ClarityLabs
Testing for Better Health

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info@clarity-laboratory.com | www.clarity-laboratory.com
CLIA # 31D2140149

INKJET # ON ALL PARTS
CB10001

# BLOOD REQUISITION

## 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 _____

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

## 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 _____

## 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: _____

## SPECIMEN INFORMATION

STAT

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 APPROVED PANELS

| | | |
|---|---|---|
| 5000 | ☐ ELECTROLYTES PANEL<br>Na, K, CL, CO2 | SS |
| 5002 | ☐ BASIC METABOLIC PANEL<br>Na, K, CL, CO2, Glu, BUN, Cr, Ca | SS |
| 5001 | ☐ COMPREHENSIVE METABOLIC PANEL<br>Na, K, CL, Glu, Cr, Ca, TP, Alb, TBil, ALP, AST, ALT, CO2, BUN | SS |
| 5003 | ☐ HEPATIC FUNCTION PANEL<br>Alb, TBil, DBil, ALP, AST, TP, ALT | SS |
| 5004 | ☐ LIPID PANEL<br>Trig, Chol, HDL, LDL calc, VLDL Calc, Ratios | SS |
| 5021 | ☐ ACUTE HEPATITIS PANEL<br>HAV-IgM, HBs-Ag, HCV Ab | SS |

## OTHER COMPREHENSIVE PANELS

| | | |
|---|---|---|
| 5029 | ☐ THYROID COMPREHENSIVE PANEL<br>TU, T4, FT3, T3, FT4, TSH | SS |
| 5030 | ☐ B12 + FOLATE DEFICIENCY PANEL<br>B12, Folate | SS |
| 5015 | ☐ DIABETIC PANEL<br>Glu, Hgb A1c | GY, LV |
| 5011 | ☐ ARTHRITIS PANEL<br>CBC, ANA, ASD, CRP, RF, ESR, UA | SS, LV |
| 5010 | ☐ ANEMIA PANEL<br>CBC, Retic, Iron, TIBC, Ferritin, B12, Folate | SS, LV |
| 5066 | ☐ HEPATITIS COMPREHENSIVE PANEL<br>HAV-IgM, HBs-Ag, Anti- HBc, HCV Ab, Anti-HAV, HBc-IgM, Anti- HBe, HBe-Ag, Anti-HBs | SS |
| 5037 | ☐ PSA FREE /TOTAL % PANEL | SS |
| 1184 | ☐ QUANTIFERON | GREEN L.H. |
| 5023 | ☐ IRON DEFICIENCY PANEL<br>Fe, UIBC, TIBC + Iron, Sat%, Ferritin, Transferrin | SS |
| 5069 | ☐ STD PANEL (Female) | SS/ UR/ SW |
| 5020 | ☐ EBV VIRUS PANEL<br>EBV VCA IgG/Igm, EBV EA IgG, EBV NA IgG | SS |
| 5070 | ☐ STD PANEL (Male) | SS/ UR/ SW |

