



CMB LABORATORY

CONSOLIDATED MEDICAL BIO-ANALYSIS, INC.

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Director:
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PROVIDING EXCELLENT
PATIENT CARE SINCE 1979

PHONE REPORT TO: () **STAT** FASTING NON-FASTING

CHART I.D. NUMBER DATE TIME COLLECTED

PATIENT LAST FIRST M.I.

SOCIAL SECURITY NO. SEX **M** **F** AGE DATE OF BIRTH

ADDRESS PHONE # ()

CITY STATE ZIP

BILL TO MEDICAL PHYSICIAN IPA OTHER
 MEDICARE PATIENT DIRECT INSURANCE

INSURANCE / IPA / MEDICAL MANAGED CARE GROUP NAME

SUBSCRIBERS' NAME RELATIONSHIP SELF SPOUSE PARENT

INSURANCE / MEDICARE / MEDICAL I.D. # GROUP / LOCAL #

INSURED / GUARDIAN SIGNATURE REQUIRED **X**

ALL INFORMATION MUST BE PROVIDED OR CLIENT WILL BE BILLED I UNDERSTAND THAT I AM FINANCIALLY RESPONSIBLE FOR ANY CHARGES NOT PAID FULL BY INSURANCE

CHEMISTRY	ICD-10 CODE	HEMATOLOGY	ICD-10 CODE	SEROLOGY	ICD-10 CODE	PANELS (cont.)	ICD-10 CODE
05011 <input type="checkbox"/> HIV I, II (S)		00500 <input type="checkbox"/> CBCRBCMORPH & PLATELETS (L)		06015 <input type="checkbox"/> ANA TITER (S)		HEPATITIS	
01070 <input type="checkbox"/> AMYLASE (S)		00050 <input type="checkbox"/> ABO AND Rh FACTOR (R L)		06030 <input type="checkbox"/> ASO (S)		09715 <input type="checkbox"/> HEPATITIS A,B PANEL (S)	
01090 <input type="checkbox"/> BILIRUBIN, TOTAL (S)		00060 <input type="checkbox"/> ANTIBODY SCREEN (R)		06082 <input type="checkbox"/> CRP (S)		(HBsAg, HBsAb, HBcAb TOTAL HAVAB)	
01130 <input type="checkbox"/> BUN (S)		00100 <input type="checkbox"/> URINALYSIS W/ MICROSCOPIC		06051 <input type="checkbox"/> ULTRA SENSITIVE CRP (S)		50005 <input type="checkbox"/> HEP. C. ANTIBODY (S)	
01180 <input type="checkbox"/> CHOLESTEROL (S)		00150 <input type="checkbox"/> U/A - C&S IF INDICATED (UR)		06143 <input type="checkbox"/> TP.PA SYPHILIS CONFIRMATION (S)		LIPID PANEL (S)	
01200 <input type="checkbox"/> CPK (S)		00540 <input type="checkbox"/> PROTHROMBIN TIME (PT) (B)		06120 <input type="checkbox"/> MONO SCREEN (S)		09100 <input type="checkbox"/> (CHOL, TRIG, HDL, LDL, VLDL, RISK FACTOR)	
01210 <input type="checkbox"/> CREATININE (S)		00542 <input type="checkbox"/> APTT (B)		06083 <input type="checkbox"/> RA TEST (S)		HEPATIC PANEL (S)	
02076 <input type="checkbox"/> FERRITIN (S)		00550 <input type="checkbox"/> SED RATE (ESR) (L)		93160 <input type="checkbox"/> RUBELLA (S)		09110 <input type="checkbox"/> (T. PROTEIN, ALBUMIN SGPT, SGOT, T. BILIRUBIN, D. BILIRUBIN, ALK., PHOS, A/G RATIO)	
02077 <input type="checkbox"/> FOLATE /B12(02091) (S)				06200 <input type="checkbox"/> RPR (S)		PRENATAL PANEL (SRL)	
02078 <input type="checkbox"/> FSH (S)		MICROBIOLOGY	ICD-10 CODE			09310 <input type="checkbox"/> (CBC, PLATELETS, RPR RUBELLA, ABO & RH, ANTIBODY SCREEN, HBSAG)	
01230 <input type="checkbox"/> GGTP (S)		SOURCE		PREGNANCY TESTS		TUMOR MARKERS	ICD-10 CODE
01255 <input type="checkbox"/> GLUCOSE (GY)		SENSITIVITIES & IDS WILL BE PERFORMED IF INDICATED		07245 <input type="checkbox"/> URINE (UR)		07400 <input type="checkbox"/> AFP (NON-PREGNANT) (S)	
02300 <input type="checkbox"/> GLYCOHEMOGLOBIN (L)		08021 <input type="checkbox"/> AFB (INCLUDES SMEAR)		02082 <input type="checkbox"/> BHCG QUANT (S)		07440 <input type="checkbox"/> CA 19-9 (S)	
51020 <input type="checkbox"/> H. PYLORI IgG (S)		96010 <input type="checkbox"/> BETA STREP GROUP A		02081 <input type="checkbox"/> HCG QUAL (S)		07420 <input type="checkbox"/> CA 125 (S)	
07524 <input type="checkbox"/> HBs ANTIGEN (S)		96012 <input type="checkbox"/> BETA STREP GROUP B		TOXICOLOGY	ICD-10 CODE	07410 <input type="checkbox"/> CEA (S)	
