Mobile Laboratory
QuickDraws

FAX RESULTS: _____

Physician Name_____
NPI_____
Phone_____
Collection Date: _____
Collection Time: _____

LABORATORY REQUISITION

Inaccurate or Incomplete information may delay results and/or collection

Patient's Name_____ Sex_____ DOB_____

Patient's Address_____

Phone_____

*STANDING ORDER: YES or NO (FREQUENCY: _____) *FASTING: YES or NO

Primary Billing Party	**Secondary Billing Party**
Insurance Carrier_____ ID #_____ Group #_____ Name of Insured Person_____ Relationship to patient_____	Insurance Carrier_____ ID #_____ Group #_____ Name of Insured Person_____ Relationship to patient_____

Diagnosis/ ICD - 10 Codes				

Gel Tube/SST	***Gel Tube/SST***	***Lavender***	***Blue***	***Urine***
Acute Hep Panel	LOH	Ammonia (lab specific)	PT/INR	Urinalysis
Albumin	Magnesium	BNP-frozen plasm a	PT and PTT	U/A with Micro
Amylase	Phosphorus	CBC	PTT	Urine C&S
BMP	Potassium	CBC with Diff	***Gray***	***Stool***
B12 and Folate	PSA serum	CBC with Diff & Pit	Glucose, Plasma	Stool Culture
C-Reactive Protein	Renal Function Panel	Folate	Glucose Tolerance test	C. Diff
Cholesterol, Total	Sodium	Hematocrit	***Green (Ice bath)***	Ova and Parasite s
CMP	Testosterone	Hemoglobin	Ammonia	FOB
Electrolyte Panel	TSH	Hgb AIC	***Therapeutic - Red Top***	***Other***
Ferritin	T4	Platelet count	Digoxin	
Glucose, Serum	T4 Free	Parathyroid Hormone	Dilantin	
Hepatic Function	T3	Sed Rate, Westergren	Lithium	
Hep A antibody, IgM	ReverseT3	Tacrolimus	Phenobarbital	
Hep B Surface Antibody	Uric Acid	WBC	Tegretol	
Hep B Surface Antigen	Vitamin B12	Folate	Vancomycin	
HIV	Vitamin D			
Lipid Panel				

*For any patient of any payor (including Medicare and Medicaid), only order those tests which are medically necessary for the diagnosis and treatment of the patient.

Physician's Signature_____