## Custom Profile / Additional Tests

| | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1133 | ☐ AFP, Tumor Marker | SS | 1103 | ☐ FSH | SS | 1122 | ☐ Myoglobin | SS | THERAPEUTIC DRUG MONITORING | | | URINE TESTS | | |
| 1001 | ☐ Albumin | SS | 1030 | ☐ GGT | SS | 1039 | ☐ Phosphorus | SS | 1270 | ☐ Acetaminophene (Tylenol) | RE | 1289 | Chlamydia/GC | UR |
| 1002 | ☐ Alkaline Phosphatase | SS | 1061 | ☐ Globulin, Calculated | SS | 1014 | ☐ Potassium | SS | 1112 | ☐ Carbamazepine (Tegretol) | RE | 1290 | Creatinine 24 Hrs | UR |
| 1003 | ☐ ALT (SGPT) | SS | 1063 | ☐ Glucose ___Hrs. P.P. | GY | 1100 | ☐ Progesterone | SS | 1251 | ☐ Clozaril (Clozapine) | RE | 1281 | Creatinine Clearance | UR/SS |
| 1024 | ☐ Amylase | SS | 1058 | ☐ Glucose Tolerance Test (GTT) | GY | 1101 | ☐ Prolactin | SS | 1113 | ☐ Digoxin (Lanoxin) | RE | 1072 | Creatinine Random | UR |
| 1138 | ☐ ANA | SS | 1062 | ☐ Glucose, Fasting | GY | 1015 | ☐ Protein, Total | SS | 1116 | ☐ Dilantin (Phenytoin) | RE | 1291 | 14 Panel Urine Drug Screen | UR |
| 1047 | ☐ Apo A1 | SS | 1213 | ☐ Growth Hormone | SS | 1105 | ☐ PSA, Free | SS | 1114 | ☐ Gentamicin (Garamycin) | RE | 1080 | Microalbumin | UR |
| 1050 | ☐ Abo B | SS | 1013 | ☐ Glucose Random | GY | 1104 | ☐ PSA Total | SS | 1040 | ☐ Lithium (Eskalith) | RE | 1292 | Pregnancy | UR |
| 1948 | ☐ HS Troponin | SS | 1153 | ☐ H. Pylori Antibody, IgG | SS | 1157 | ☐ PT/INR | BL | 1115 | ☐ Phenobarbital (Phenobarbitone) | RE | 1206 | Protein 24 hrs. | UR |
| 1026 | ☐ ASO | SS | 1064 | ☐ H. Pylori Breath Test | BB | 1159 | ☐ PTT | BL | 1052 | ☐ Salicylic Acid (salicylates) | RE | 1293 | Trichomonas Vaginalis | UR |
| 1005 | ☐ AST (SGOT) | SS | 1041 | ☐ Haptoglobin | SS | 1129 | ☐ PTH, Intact | SS | 1117 | ☐ Theophylline (Elixophyllin) | RE | 5007 | Urinalysis | UR |
| 1097 | ☐ Beta hCG | SS | 1066 | ☐ Hb Electrophoresis | LV | 1196 | ☐ Reticulocyte Count | LV | 1118 | ☐ Valproic Acid (Depakote level) | RE | 1930 | Micoalbumin w/ Creatinine Ratio | UR |
| 1339 | ☐ Beta-2 Microglobulin | SS | 1021 | ☐ HDL Cholesterol | SS | 1043 | ☐ RF (Rheumatoid Factor) | SS | 1119 | ☐ Vancomycin (Vancocin) | RE | 1376 | Urinalysis w/ Reflex to Culture | UR |
| 1007 | ☐ Bilirubin, Direct | SS | 1211 | ☐ Hemoglobin A1c | LV | 1269 | ☐ RPR w/reflex | SS | MICROBIOLOGY | | | CYTO / PATHOLOGY | | |
| 1006 | ☐ Bilirubin, Total | SS | 1084 | ☐ Hepatitis A Ab IgM(HAV-IgM) | SS | 1142 | ☐ Rubella Ab IgG | SS | 1189 | ☐ Affirm VPIII Microbial Test | OT | 1829 | Pap Liquid | Cx/Vag |
| 1123 | ☐ BNP Plasma | LV | 1933 | ☐ Hepatitis A virus AB(Anti-HAV) | SS | 1160 | ☐ Sed Rate (ESR) | LV | 1190 | ☐ Blood Culture & S | OT | 1295 | GYN Thin Prep w/Reflex | Cx/Vag |
| 1008 | ☐ BUN/UREA | SS | 1936 | ☐ Hepatitis B Core AB IgM (HBc-IgM) | SS | 1107 | ☐ Sex Hormone-Binding Globulin (SHBG) | SS | 1191 | ☐ C. Diff. Toxin Assay | OT | | HPV High Risk | |
| 1081 | ☐ C3- Complement | SS | 1086 | ☐ Hepatitis B Surf Ag | SS | 1212 | ☐ Sickle Screen | LV | 1209 | ☐ Fluid Culture & S | SW | 1296 | GHPV Thin Prep w/HPV High Risk | Cx/Vag |