01330 <input type="checkbox"/> HDL CHOLESTEROL (S)		08010 <input type="checkbox"/> CULTURE, ROUTINE		07820 <input type="checkbox"/> DIGOXIN (R)		02087 <input type="checkbox"/> PSA (S)	
01350 <input type="checkbox"/> IRON, TOTAL (S)		08030 <input type="checkbox"/> BLOOD CULTURE		07830 <input type="checkbox"/> DILANTIN (R)		PAP SMEAR	
01355 <input type="checkbox"/> IRON, PANEL (S)		08070 <input type="checkbox"/> FUNGUS CULTURE		07850 <input type="checkbox"/> LITHIUM (R)		SOURCE: C / V / E	
05820 <input type="checkbox"/> LEAD (TN or RB)		08120 <input type="checkbox"/> THROAT CULTURE		07860 <input type="checkbox"/> PHENOBARBITAL (R)		LMP:	
02083 <input type="checkbox"/> L.H. (S)		08102 <input type="checkbox"/> SPUTUM CULTURE (INCLUDES SMEAR)		07900 <input type="checkbox"/> CARBAMZEPINE (TEGRETOL) (R)		CLINICAL HISTORY:	
01380 <input type="checkbox"/> LIPASE (S)		08110 <input type="checkbox"/> STOOL CULTURE		07890 <input type="checkbox"/> THEOPHYLLINE (R)			
01400 <input type="checkbox"/> MAGNESIUM (S)		08130 <input type="checkbox"/> URINE CULTURE		07920 <input type="checkbox"/> VALPROIC ACID (DEPAKENE) (R)			
01440 <input type="checkbox"/> POTASSIUM (S)		08140 <input type="checkbox"/> VAGINAL CULTURE		PANELS	ICD-10 CODE		
02085 <input type="checkbox"/> PROLACTIN (S)		08281 <input type="checkbox"/> CHLAMYDIA OGN SWAB		09031 <input type="checkbox"/> BASIC METABOLIC PANEL (S)			
01490 <input type="checkbox"/> SGOT (AST) (S)		08291 <input type="checkbox"/> GONORRHEA OGN SWAB		(NA, K, Cl, BUN, CREAT, GLU, CA)			
01500 <input type="checkbox"/> SGPT (ALT) (S)		08330 <input type="checkbox"/> CHLAMYDIA AMP (URINE)		09041 <input type="checkbox"/> COMPREHENSIVE METABOLIC PANEL (S)			
02086 <input type="checkbox"/> TOTAL T3 (S)		08340 <input type="checkbox"/> GONORRHEA AMP (URINE)		(ALB, ALK P, AST, T-BILI, BUN, CA CL, CREAT, GLU, K, T PROT, NA, ALT)			
01600 <input type="checkbox"/> T3 UPTAKE (S)		08280 <input type="checkbox"/> CHLAMYDIA AMP (THIN PAP)		09130 <input type="checkbox"/> RENAL PANEL (S)			
02080 <input type="checkbox"/> T4-FREE (S)		08290 <input type="checkbox"/> GC AMPLIFICATION (THIN PAP)		(ALB, CA, CO2, CL, CREAT, GLU, PHOS, NA, K, BUN)			
07040 <input type="checkbox"/> TOTAL T4 (S)		08200 <input type="checkbox"/> GRAM STAIN					
02089 <input type="checkbox"/> TSH - SENSITIVE (S)		08250 <input type="checkbox"/> OCCULT BLOOD					
01530 <input type="checkbox"/> TRIGLYCERIDE (S)		08270 <input type="checkbox"/> OVA & PARASITES					
01560 <input type="checkbox"/> URIC ACID (S)		08210 <input type="checkbox"/> WET MOUNT					
09003 <input type="checkbox"/> VITAMIN D 25 TOTAL (S)							

Pregnant BCP
 Post Partum Hormones
 Hysterectomy IUD
 Postmenopausal
 Other
 Liquid Base PAP with HPV-DNA High Risk if ASCUS



FOR LAB
USE ONLY

NOTICE TO PHYSICIANS

When ordering tests for which Medicare reimbursement will be sought, physicians (or other individual authorized by law to order tests) should only order tests that are medically necessary for the diagnosis or treatment of a patient, rather than for screening purposes. COMPONENTS MAY BE BILLED SEPARATELY IN ACCORDANCE WITH CARRIER POLICIES. ALL LABORATORY PROCEDURES WILL BE BILLED TO THIRD PARTY CARRIERS (INCLUDING MEDICARE AND MEDI-CAL) AT PRICES BILLED TO PATIENTS.

SPECIMEN CODES

B = BLUE	GY = GRAY	S = SERUM SST
BI = BIOPSY	L = LAVENDER	ST = STOOL
F = FROZEN	P = PLASMA	SW = SWAB
GN = GREEN	R = PLAIN RED	UR = URINE
TN = TAN	RB = ROYAL BLUE	

PHLEBOTOMIST INITIAL

PLEASE SEE REVERSE SIDE FOR PATIENT DRAWING SERVICE LOCATIONS