



1 ACCOUNT INFORMATION

The ordering physician must sign his/her name and indicate the date the test is ordered. The signature constitutes as a certification, that with respect to tests reimbursed by Medicare, Medicaid, or other third party payers that the testing is medically necessary and the results will be used in the management of the patient.

X

Physician Signature _____ Date _____

☐ Call results to: () ☐ Fax results to: ()

3 INSURANCE INFORMATION

☐ Client Bill ☐ See Attached Insurance Forms

Insured's Name (if different from Patient)

Primary Insurance Name & Plan / Workers Comp. Carrier

Address (Insurance)

Policy ID # _____ Group/Plan/Book # _____

☐ Cash ☐ Check Received by: _____

2 PATIENT INFORMATION

Last Name _____ First Name _____

D.O.B (MM/DD/YY) _____ Sex ☐ M ☐ F

Phone (Day) _____ (Evening) _____

Insured's Address Apt. _____

City _____ State _____ Zip _____

I authorize Clarity Labs to release the results of this testing to the treating physician or facility. I have read and understood the ABN printed on the backside of this form.

X

Patient Signature _____ Date _____

SPECIMEN INFORMATION

Date Collected: ____/____/____ Time: ____:____ AM PM

☐ 0001 Venipuncture Fasting ____hrs ☐ Y ☐ N Collector: _____

ICD 10 CODES

Please enter diagnosis code(s) in the box

_____, _____, _____

FOR LAB USE ONLY

Received by: _____ Date: ____/____/____ Time: ____:____ AM PM

4 AMA PANELS

5000	<input type="checkbox"/> ELECTROLYTES PANEL Na, K, CL, CO2	SS
5002	<input type="checkbox"/> BASIC METABOLIC PANEL Na, K, CL, CO2, Glu, BUN, Cr, Ca	SS
5001	<input type="checkbox"/> COMPREHENSIVE METABOLIC PANEL Na, K, CL, Glu, Cr, Ca, TP, Alb, TBil, ALP, AST, ALT, CO2, BUN	SS
5003	<input type="checkbox"/> HEPATIC FUNCTION PANEL Alb, TBil, Dbil, ALP, AST, TP	SS
5004	<input type="checkbox"/> LIPID PANEL Trig, Chol, HDL, LDL calc, VLDL calc, Ratios	SS
5021	<input type="checkbox"/> ACUTE HEPATITIS PANEL HepA IgM, HBsAg, HcAb	SS

OTHER COMPREHENSIVE PANELS

5029	<input type="checkbox"/> THYROID COMPREHENSIVE PANEL T _U , T ₄ , FT ₃ , T ₃ , FT ₄ , TSH	SS
5030	<input type="checkbox"/> B12 + FOLATE DEFICIENCY PANEL B12, Folate	SS
5015	<input type="checkbox"/> DIABETIC PANEL Glu, Hgb A1c	GY, LV
5011	<input type="checkbox"/> ARTHRITIS PANEL CBC, ANA, ASO, CRP, RF, ESR, UA	SS, LV
5010	<input type="checkbox"/> ANEMIA PANEL CBC, Retic, Iron, TIBC, Ferritin, B12, Folate	SS, LV
5066	<input type="checkbox"/> HEPATITIS COMPREHENSIVE PANEL HAV Ab, HAV IgM, HBsAg, Hbs Ab, Hbc Ab, Hbc IgM, HCV Ab	SS
5037	<input type="checkbox"/> PSA FREE /TOTAL % PANEL	SS
1184	<input type="checkbox"/> QUANTIFERON PANEL	TB Gold
5023	<input type="checkbox"/> IRON DEFICIENCY PANEL Fe, UIBC, TIBC + Iron, Sat%, Ferritin, Transferrin	SS
5069	<input type="checkbox"/> STD PANEL (Female)	SS
5020	<input type="checkbox"/> EBV VIRUS PANEL EBV VCA IgG/IgM, EBV EA IgG, EBV NA IgG	SS
5070	<input type="checkbox"/> STD PANEL (Male)	SS