| 1082 | ☐ C4- Complement | SS | 1937 | ☐ Hepatitis Be virus AB (Anti HBe) | SS | 1016 | ☐ Sodium | SS | 1218 | ☐ Genital Culture & S | SW | 1297 | NGYN Cytology Urine | UR |
| 1091 | ☐ CA 125 | SS | 1939 | ☐ Hepatitis B Surface AB(Anti-HBs) | SS | 1126 | ☐ T3, Free | SS | 1221 | ☐ MRSA | SW | 1298 | LMP____/___/____ | |
| 1092 | ☐ CA 15-3 | SS | 1941 | ☐ Hepatitis B surface Ag Confirmatory | SS | 1125 | ☐ T3, Total | SS | 1275 | ☐ Occult Blood Stool | ST | | | |
| 1093 | ☐ CA 19-9 | SS | 1087 | ☐ Hepatitis B Core Total Ab(Anti-HBc) | SS | 1214 | ☐ T3, Uptake | SS | 1276 | ☐ Ova & Parasites | ST | | | |
| 1009 | ☐ Calcium | SS | 1089 | ☐ Hepatitis C Virus Ab | SS | 1127 | ☐ T4, Free | SS | 1279 | ☐ Sputum Culture & S | SW | | | |
| 5005 | ☐ CBC/w Differential | LV | 1958 | ☐ HIV 1/2 Screening | SS | 1128 | ☐ T4, Total | SS | 1280 | ☐ Stool Culture & S | ST | | | |
| 1108 | ☐ CEA | SS | 1120 | ☐ Homocysteine | SS | 1184 | ☐ TB QuantiFE ON®-Gold | GL | 1285 | ☐ Streptococcus A SCR | SW | | | |
| 1340 | ☐ Ceruloplasmin | SS | 5142 | ☐ HSV -1/ HSV-2 IgG | SS | 1135 | ☐ P2PSA | SS | 1307 | ☐ Throat Culture & S | SW | | | |
| 1011 | ☐ Chloride | SS | 1034 | ☐ Immunoglobulin IgA | SS | 1106 | ☐ Testosterone, Total | SS | 1308 | ☐ Urine Culture & S | UC | | | |
| 1017 | ☐ Cholesterol | SS | 1035 | ☐ Immunoglobulin IgM | SS | 1241 | ☐ Testosterone, Free | SS | 1288 | ☐ Wound Culture & S | SW | | | |
| 1028 | ☐ CK-MB | SS | 1029 | ☐ Immunoglobulin IgG | SS | 1826 | ☐ Testosterone Total & Free | SS | | | | | | |
| 1146 | ☐ CMV IgG Ab | SS | 2139 | ☐ Immunoglobulin IgG, IgM, IgA, Total | SS | 1182 | ☐ Thyroglobulin | SS | | | | | | |
| 1147 | ☐ CMV IgM Ab | SS | 1220 | ☐ IgE, Total | SS | 1095 | ☐ Thyroid Peroxidase Antibody (TPO) | SS | | | | | | |
| 1010 | ☐ CO2 | SS | 1067 | ☐ Influenza A/B Ag | SS | 1155 | ☐ Toxoplasma Gondii IgG | SS | | | | | | |
| 1098 | ☐ Cortisol | SS | 1130 | ☐ Insulin | SS | 1156 | ☐ Toxoplasma Gondii IgM | SS | | | | | | |
| 1096 | ☐ C-Peptide | SS | 5008 | ☐ Iron & TIBC | SS | 1044 | ☐ Transferrin | SS | | | | | | |
| 1012 | ☐ Creatinine | SS | 1031 | ☐ Iron, Total | SS | 1018 | ☐ Triglycerides | SS | | | | | | |
| 1027 | ☐ Creatinine Kinase (CPK) | SS | 1037 | ☐ LDH | SS | 1124 | ☐ TSH | SS | | | | | | |
| 1036 | ☐ CRP, (N) | SS | 1023 | ☐ LDL | SS | 1045 | ☐ Uric Acid | SS | | | | | | |
| 1210 | ☐ CRP HS | SS | 1068 | ☐ Lead | LV | 1143 | ☐ Varicella Zoster IgG | SS | | | | | | |
| 1338 | ☐ Cystain C | SS | 1102 | ☐ LH | SS | 1110 | ☐ Vitamin B12 | SS | | | | | | |
| 1419 | ☐ D-DIMER | BL | 1025 | ☐ Lipase | SS | 1131 | ☐ Vitamin D, 25-Hydroxy | SS | | | | | | |
| 1132 | ☐ DHEA- Sulfate | SS | 1139 | ☐ Lyme (B. burgdorferi) IgG/IgM | SS | 4051 | ☐ SARS Covid Igg | SS | | | | | | |
| 1099 | ☐ Estradiol | SS | 1038 | ☐ Magnesium | SS | 4053 | ☐ SARS Covid Igm | SS | | | | | | |
| 1109 | ☐ Ferritin | SS | 1140 | ☐ Measles Ab, IgG | SS | 3002 | ☐ ABO Blood Typing | LV | | | | | | |
| 1906 | ☐ Fibrinogen | BL | 5143 | ☐ MMR | SS | | | | | | | | | |
| 1111 | ☐ Folate | SS | 1141 | ☐ Mumps IgG | SS | | | | | | | | | |

