LAB17	80053	CMP	**COMPREHENSIVE METABOLIC PANEL** ALBUMIN, ALK PHOS, ALT, AST, BMP, BILIRUBIN TOTAL, TOTAL PROTEIN.	
	LAB19	80069	RENAL	**RENAL FUNCTION PANEL** Albumin, BUN, Calcium, CO2, Creatinine Glucose, Phosphorus, Potassium, Sodium	
	LAB20	80076	LIVER	**HEPATIC FUNCTION PANEL** Albumin, ALK PHOS, ALT, AST, A/G Ratio, Bilirubin Total +Direct, Bilirubin Indirect, Globulin, Protein Total	
	LAB18	80061	LIPID	**LIPID PANEL** Cholesterol (Total), HDL, LDL, VLDL Cholesterol, Triglycerides	

	EPIC	CPT	MICROBIOLOGY/MOLECULAR	ICD
	LAB253	87493	C difficile toxin by PCR **(No Formed Stool)**	
	LAB900	87070	Culture, Respiratory	
	LAB228	87081	Culture, Throat	
	LAB239	87086	Culture, Urine-**Circle One: Clean Catch, Foley, In/Out**	
	LAB16410	87070	Culture, Wound Aerobic Bacteria	
	LAB10434	87075	Culture, Wound Anaerobic Bacteria	
	LAB12823	87075	PCR Stool (Salm, Shig/EIEC, Campy, Shiga Txn)	
	LAB2240	87491 87591	Chlamydia/GC PCR -**Circle: Urine, Vaginal, Cervical**	
	LAB1377	87081	Culture, Group B Strep	
	LAB234	87081	Culture, MRSA - **Circle One: Throat, Nares**	

SITE/SOURCE OF CULTURES (REQUIRED):

172280

IRL-A (Rev. 10/24)

1198800 DOB:__/__/____ Pt. Full Name: _____ Collect Date: __/__ Time: __:__ BY: _____	1198800 DOB:__/__/____ Pt. Full Name: _____ Collect Date: __/__ Time: __:__ BY: _____	1198800 DOB:__/__/____ Pt. Full Name: _____ Collect Date: __/__ Time: __:__ BY: _____
1198800 DOB:__/__/____ Pt. Full Name: _____ Collect Date: __/__ Time: __:__ BY: _____	1198800 DOB:__/__/____ Pt. Full Name: _____ Collect Date: __/__ Time: __:__ BY: _____	1198800 DOB:__/__/____ Pt. Full Name: _____ Collect Date: __/__ Time: __:__ BY: _____

FOR OFFICIAL USE ONLY

T=Tube Type

__ S-SST __ U-Ur.Cup __ G-Gray __ Culturette

__ R-Red __ U-UA Tube __ G-Green __ O&P

__ L-Lav __ U-CX Tube __ Y-Yellow __ Stool

__ B-Blue __ 24 Hr Urine __ Micro- __ Serum

Spec Rcvd: [ ] Room Temp [ ] Refrig

[ ] Frozen [ ] Light Protected

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Patient Service Centers

Check www.Inova.org/lab for the Most Current Locations and Hours
Appointments are available via MyChart.

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