Custom Profile / Additional Tests

1133	<input type="checkbox"/> AFP, Tumor Marker	SS	1338	<input type="checkbox"/> Cystatin C	SS	1139	<input type="checkbox"/> Lyme (B. burgdorferi) IgG/IgM	SS	1018	<input type="checkbox"/> Triglycerides	SS	MICROBIOLOGY cont.		
1001	<input type="checkbox"/> Albumin	SS	1132	<input type="checkbox"/> DHEA-Sulfate	SS	1038	<input type="checkbox"/> Magnesium	SS	1124	<input type="checkbox"/> TSH	SS	1276	<input type="checkbox"/> Ova & Parasites	ST
1002	<input type="checkbox"/> Alkaline Phosphatase	SS	1099	<input type="checkbox"/> Estradiol	SS	1140	<input type="checkbox"/> Measles Ab, IgG	SS	1045	<input type="checkbox"/> Uric Acid	SS	1279	<input type="checkbox"/> Sputum Culture & S	SW
1003	<input type="checkbox"/> ALT (SGPT)	SS	1109	<input type="checkbox"/> Ferritin	SS	5143	<input type="checkbox"/> MMR	SS	1143	<input type="checkbox"/> Varicella Zoster IgG	SS	1280	<input type="checkbox"/> Stool Culture & S	ST
1024	<input type="checkbox"/> Amylase	SS	1111	<input type="checkbox"/> Folate	SS	1141	<input type="checkbox"/> Mumps IgG	SS	1110	<input type="checkbox"/> Vitamin B12	SS	1285	<input type="checkbox"/> Streptococcus A SCR	SS
1138	<input type="checkbox"/> ANA	SS	1103	<input type="checkbox"/> FSH	SS	1122	<input type="checkbox"/> Myoglobin	SS	1131	<input type="checkbox"/> Vitamin D, 25-Hydroxy	SS	1307	<input type="checkbox"/> Throat Culture & S	SW
1047	<input type="checkbox"/> Apo A1	SS	1030	<input type="checkbox"/> GGT	SS	1039	<input type="checkbox"/> Phosphorus	SS	THERAPEUTIC DRUG MONITORING			1308	<input type="checkbox"/> Urine C/S	UC
1050	<input type="checkbox"/> Apo B	SS	1061	<input type="checkbox"/> Globulin, Calculated	SS	1014	<input type="checkbox"/> Potassium	SS	1270	<input type="checkbox"/> Acetaminophene (Tylenol)	SS	1288	<input type="checkbox"/> Wound Culture & S	SW
1121	<input type="checkbox"/> Troponin I	SS	1063	<input type="checkbox"/> Glucose -Hrs. P.P.	SS	1100	<input type="checkbox"/> Progesterone	SS	1112	<input type="checkbox"/> Carbamazepine (Tegretol)	RE	URINE TESTS		
1026	<input type="checkbox"/> ASO	SS	1058	<input type="checkbox"/> Glucose Tolerance Test (GTT)	GY	1101	<input type="checkbox"/> Prolactin	SS	1251	<input type="checkbox"/> Clozaril (Clozapine)	RE	1289	<input type="checkbox"/> Chlamydia/GC	UR
1005	<input type="checkbox"/> AST (SGOT)	SS	1062	<input type="checkbox"/> Glucose, Fasting	GY	1015	<input type="checkbox"/> Protein, Total	SS	1113	<input type="checkbox"/> Digoxin(Lanoxin)	RE	1290	<input type="checkbox"/> Creatinine 24 Hrs.	UR
1097	<input type="checkbox"/> Beta hCG	SS	1213	<input type="checkbox"/> Growth Hormone	SS	1267	<input type="checkbox"/> PSA, Free	SS	1116	<input type="checkbox"/> Dilantin (Phenytoin)	RE	1281	<input type="checkbox"/> Creatinine Clearance	UR/SS
1339	<input type="checkbox"/> Beta-2 Microglobulin	SS	1013	<input type="checkbox"/> Glucose Random	GY	1104	<input type="checkbox"/> PSA Total	SS	1114	<input type="checkbox"/> Gentamicin(Garamycin)	RE	1072	<input type="checkbox"/> Creatinine Random	UR
1007	<input type="checkbox"/> Bilirubin, Direct	SS	1153	<input type="checkbox"/> H. Pylori Antibody, IgG	SS	1157	<input type="checkbox"/> PT/INR	BL	1040	<input type="checkbox"/> Lithium (Eskalith)	SS	1291	<input type="checkbox"/> 14 Panel Urine Drug Screen	UR
1006	<input type="checkbox"/> Bilirubin, Total	SS	1341	<input type="checkbox"/> Haptoglobin	SS	1159	<input type="checkbox"/> PTT	BL	1115	<input type="checkbox"/> Phenobarbital (Phenobarbitone)	RE	w/ reflex		
1123	<input type="checkbox"/> BNP	LV	1066	<input type="checkbox"/> Hb Electrophoresis	LV	1129	<input type="checkbox"/> PTH, Intact	SS	1052	<input type="checkbox"/> Salicylic Acid (salicylates)	RE	1080	<input type="checkbox"/> Microalbumin	UR
1008	<input type="checkbox"/> BUN/UREA	SS	1021	<input type="checkbox"/> HDL Cholesterol	SS	1196	<input type="checkbox"/> Reticulocyte Count	LV	1117	<input type="checkbox"/> Theophylline(Elixophyllin)	RE	1292	<input type="checkbox"/> Pregnancy	UR