| | | |
|---|---|---|
| CB10001 | CB10001 | CB10001 |
| CB10001 | CB10001 | CB10001 |

PEEL

V 07212021

OT OTHER
SL SLIDE
SW SWAB
ST STOOL
UC URICLT
UR URINE
BX TISSUE
YE YELLOW
RE RED
GN GREEN
BL BLUE
GY GRAY
LV LAV
SS SEP

PART 1

LABEL ON PT 1 ONLY 3" X 1" WITH PEEL DENT DIE

BACKER 50% SCREEN

## 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
TBil-Total Bilirubin
TP-Total Protein
Alb-Albumin
ALP-Alkaline Phosphatase
AST-SGOT
ALT-SGPT
Globulin Calculate

**5002 BASIC 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

**5021 ACUTE HEPATITIS PANEL**
Hepatitis A Ab IgM(HAV-IgM)
Hepatitis B Surf Ag ( HBs-Ag)
Hepatitis C Virus Ab(HCV Ab)

## OTHER COMPREHENSIVE PANELS

**5029 THYROID COMPREHENSIVE PANEL**
TU-T3,Uptake
T3-T3,Total
T4-T4,Total
FT3-T3, Free
FT4-T4, Free
TSH

**5010 ANEMIA PANEL**
CBC-CBC/w Differential
Retic-Reticulocyte Count
Iron
TIBC
Ferritin
B12- VitB12
Fol- Folate

**5023 IRON DEFICIENCY PANEL**
Fe-Iron
TIBC
Sat%-
Ferritin
UIBC
Transferrin

**5030 B12 + FOLATE DEFICIENCY PANEL**
B12- VitB12
Fol- Folate

**5066 HEPATITIS COMPREHENSIVE PANEL**
Hepatitis A Ab IgM(HAV-IgM)
Hepatitis B Surf Ag ( HBs-Ag)
Hepatitis B Core Total Ab(Anti-HBc)
Hepatitis C Virus Ab(HCV Ab)
Hepatitis A virus AB(Anti-HAV)
Hepatitis B Core AB IgM (HBc-IgM)

**5066 HEPATITIS COMP PANEL cont.**
Hepatitis Be virus AB (Anti HBe)
Hepatitis Be Antigen (HBe-Ag)
Hepatitis B Surface AB(Anti-HBs)

**5069 STD PANEL( Female )**
Chlamydia Trachomatis
Hepatitis Comprehensive Panel
HIV AG/AB 4th Gen
Mycoplasma Culture
N. Gonorrhea
Trichomonas Vaginalis

**5015 DIABETIC PANEL**
Glu-Glucose
HgBA1C-Hemoglobin A1c

**5037 PSA PANEL**
PSA FREE AND TOTAL

**1184 QUANTIFERON PANEL**
TB QuantiFE ON®-Gold

**5070 - STD PANEL ( Male )**
Chlamydia Trachomatis
Hepatitis Comprehensive Panel
HIV AG/AB 4th Gen
Mycoplasma Culture
N. Gonorrhea
Trichomonas Vaginalis
Urea/Plasma Culture

**5011 ARTHRITIS PANEL**
CBC-CBC/w Differential
ANA-
ASO
CRP-HS
RF-Rheumatold 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.B | 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 | Oloid Abuse, Uncomp | F11.10 | CBC W/Diff | D64.9 |
| Anti Endomyial | | CBC W/ Diff | M25.5 | Homocysteine | | Opioid Dependence, Uncomp | F11.20 | | |
| Anti Liver/kideny | | CMP | E72.2 | Vit B12/Folate | D64.9 | Cannabis Abuse | F12.10 | **STD TESTING** | Z11.3 |
| Anti Mitochondrial 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 | Pein UNS | R52 | Herpes | |
| IgA, Serum | | **ALLERGY PANEL** | M06.9 | Testosterone | | | | | |
| IRON + TIBC | D64.9 | | | Thyroid Comprehensive | E03.9 | **FEMALE PANEL** | | **THYROID PANEL** | E03.9 |
| Trancolutaminase | | **GENERAL ADULT EXAMINATION** | | Urinalysis (UA) | | Lipid Panel | E78.5 | Lipid Panel | Z13.220 |
| | | CBC W/Diff | | Iron & TIBC | D64.9 | CBC W/Diff | | Hepatitis Panel | B19.9 |
| **URINE TESTING URINE** | R82.8 | Ferritin | D64.9 | | | Chem 24 | | Diabetic Panel | Z13.1/E11.9 |
| Cullure | N39.0 | Iron + TIBC | D64.8 | | | Ferritin | D64.9 | | |
| Urinalysis | | Thyroid Comprehensive | E03.9 | | | Hemoglobin A1C | E11.9 | | |
| Urine Cytology | N39.0 | Vitamin D | E55.9 | | | Homocysteine Serum | | | |
| | | Lipid Panel | E78.5 | | | Iron + TIBC | D64.9 | | |
| **VITAMIN D PANEL** | E55.9 | Urinalysis | N39.0 | | | TSH | E03.9 | | |
| 25oh | N39.0 | GLYCO Hgb A1c | E11.9 | | | Hormone Panel | R53.83 | | |
| | | RPR | Z11.3 | | | LH | | | |
| | | | | | | 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,Labotatones, 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 my occur on the sample I provide today to determine the best treatment fot me and to help guide HIV prevention programs. I also agree to future tests to guide my treatment. I understand that I can wirhdraw 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 legel 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 quality 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, *ubder Medicare's standards,* 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. IfMedicare denies payment, I agree to be personally and fully responsible for payment.

