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

BILL TO ☐ MEDICAL ☐ PHYSICIAN ☐ IPA ☐ OTHER ☐ MEDICARE ☐ PATIENT DIRECT ☐ INSURANCE _____

PATIENT LAST | FIRST | M.I.

INSURANCE / IPA / MEDICAL MANAGED CARE GROUP NAME

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

SUBSCRIBERS' NAME | RELATIONSHIP ☐ SELF ☐ SPOUSE ☐ PARENT

ADDRESS | PHONE # ( )

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

CITY | STATE | ZIP

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
05011 ☐ HIV I, II (S)	
01070 ☐ AMYLASE (S)	
01090 ☐ BILIRUBIN, TOTAL (S)	
01130 ☐ BUN (S)	
01180 ☐ CHOLESTEROL (S)	
01200 ☐ CPK (S)	
01210 ☐ CREATININE (S)	
02076 ☐ FERRITIN (S)	
02077 ☐ FOLATE / B12 (02091) (S)	
02078 ☐ FSH (S)	
01230 ☐ GGTP (S)	
01255 ☐ GLUCOSE (GY)	
02300 ☐ GLYCOHEMOGLOBIN (L)	
51020 ☐ H. PYLORI IgG (S)	
07524 ☐ HBs ANTIGEN (S)	
01330 ☐ HDL CHOLESTEROL (S)	
01350 ☐ IRON, TOTAL (S)	
01355 ☐ IRON, PANEL (S)	
05820 ☐ LEAD (TN or RB)	
02083 ☐ L.H. (S)	
01380 ☐ LIPASE (S)	
01400 ☐ MAGNESIUM (S)	
01440 ☐ POTASSIUM (S)	
02085 ☐ PROLACTIN (S)	
01490 ☐ SGOT (AST) (S)	
01500 ☐ SGPT (ALT) (S)	
02086 ☐ TOTAL T3 (S)	
01600 ☐ T3 UPTAKE (S)	
02080 ☐ T4-FREE (S)	
07040 ☐ TOTAL T4 (S)	
02089 ☐ TSH - SENSITIVE (S)	
01530 ☐ TRIGLYCERIDE (S)	
01560 ☐ URIC ACID (S)	
09003 ☐ VITAMIN D 25 TOTAL (S)	

HEMATOLOGY

	ICD 10 CODE
00500 ☐ CBCRBCMORPH & PLATELETS (L)	
00050 ☐ ABO AND Rh FACTOR (R L)	
00060 ☐ ANTIBODY SCREEN (R)	
00100 ☐ URINALYSIS W/ MICROSCOPIC	
00150 ☐ U/A - C&S IF INDICATED (UR)	
00540 ☐ PROTHOMBIN TIME (PT) (B)	
00542 ☐ A PTT (B)	
00550 ☐ SED RATE **(ESR)** (L)	

MICROBIOLOGY

ICD 10 CODE

SOURCE _____

SENSITIVITIES & IDS WILL BE PERFORMED IF INDICATED

- 08021 ☐ AFB (INCLUDES SMEAR)
- 96010 ☐ BETA STREP GROUP A
- 96012 ☐ BETA STREP GROUP B
- 08010 ☐ CULTURE, ROUTINE
- 08030 ☐ BLOOD CULTURE
- 08070 ☐ FUNGUS CULTURE
- 08120 ☐ THROAT CULTURE
- 08102 ☐ SPUTUM CULTURE (INCLUDES SMEAR)
- 08110 ☐ STOOL CULTURE
- 08130 ☐ URINE CULTURE
- 08140 ☐ VAGINAL CULTURE
- 08281 ☐ CHLAMYDIA OGN SWAB
- 08291 ☐ GONORRHEA OGN SWAB
- 08330 ☐ CHLAMYDIA AMP **(URINE)**
- 08340 ☐ GONORRHEA AMP **(URINE)**
- 08280 ☐ CHLAMYDIA AMP **(THIN PAP)**
- 08290 ☐ GC AMPLICATION **(THIN PAP)**
- 08200 ☐ GRAM STAIN
- 08250 ☐ OCCULT BLOOD
- 08270 ☐ OVA & PARASITES
- 08210 ☐ WET MOUNT

SEROLOGY

	ICD 10 CODE
47544 ☐ ANA SCREEN (S)	
06030 ☐ ASO (S)	
06082 ☐ CRP (S)	
06051 ☐ ULTRA SENSITIVE CRP (S)	
06143 ☐ TP.PA SYPHILIS CONFIRMATION (S)	
06120 ☐ MONO SCREEN (S)	
06083 ☐ RA TEST (S)	
47558 ☐ RUBELLA (S)	
06200 ☐ RPR (S)	

PREGNANCY TESTS

- 07245 ☐ URINE (UR)
- 02082 ☐ BHCG QUANT (S)
- 02081 ☐ HCG QUAL (S)

TOXICOLOGY

ICD 10 CODE

- 07820 ☐ DIGOXIN (R)
- 07830 ☐ DILANTIN (R)
- 07850 ☐ LITHIUM (R)
- 07860 ☐ PHENOBARBITAL (R)
- 07900 ☐ CARBAMZEPINE (TEGRETOL) (R)
- 07890 ☐ THEOPHYLLINE (R)
- 07920 ☐ VALPROIC ACID (DEPAKENE) (R)

PANELS

ICD 10 CODE

- 09031 ☐ BASIC METABOLIC PANEL (S) (NA, K, CI, BUN, CREAT, GLU, CA)
- 09041 ☐ COMPREHENSIVE METABOLIC PANEL (S) (ALB, ALK P, AST, T-BILI, BUN,CA CL, CREAT, GLU,K, T PROT, NA,ALT)
- 09130 ☐ **RENAL PANEL** (ALB, CA, CO2, CL, CREAT, GLU, PHOS, NA, K, BUN) (S)

PANELS (cont.)

ICD10 CODE

HEPATITIS

- 90615 ☐ HEPATITIS A,B PANEL (S) (HBsAg, HBsAb, HBcAb TOTAL HAVAB)
- 50005 ☐ HEP. C. ANTIBODY (S)

LIPID PANEL (S)

- 09100 ☐ (CHOL, TRIG, HDL, LDL, VLDL, RISK FACTOR)

HEPATIC PANEL (S)

- 09110 ☐ (T. PROTEIN, ALBUMIN SGPT, SGOT, T. BILIRUBIN, D. BILIRUBIN, ALK., PHOS, A/G RATIO)

PRENATAL PANEL (SRL)

- 09370Z ☐ (CBC, PLATELETS, RPR RUBELLA, ABO & RH, ANTIBODY SCREEN, HBSAG)

TUMOR MARKERS

ICD 10 CODE

- 07400 ☐ AFP (NON-PREGNANT) (S)
- 07440 ☐ CA 19-9 (S)
- 07420 ☐ CA 125 (S)
- 07410 ☐ CEA (S)
- 02087 ☐ PSA (S)

PAP SMEAR

SOURCE: C / V / E

LMP: _____

CLINICAL HISTORY: _____

☐ Pregnant ☐ BCP
☐ Post Partum ☐ Hormones
☐ Hysterectomy ☐ IUD
☐ Postmenopausal
☐ Other _____

☐ **Liquid Base PAP with HPV-DNA High Risk if ASCUS**

CAP ACCREDITED
COLLEGE of AMERICAN PATHOLOGISTS

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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.

PLEASE SEE REVERSE SIDE FOR PATIENT DRAWING SERVICE LOCATIONS

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

REV. 9-16