



NUMBER OF TESTS

ACCESSION NUMBER

ORDER DATE

# BROOKSIDE CLINICAL LABORATORY, INC.

CLIENT INFORMATION	PATIENT'S LAST NAME	FIRST NAME	AGE	SEX	DATE OF BIRTH
	PATIENT'S IDENTIFICATION				
	DIAGNOSIS - SYMPTOMS or ICD-9 CODE (MANDATORY)				
	<input type="checkbox"/> MEDICARE <input type="checkbox"/> DPA <input type="checkbox"/> BLUE SHIELD <input type="checkbox"/> PATIENT <input type="checkbox"/> OTHER <input type="checkbox"/> CASH \$				
PATIENT'S ADDRESS & TELEPHONE NUMBER	PATIENTS RELATIONSHIP TO INSURED <input type="checkbox"/> SELF <input type="checkbox"/> SPOUSE <input type="checkbox"/> CHILD <input type="checkbox"/> OTHER		INSURED'S NAME (First name, middle initial, last name)		
	PATIENT SS#		INSURED'S AGREEMENT OR MEDICARE NO. (Include any letters)		
	DOCTOR'S NAME		INSURED'S GROUP NO. (Or Group Name)		
	DPA ACCESS RECIPIENT #				

I authorize the release of any medical information necessary to process this claim & request payment to Brookside Clinical Laboratory, Inc. who accepts assignment. I understand that I am responsible for any co-insurances, deductibles and non-covered expenses.

Patient's Signature \_\_\_\_\_ Date \_\_\_\_\_

Physician's Signature \_\_\_\_\_ Date \_\_\_\_\_

STAT  
 Call Physician  
 FAX \_\_\_\_\_

SEND DUPLICATE REPORT TO:

PROFILES		ICD-9
1229	Basic Metabolic Na, K, Cl, CO2, BUN, Creat, Glu, Ca	_____
1240	Comp Metabolic Na, K, Cl, CO2, BUN, Creat, GLU, Albumin, Total Protein, ALK, AST, CA, Tbil, ALT	_____
440	Electrolytes Na, K, Cl, CO2	_____
1233	Hepatic ALK, AST, ALT, Alb, Total & Direct Bil Total Protein	_____
1132	Hepatitis I HbsAg, Anti Hav (IGM) Anti HBC (IGM), Hep C Ab	_____
037	Lipid Profile Chol, Trig, HDL, VLDL, LDL, Risk	_____
1245	Renal Function Albumin, Ca, CO2, Cl, Creat, Glu Phos, K, Na, Bun	_____
HEMATOLOGY		ICD-9
2224	Hemogram w/Pl.ct.	_____
74	Hemogram w/Diff & Platelets	_____
159	H & H (Hgb & Hct)	_____
227	Platelet	_____
241	PT w/INR	_____
213	APTT	_____
251	Retic Count	_____
259	Sed Rate (ESR)	_____
1161	WBC	_____
349	WBC & Diff	_____
URINALYSIS		ICD-9
2260	UA complete	_____
2250	Urine Chemistry	_____

MICROBIOLOGY		ICD-9
Source		
40	Beta Strep Culture	_____
500	Clostridium Difficile (C-Diff)	_____
575	Fungus Culture	_____
2669	Gen-Probe Profile	_____
154	Gram Stain	_____
203	Occult Blood (Stool)	_____
212	Ova + Parasite (O+P)	_____
663	Routine C&S - Not Urine	_____
665	Urine C&S	_____
CHEMISTRY		ICD-9
1137	Albumin, serum	_____
027	Amylase	_____
316	ANA (Anti-Nucl.Anti)	_____
221	ALK PHOS	_____
047	Bilirubin, Total	_____
1888	Bilirubin Direct	_____
329	BUN (Blood Urea Nitrogen)	_____
2138	CA-125	_____
995	CEA	_____
425	Calcium	_____
080	Cholesterol	_____
099	CPK	_____
097	Creatinine, serum	_____
2192	Drug Screen Urine w/THC	_____
859	Ferritin	_____
265	Folate (Folic Acid)	_____
587	GGT	_____
148	Glucose (random)	_____
1150	Fasting Blood Sugar	_____
1160	2 Hr PP Glucose	_____
025	Hemoglobin A1C	_____

ICD-9		
1270	Helicobacter Pylori AB	
453	HbsAg	
964	HDL	
1863	HIV	
174	Iron	
113	LDH	
186	Lead Level, Blood	
187	Lipase, Serum	
2979	Lyme Antibody, West.Blot	
2610	Lyme Titer	
195	Magnesium	
222	Phosphorus	
231	Potassium	
120	Protein Electrophoresis	
1054	PSA (Prostate Antigen)	
1389	Rheumatoid Factor	
347	Serology (RPR)	
320	SGOT (AST)	
319	SGPT (ALT)	
734	T3 Total	
248	T3 Uptake	
1850	T4 Free	
634	T4 Total	
237	Total Protein	
1845	Transthyretin (Prealbumin)	
305	TSH	
321	Triglycerides	
331	Uric Acid	
264	Vitamin B-12	
HISTOLOGY CYTOLOGY		ICD-9
586	Pap 1 Slide	_____
	LMP / /	_____
	D.O.B. / /	_____

ICD-9		
371	Thin Prep Pap	
1250	Biopsy	
	Source	
1591	Cytology	
	Source	
TDM TESTS		ICD-9
064	Digoxin	_____
056	Dilantin	_____
2369	Free Phenytoin	_____
466	Lithium	_____
891	Nortriptyline	_____
214	Phenobarbital	_____
638	Primidone (Mysoline)	_____
1156	Pronestyl (Procainamide)	_____
398	Quinidine	_____
393	Tegretol	_____
631	Theophylline	_____
712	Valproic Acid (Depakote)	_____
1945	Vancomycin Random	_____
1943	Vancomycin Trough	_____
1944	Vancomycin Peak	_____
MISC. PROCEDURES		ICD-9
1180	House Call	_____
1190	Service Visit	_____
1210	Phlebotomy	_____
1400	Outpatient Fee	_____

ADDITIONAL TESTS (PLEASE PRINT)

610-872-6466

4000 EDMONT AVENUE

BROOKHAVEN, PA 19015

FAX 610-872-7628