LINER

**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 | **GL =** Green Lithium Heparin | **BB =** Breath Bag |

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CB10001

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X _____
**Physician Signature** **Date**

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

## 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.

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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

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## OTHER COMPREHENSIVE PANELS

| | | | |
|---|---|---|---|
| 5029 | ☐ THYROID COMPREHENSIVE PANEL<br>TU, T4, FT3, T3, FT4, TSH | SS | |
| 5030 | ☐ B12 + FOLATE DEFICIENCY PANEL<br>B12, Folate | SS | |
| 5015 | ☐ DIABETIC PANEL<br>Glu, Hgb A1c | GY, LV | |
| 5011 | ☐ ARTHRITIS PANEL<br>CBC, ANA, ASD, CRP, RF, ESR, UA | SS, LV | |
| 5010 | ☐ ANEMIA PANEL<br>CBC, Retic, Iron, TIBC, Ferritin, B12, Folate | SS, LV | |
| 5066 | ☐ HEPATITIS COMPREHENSIVE PANEL<br>HAV-IgM, HBs-Ag, Anti- HBc, HCV Ab, Anti-HAV, HBc-IgM, Anti- HBe, HBe-Ag, Anti-HBs | SS | |
| 5037 | ☐ PSA FREE /TOTAL % PANEL | SS | |
| 1184 | ☐ QUANTIFERON | GREEN L.H. | |
| 5023 | ☐ IRON DEFICIENCY PANEL<br>Fe, UIBC, TIBC + Iron, Sat%, Ferritin, Transferrin | SS | |
| 5069 | ☐ STD PANEL (Female) | SS/ UR/ SW | |
| 5020 | ☐ EBV VIRUS PANEL<br>EBV VCA IgG/Igm, EBV EA IgG, EBV NA IgG | SS | |
| 5070 | ☐ STD PANEL (Male) | SS/ UR/ SW | |