1081	<input type="checkbox"/> C3- Complement	SS	1211	<input type="checkbox"/> Hemoglobin A1c	LV	1043	<input type="checkbox"/> RF (Rheumatoid Factor)	SS	1118	<input type="checkbox"/> Valproic Acid (Depakote level)	RE	1206	<input type="checkbox"/> Protein 24 hrs.	UR
1082	<input type="checkbox"/> C4- Complement	SS	1083	<input type="checkbox"/> Hepatitis A Ab IgG	SS	1269	<input type="checkbox"/> RPR w/ reflex	SS	1119	<input type="checkbox"/> Vancomycin (Vancocin)	RE	1293	<input type="checkbox"/> Trichomonas Vaginalis	UR
1091	<input type="checkbox"/> CA 125	SS	1088	<input type="checkbox"/> Hepatitis B Core Ab IgM	SS	1142	<input type="checkbox"/> Rubella Ab IgG	SS	MICROBIOLOGY			5007	<input type="checkbox"/> Urinalysis	UR
1092	<input type="checkbox"/> CA 15-3	SS	1085	<input type="checkbox"/> Hepatitis B Surf Ab IgM	SS	1160	<input type="checkbox"/> Sed Rate (ESR)	LV	1189	<input type="checkbox"/> Affirm VPIII Microbial Test	OT	CYTO / PATHOLOGY		
1093	<input type="checkbox"/> CA 19-9	SS	1086	<input type="checkbox"/> Hepatitis B Surf Ag	SS	1107	<input type="checkbox"/> Sex Hormone-Binding Globulin (SHBG)	SS	1190	<input type="checkbox"/> Blood Culture & S	OT	1294	<input type="checkbox"/> GYN ThinPrep	Cx/Vag
1009	<input type="checkbox"/> Calcium	SS	1089	<input type="checkbox"/> Hepatitis C virus Ab	SS	1212	<input type="checkbox"/> Sickle Screen	SS	1191	<input type="checkbox"/> C. Diff. Toxin Assay	OT	1295	<input type="checkbox"/> GYN ThinPrep w/ reflex	Cx/Vag
5005	<input type="checkbox"/> CBC/w Differential	LV	1090	<input type="checkbox"/> HIV 1/2 Screening	SS	1016	<input type="checkbox"/> Sodium	SS	1209	<input type="checkbox"/> Fluid Culture & S	SW	HPV high risk		
1108	<input type="checkbox"/> CEA	SS	1120	<input type="checkbox"/> Homocysteine	SS	1126	<input type="checkbox"/> T3, Free	SS	1218	<input type="checkbox"/> Genital Culture & S	SW	1296	<input type="checkbox"/> GHPV ThinPrep w/ HPV High Risk	Cx/Vag
1340	<input type="checkbox"/> Ceruloplasmin	SS	5142	<input type="checkbox"/> HSV 1 & HSV-2 IgG	SS	1125	<input type="checkbox"/> T3, Total	SS	1221	<input type="checkbox"/> MRSA	SW	1297	<input type="checkbox"/> NGYN Cytology Urine	UR
1011	<input type="checkbox"/> Chloride	SS	2138	<input type="checkbox"/> HSV-1 & 2 IgM	SS	1214	<input type="checkbox"/> T3, Uptake	SS	1275	<input type="checkbox"/> Occult Blood Stool	SW	1298	<input type="checkbox"/> LMP	/ /
1017	<input type="checkbox"/> Cholesterol	SS	5169	<input type="checkbox"/> Immunoglobulin IgG, IgM, IgA, Total	SS	1127	<input type="checkbox"/> T4, Free	SS						
1028	<input type="checkbox"/> CK-MB	SS	1220	<input type="checkbox"/> IgE, Total	SS	1128	<input type="checkbox"/> T4, Total	SS						
1146	<input type="checkbox"/> CMV IgG Ab	SS	1067	<input type="checkbox"/> Influenza A/B Ag	SS	1184	<input type="checkbox"/> TB QuantiFER ON®-Gold	qFT						
1147	<input type="checkbox"/> CMV IgM Ab	SS	1130	<input type="checkbox"/> Insulin	SS	1135	<input type="checkbox"/> P2PSA	SS						
1010	<input type="checkbox"/> CO2	SS	5008	<input type="checkbox"/> Iron& TIBC	SS	1106	<input type="checkbox"/> Testosterone, Total	SS						
1098	<input type="checkbox"/> Cortisol	SS	1031	<input type="checkbox"/> Iron, Total	SS	1241	<input type="checkbox"/> Testosterone, Free	SS						
1096	<input type="checkbox"/> C-Peptide	SS	1037	<input type="checkbox"/> LDH	SS	1182	<input type="checkbox"/> Thyroglobulin	SS						
1012	<input type="checkbox"/> Creatinine	SS	1020	<input type="checkbox"/> LDL	SST	1095	<input type="checkbox"/> Thyroid Peroxidase Antibody (TPO)	SS						
1027	<input type="checkbox"/> Creatinine Kinase (CPK)	SS	1068	<input type="checkbox"/> Lead	RB	1155	<input type="checkbox"/> Toxoplasma Gondii IgG	SS						
1036	<input type="checkbox"/> CRP (N)	SS	1102	<input type="checkbox"/> LH	SS	1156	<input type="checkbox"/> Toxoplasma Gondii IgM	SS						
1210	<input type="checkbox"/> CRP HS	SS	1025	<input type="checkbox"/> Lipase	SS	1044	<input type="checkbox"/> Transferrin	SS						