## Custom Profile / Additional Tests

| | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1133 | ☐ AFP, Tumor Marker | SS | 1103 | ☐ FSH | SS | 1122 | ☐ Myoglobin | SS | **THERAPEUTIC DRUG MONITORING** | | | **URINE TESTS** | | |
| 1001 | ☐ Albumin | SS | 1030 | ☐ GGT | SS | 1039 | ☐ Phosphorus | SS | 1270 | ☐ Acetaminophene (Tylenol) | RE | 1289 | Chlamydia/GC | UR |
| 1002 | ☐ Alkaline Phosphatase | SS | 1061 | ☐ Globulin, Calculated | SS | 1014 | ☐ Potassium | SS | 1112 | ☐ Carbamazepine (Tegretol) | RE | 1290 | Creatinine 24 Hrs | UR |
| 1003 | ☐ ALT (SGPT) | SS | 1063 | ☐ Glucose ___Hrs. P.P. | GY | 1100 | ☐ Progesterone | SS | 1251 | ☐ Clozaril (Clozapine) | RE | 1281 | Creatinine Clearance | UR/SS |
| 1024 | ☐ Amylase | SS | 1058 | ☐ Glucose Tolerance Test (GTT) | GY | 1101 | ☐ Prolactin | SS | 1113 | ☐ Digoxin (Lanoxin) | RE | 1072 | Creatinine Random | UR |
| 1138 | ☐ ANA | SS | 1062 | ☐ Glucose, Fasting | GY | 1015 | ☐ Protein, Total | SS | 1116 | ☐ Dilantin (Phenytoin) | RE | 1291 | 14 Panel Urine Drug Screen | UR |
| 1047 | ☐ Apo A1 | SS | 1213 | ☐ Growth Hormone | SS | 1105 | ☐ PSA, Free | SS | 1114 | ☐ Gentamicin (Garamycin) | RE | 1080 | Microalbumin | UR |
| 1050 | ☐ Abo B | SS | 1013 | ☐ Glucose Random | GY | 1104 | ☐ PSA Total | SS | 1040 | ☐ Lithium (Eskalith) | RE | 1292 | Pregnancy | UR |
| 1948 | ☐ HS Troponin | SS | 1153 | ☐ H. Pylori Antibody, IgG | SS | 1157 | ☐ PT/INR | BL | 1115 | ☐ Phenobarbital (Phenobarbitone) | RE | 1206 | Protein 24 hrs. | UR |
| 1026 | ☐ ASO | SS | 1064 | ☐ H. Pylori Breath Test | BB | 1159 | ☐ PTT | BL | 1052 | ☐ Salicylic Acid (salicylates) | RE | 1293 | Trichomonas Vaginalis | UR |
| 1005 | ☐ AST (SGOT) | SS | 1041 | ☐ Haptoglobin | SS | 1129 | ☐ PTH, Intact | SS | 1117 | ☐ Theophylline (Elixophyllin) | RE | 5007 | Urinalysis | UR |
| 1097 | ☐ Beta hCG | SS | 1066 | ☐ Hb Electrophoresis | LV | 1196 | ☐ Reticulocyte Count | LV | 1118 | ☐ Valproic Acid (Depakote level) | RE | 1930 | Micoalbumin w/ Creatinine Ratio | UR |
| 1339 | ☐ Beta-2 Microglobulin | SS | 1021 | ☐ HDL Cholesterol | SS | 1043 | ☐ RF (Rheumatoid Factor) | SS | 1119 | ☐ Vancomycin (Vancocin) | RE | 1376 | Urinalysis w/ Reflex to Culture | UR |
| 1007 | ☐ Bilirubin, Direct | SS | 1211 | ☐ Hemoglobin A1c | LV | 1269 | ☐ RPR w/reflex | SS | **MICROBIOLOGY** | | | **CYTO / PATHOLOGY** | | |
| 1006 | ☐ Bilirubin, Total | SS | 1084 | ☐ Hepatitis A Ab IgM(HAV-IgM) | SS | 1142 | ☐ Rubella Ab IgG | SS | 1189 | ☐ Affirm VPIII Microbial Test | OT | 1829 | Pap Liquid | Cx/Vag |
| 1123 | ☐ BNP Plasma | LV | 1933 | ☐ Hepatitis A virus AB(Anti-HAV) | SS | 1160 | ☐ Sed Rate (ESR) | LV | 1190 | ☐ Blood Culture & S | OT | 1295 | GYN Thin Prep w/Reflex | Cx/Vag |
| 1008 | ☐ BUN/UREA | SS | 1936 | ☐ Hepatitis B Core AB IgM (HBc-IgM) | SS | 1107 | ☐ Sex Hormone-Binding Globulin (SHBG) | SS | 1191 | ☐ C. Diff. Toxin Assay | OT | | HPV High Risk | |
| 1081 | ☐ C3- Complement | SS | 1086 | ☐ Hepatitis B Surf Ag | SS | 1212 | ☐ Sickle Screen | LV | 1209 | ☐ Fluid Culture & S | SW | 1296 | GHPV Thin Prep w/HPV High Risk | Cx/Vag |
| 1082 | ☐ C4- Complement | SS | 1937 | ☐ Hepatitis Be virus AB (Anti HBe) | SS | 1016 | ☐ Sodium | SS | 1218 | ☐ Genital Culture & S | SW | 1297 | NGYN Cytology Urine | UR |
| 1091 | ☐ CA 125 | SS | 1939 | ☐ Hepatitis B Surface AB(Anti-HBs) | SS | 1126 | ☐ T3, Free | SS | 1221 | ☐ MRSA | SW | 1298 | LMP____/___/____ | |
| 1092 | ☐ CA 15-3 | SS | 1941 | ☐ Hepatitis B surface Ag Confirmatory | SS | 1125 | ☐ T3, Total | SS | 1275 | ☐ Occult Blood Stool | ST | | | |
| 1093 | ☐ CA 19-9 | SS | 1087 | ☐ Hepatitis B Core Total Ab(Anti-HBc) | SS | 1214 | ☐ T3, Uptake | SS | 1276 | ☐ Ova & Parasites | ST | | | |
| 1009 | ☐ Calcium | SS | 1089 | ☐ Hepatitis C Virus Ab | SS | 1127 | ☐ T4, Free | SS | 1279 | ☐ Sputum Culture & S | SW | | | |
| 5005 | ☐ CBC/w Differential | LV | 1958 | ☐ HIV 1/2 Screening | SS | 1128 | ☐ T4, Total | SS | 1280 | ☐ Stool Culture & S | ST | | | |
| 1108 | ☐ CEA | SS | 1120 | ☐ Homocysteine | SS | 1184 | ☐ TB QuantiFE ON®-Gold | GL | 1285 | ☐ Streptococcus A SCR | SS | | | |
| 1340 | ☐ Ceruloplasmin | SS | 5142 | ☐ HSV -1/ HSV-2 IgG | SS | 1135 | ☐ P2PSA | SS | 1307 | ☐ Throat Culture & S | SW | | | |
| 1011 | ☐ Chloride | SS | 1034 | ☐ Immunoglobulin IgA | SS | 1106 | ☐ Testosterone, Total | SS | 1308 | ☐ Urine Culture & S | UC | | | |
| 1017 | ☐ Cholesterol | SS | 1035 | ☐ Immunoglobulin IgM | SS | 1241 | ☐ Testosterone, Free | SS | 1288 | ☐ Wound Culture & S | SW | | | |
| 1028 | ☐ CK-MB | SS | 1029 | ☐ Immunoglobulin IgG | SS | 1826 | ☐ Testosterone Total & Free | SS | | | | | | |
| 1146 | ☐ CMV IgG Ab | SS | 2139 | ☐ Immunoglobulin IgG, IgM, IgA, Total | SS | 1182 | ☐ Thyroglobulin | SS | | | | | | |
| 1147 | ☐ CMV IgM Ab | SS | 1220 | ☐ IgE, Total | SS | 1095 | ☐ Thyroid Peroxidase Antibody (TPO) | SS | | | | | | |
| 1010 | ☐ CO2 | SS | 1067 | ☐ Influenza A/B Ag | SS | 1155 | ☐ Toxoplasma Gondii IgG | SS | | | | | | |
| 1098 | ☐ Cortisol | SS | 1130 | ☐ Insulin | SS | 1156 | ☐ Toxoplasma Gondii IgM | SS | | | | | | |
| 1096 | ☐ C-Peptide | SS | 5008 | ☐ Iron & TIBC | SS | 1044 | ☐ Transferrin | SS | | | | | | |
| 1012 | ☐ Creatinine | SS | 1031 | ☐ Iron, Total | SS | 1018 | ☐ Triglycerides | SS | | | | | | |
| 1027 | ☐ Creatinine Kinase (CPK) | SS | 1037 | ☐ LDH | SS | 1124 | ☐ TSH | SS | | | | | | |
| 1036 | ☐ CRP, (N) | SS | 1023 | ☐ LDL | SS | 1045 | ☐ Uric Acid | SS | | | | | | |
| 1210 | ☐ CRP HS | SS | 1068 | ☐ Lead | LV | 1143 | ☐ Varicella Zoster IgG | SS | | | | | | |
| 1338 | ☐ Cystain C | SS | 1102 | ☐ LH | SS | 1110 | ☐ Vitamin B12 | SS | | | | | | |
| 1419 | ☐ D-DIMER | BL | 1025 | ☐ Lipase | SS | 1131 | ☐ Vitamin D, 25-Hydroxy | SS | | | | | | |
| 1132 | ☐ DHEA- Sulfate | SS | 1139 | ☐ Lyme (B. burgdorferi) IgG/IgM | SS | 4051 | ☐ SARS Covid Igg | SS | | | | | | |
| 1099 | ☐ Estradiol | SS | 1038 | ☐ Magnesium | SS | 4053 | ☐ SARS Covid Igm | SS | | | | | | |
| 1109 | ☐ Ferritin | SS | 1140 | ☐ Measles Ab, IgG | SS | 3002 | ☐ ABO Blood Typing | LV | | | | | | |
| 1906 | ☐ Fibrinogen | BL | 5143 | ☐ MMR | SS | | | | | | | | | |
| 1111 | ☐ Folate | SS | 1141 | ☐ Mumps IgG | SS | | | | | | | | | |