AMA APPROVED PANELS			
5000 ELECTROLYTES PANEL Na-Sodium K-Potassium Cl-Chloride CO2-Bicarbonate	5001 COMPREHENSIVE METABOLIC PANEL Na-Sodium K-Potassium Cl-Chloride CO2-Bicarbonate Glu-Glucose BUN-Urea Cr-Creatinine Ca-Calcium	5003 HEPATIC FUNCTION PANEL Alb-Albumin TBil-Total Bilirubin Dbil-Direct Bilirubin ALP-Alkaline Phosphatase AST-SGOT TP-Total Protein ALT-SGPT	5004 LIPID PANEL Trig-Triglyceride Chol-Cholesterol HDL-High Density lipoprotein LDL-Low Density lipoprotein VLDL,Cholesterol calculated LDL-Low Density lipoprotein, calculation
5002 BASIC METABOLIC PANEL Na-Sodium K-Potassium Cl-Chloride CO2-Bicarbonate	Glu-Glucose BUN-Urea Cr-Creatinine Ca-Calcium		5021 ACUTE HEPATITIS PANEL HepA IgM-Hepatitis A Ab HBsAg-Hepatitis B Surf Ag HBsAb-Hepatitis B Core Ab HCVAb-Hepatitis C Virus Ab

OTHER COMPREHENSIVE PANELS			
5029 THYROID COMPREHENSIVE PANEL TU-T3,Uptake T3-T3, Total T4-T4, Total FT3-T3, Free FT4-T4, Free TSH	5023 IRON DEFICIENCY PANEL Fe-Iron TIBC Sat%- 5030 B12 + FOLATE DEFICIENCY PANEL B12- VitB12 Fol- Folate	5069 STD PANEL(Female) Chlamydia Trachomatis Hepatitis B Surface AB Hepatitis C Ab, EIA HIV AG/AB 4th Gen Mycoplasma Culture N. Gonorrhea Trichomonas Vaginalis	1184 QUANTIFERON PANEL TB QuantiFE ON®-Gold 5070 - STD PANEL (Male) Chlamydia Trachomatis Hepatitis B Surface AB Hepatitis C Ab, EIA HIV AG/AB 4th Gen Mycoplasma Culture N. Gonorrhea Trichomonas Vaginalis Urea/Plasma Culture
5010 ANEMIA PANEL CBC-CBC/w Differential Retic-Reticulocyte Count Iron TIBC Ferritin B12- VitB12 Fol- Folate	5066 HEPATITIS COMPREHENSIVE PANEL HAV Ab- HAV IgM HBsAg-Hepatitis B Surf Ag HBs Ab-Hepatitis B Surf Ab HBc Ab- Hepatitis B core Antibody IgM HCV Ab	5015 DIABETIC PANEL Glu-Glucose HgBA1C-Hemoglobin A1c 5037 PSA PANEL PSA FREE AND TOTAL	5011 ARTHRITIS PANEL CBC-CBC/w Differential ANA- ASO CRP-HS RF-Rheumatoid Factor ESR-Sed Rate UA-Uric Acid 5020 EBV VIRUS PANEL EBV Capsid Antigen Ab (IgG) EBV Capsid Antigen Ab (IgM) EBV Nuclear Antigen, Ab(IgG) EBV Early Antigen, Ab

COMMONLY USED ICD 10 CODES									
The below codes are CMS approved coding for outpatient services (https://www.cms.gov/Medicare/Coding/.../ICD-10-IOCE-Code-Lists.pdf). Please select all applicable diagnosis in relation to the laboratory services ordered. Please use the bottom “Other” Section to add any unmentioned ICD-10 or diagnosis descriptions. Please verify that the ordered test have the necessary appropriate diagnosis code.									
ANEMIA PANEL	D64.9	ARTHRITIS PANEL	M06.9	MALE PANEL		COMMON TOXICOLOGY CODES	Z79.891	FATIGUE PANEL	R53.82
Iron Deficiency	D50.8	Joint pain	M25.5	Lipid Panel	E78.5	Long-term (current) Opiate	Z79.891	Thyroid Panel	E03.9
Vitamin B12 Def	D51.1	CRP	E72.2	CBC W/Diff		Other Long-term Drug Therapy	Z79.899	TSH	E03.9
LDH	R74.0	Lyme Disease ab	R53.82	Chem 24	I10	Therap Drug Monitoring Level	Z51.81	T3	E03.9
				Ferritin	D64.9	Alcohol Abuse, Uncomplicated	F10.10	T4	E03.9
ABNORMAL LIVER PANEL	R74.0	PRE-OP PANEL	M06.9	Hemoglobin A1C	E11.9	Oicoid Abuse, Uncomp	F11.10	CBC W/Diff	D64.9
Anti Endomyial		CBC W/ Diff	M25.5	Homocysteine		Opioid Dependency, Uncomp	F11.20		
Anti Liver/Kideny		CMP	E72.2	Vit B12/Folate	D64.9	Cannabis Abuse	F12.10	STD TESTING	Z11.3
Anti Mitochonorial Ab		PT	R53.82	Vit D1,2,5, Dihydroxy	E55.9	Cannabis Dependency	F12.20	Chlamydia/Gonorrhea	
Anti Smooth Muscle		PTT		Vit D,25-Hydroxy	E55.9	Other Psych Substance Abuse	F19.10	HIV	
Ceruloplasmin		Urinalysis (UA)		Microlab, Urine Random		Nicotine Dependency	F17.200	RPR	
Ferritin	D64.9			PSA Total	N40.0	Pain, UNS	R52	Herpes	
IgA, Serum		ALLERGY PANEL	M06.9	Testosterone				THYROID PANEL	E03.9
IRON + TIBC	D64.9			Thyroid Comprehensive	E03.9	FEMALE PANEL		Lipid Panel	Z13.220
Trancolutaminase		GENERAL ADULT EXAMINATION		Urinalysis (UA)		Lipid Panel	E78.5	Hepatitis Panel	B19.9
		CBC W/Diff		Iron & TIBC	D64.9	Chem 24		Diabetic Panel	Z13.1/ E11.9
		Ferritin	D64.9			Ferritin	D64.9		
URINE TESTING URINE	R82.8	Iron + TIBC	D64.8			Hemoglobin A1C	E11.9		
Culture	N39.0	Thyroid Comprehensive	E03.9			Homocysteine Serum			
Urinalysis		Vitamin D	E55.9			Iron + TIBC	D64.9		
Urine Cytology	N39.0	Lipid Panel	E78.5			TSH	E03.9		
		Urinalysis	N39.0			Hormone Panel	R53.83		
VITAMIN D PANEL	E55.9	GLYCO Hgb A1c	E11.9			LH			
25oh	N39.0	RPR	Z11.3			Prolastin	N92.6		
						Estradiol	N92.6		
						Progesterone	N92.6		
PLEASE NOTE: This resource is provided for informational purposes only and does not guarantee that billing codes will be appropriate or that coverage and reimbursement will result. Providers should consult with their payers for all relevant coverage coding and reimbursement requirements. It is the sole responsibility of the provider to select proper codes. This resource is not intended as legal advice or a substitute for a provider’s independent professional judgment.									
Clarity Laboratories, LLC, assumes no liability for the results or consequences associated with the use of this quick reference guide and makes no representation, warranty, or guarantee as to the accuracy or validity of any of the information contained herein. For comprehensive coding guidance see the complete ICD-10-CM code set and Official Coding Guidelines, 2017 edition.									