PEEL

V 07212021

OT OTHER
SL SLIDE
SW SWAB
ST STOOL
UC URICLT
UR URINE
BX TISSUE
YE YELLOW
RE RED
GN GREEN
BL BLUE
GY GRAY
LV LAV
SS SEP

PART 2

BACKER 50% SCREEN

## 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
TBil-Total Bilirubin
TP-Total Protein
Alb-Albumin
ALP-Alkaline Phosphatase
AST-SGOT
ALT-SGPT
Globulin Calculate

**5002 BASIC 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

**5021 ACUTE HEPATITIS PANEL**
Hepatitis A Ab IgM(HAV-IgM)
Hepatitis B Surf Ag ( HBs-Ag)
Hepatitis C Virus Ab(HCV Ab)

## OTHER COMPREHENSIVE PANELS

**5029 THYROID COMPREHENSIVE PANEL**
TU-T3,Uptake
T3-T3,Total
T4-T4,Total
FT3-T3, Free
FT4-T4, Free
TSH

**5010 ANEMIA PANEL**
CBC-CBC/w Differential
Retic-Reticulocyte Count
Iron
TIBC
Ferritin
B12- VitB12
Fol- Folate

**5023 IRON DEFICIENCY PANEL**
Fe-Iron
TIBC
Sat%-
Ferritin
UIBC
Transferrin

**5030 B12 + FOLATE DEFICIENCY PANEL**
B12- VitB12
Fol- Folate

**5066 HEPATITIS COMPREHENSIVE PANEL**
Hepatitis A Ab IgM(HAV-IgM)
Hepatitis B Surf Ag ( HBs-Ag)
Hepatitis B Core Total Ab(Anti-HBc)
Hepatitis C Virus Ab(HCV Ab)
Hepatitis A virus AB(Anti-HAV)
Hepatitis B Core AB IgM (HBc-IgM)

**5066 HEPATITIS COMP PANEL cont.**
Hepatitis Be virus AB (Anti HBe)
Hepatitis Be Antigen (HBe-Ag)
Hepatitis B Surface AB(Anti-HBs)

**5069 STD PANEL( Female )**
Chlamydia Trachomatis
Hepatitis Comprehensive Panel
HIV AG/AB 4th Gen
Mycoplasma Culture
N. Gonorrhea
Trichomonas Vaginalis

**5015 DIABETIC PANEL**
Glu-Glucose
HgBA1C-Hemoglobin A1c

**5037 PSA PANEL**
PSA FREE AND TOTAL

**1184 QUANTIFERON PANEL**
TB QuantiFE ON®-Gold

**5070 - STD PANEL ( Male )**
Chlamydia Trachomatis
Hepatitis Comprehensive Panel
HIV AG/AB 4th Gen
Mycoplasma Culture
N. Gonorrhea
Trichomonas Vaginalis
Urea/Plasma Culture

**5011 ARTHRITIS PANEL**
CBC-CBC/w Differential
ANA-
ASO
CRP-HS
RF-Rheumatold 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.B | 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 | Oloid Abuse, Uncomp | F11.10 | CBC W/Diff | D64.9 |
| Anti Endomyial | | CBC W/ Diff | M25.5 | Homocysteine | | Opioid Dependence, Uncomp | F11.20 | | |
| Anti Liver/kideny | | CMP | E72.2 | Vit B12/Folate | D64.9 | Cannabis Abuse | F12.10 | **STD TESTING** | Z11.3 |
| Anti Mitochondrial 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 | Pein UNS | R52 | Herpes | |
| IgA, Serum | | **ALLERGY PANEL** | M06.9 | Testosterone | | | | | |
| IRON + TIBC | D64.9 | | | Thyroid Comprehensive | E03.9 | **FEMALE PANEL** | | **THYROID PANEL** | E03.9 |
| Trancolutaminase | | **GENERAL ADULT EXAMINATION** | | Urinalysis (UA) | | Lipid Panel | E78.5 | Lipid Panel | Z13.220 |
| | | CBC W/Diff | | Iron & TIBC | D64.9 | CBC W/Diff | | Hepatitis Panel | B19.9 |
| **URINE TESTING URINE** | R82.8 | Ferritin | D64.9 | | | Chem 24 | | Diabetic Panel | Z13.1/E11.9 |
| Cullure | N39.0 | Iron + TIBC | D64.8 | | | Ferritin | D64.9 | | |
| Urinalysis | | Thyroid Comprehensive | E03.9 | | | Hemoglobin A1C | E11.9 | | |
| Urine Cytology | N39.0 | Vitamin D | E55.9 | | | Homocysteine Serum | | | |
| | | Lipid Panel | E78.5 | | | Iron + TIBC | D64.9 | | |
| **VITAMIN D PANEL** | E55.9 | Urinalysis | N39.0 | | | TSH | E03.9 | | |
| 25oh | N39.0 | GLYCO Hgb A1c | E11.9 | | | Hormone Panel | R53.83 | | |
| | | RPR | Z11.3 | | | LH | | | |
| | | | | | | 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.

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## 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 my occur on the sample I provide today to determine the best treatment fot me and to help guide HIV prevention programs. I also agree to future tests to guide my treatment. I understand that I can wirhdraw 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 legel 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 quality 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, *ubder Medicare's standards,* 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. IfMedicare 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 | **GL =** Green Lithium Heparin | **BB =** Breath Bag |