Informed Consent to Perform HIV Testing:

I agree to testing for HIV infection. If I am found to have HIV, I agree to additional testing which may occur on the sample I provide today to determine the best treatment for me and to help guide HIV prevention programs. I also agree to future tests to guide my treatment. I understand that I can withdraw my consent for future tests at any time.

For pregnant women only:

In addition to the testing described above, I authorize my health care professional to repeat HIV diagnostic testing later in this pregnancy. I understand that my health care provider will discuss this testing with me before the test is repeated and will provide me with the test results. The consent to repeat diagnostic testing is limited to the course of my current pregnancy and can be withdrawn at any time.

Signature:_____ Date:_____

(Test subject or legally authorized representative)

If legal representative, indicate relationship to subject:_____

Printed Name_____

ADVANCE BENEFICIARY NOTICE (ABN)	
To the Beneficiary:	Your physician may sometimes order laboratory testing that he or she believes to be necessary for your care, but which does not qualify for coverage under Medicare's standards. Medicare will only pay for services that it determines to be “reasonable and necessary” based upon the diagnosis information furnished to CLARITY LABS by your physician. If, <i>under Medicare’s standards</i> , your diagnosis does not support the testing ordered, Medicare will deny coverage. In those cases where Medicare denies coverage, the billing will be forwarded to you, and you will be responsible for the cost of the laboratory tests. Beneficiary Agreement: I have been notified by my physician/supplier that he or she believes that, in my case, Medicare may deny payment for the services above. If Medicare denies payment, I agree to be personally and fully responsible for payment.

Specimen Collection Key Code			
L = Lavender Top	R = Red Top	GY = Grey Top	LB = Light Blue Top
GR - Green Top	Y = Yellow Top	RB = Royal Blue	ES = E-Swab
SV = Swab-Viral Culturette	O&P = Ova and Parasite Kit	BLD, CUL = Blood Culture	CUP = Random Urine
W = PPT	S = Serum Separator Top	T = Tan Top	P = Pink Top
U = Urine Tube Timed Urine	BOR = Boricult	FOBT = FOBT Kit	24 = 24 Hour Urine
Aptima = Aptima Swab	ES = E-Swab		