



SMA Medical Laboratories

Phone: (215) 322-6590 Fax: (215) 322-9524

Toll Free: (877) 697-6252 Fax: (888) 322-9524

940 Pennsylvania Blvd., Unit B, Feasterville, PA 19053

40 Exchange Place, Suite 701, New York, NY 10005

PATIENT INFORMATION

Last Name	First Name	M.I.
Street Address	Apt#	City
	State	ZIP
Phone	SSN	D.O.B.
		M <input type="checkbox"/>
		F <input type="checkbox"/>

INSURANCE INFORMATION

Insurance Name	I.D. #	Group#
<input type="checkbox"/> Bill Medicare <input type="checkbox"/> Bill Medicaid <input type="checkbox"/> Bill Patient <input type="checkbox"/> Bill Client		

SPECIMEN INFORMATION

Date Collected: ___/___/___ Time Collected: _____

Fasting: Yes No Fax results to: _____ STAT

ICD9 CODES

It is the ordering party's responsibility to order only those tests medically necessary for the diagnosis and treatment of the patient.

503 <input type="checkbox"/> AFP (Tumor Marker) SST	14 <input type="checkbox"/> Creatinine Kinase SST	1019 <input type="checkbox"/> Lead RLB	533 <input type="checkbox"/> Theophylline R
1 <input type="checkbox"/> Albumin (Alb) SST	909 <input type="checkbox"/> dsDNA Autoantibodies SST	523 <input type="checkbox"/> LH SST	1354 <input type="checkbox"/> Thyroglobulin SST
2 <input type="checkbox"/> Alkaline Phosphatase (ALP) SST	1330 <input type="checkbox"/> DHEA-SO4 SST	33 <input type="checkbox"/> Lipase SST	43 <input type="checkbox"/> TIBC SST
3 <input type="checkbox"/> ALT (SGPT) SST	510 <input type="checkbox"/> Digoxin R	34 <input type="checkbox"/> Lipid Profile SST	943 <input type="checkbox"/> TOXO IgG SST
1305 <input type="checkbox"/> Ammonia, Plasma L	456 <input type="checkbox"/> EBV VCA IgM SST	1343 <input type="checkbox"/> Lyme Screen IgG SST	44 <input type="checkbox"/> Total Protein Serum SST
4 <input type="checkbox"/> Amylase Serum SST	457 <input type="checkbox"/> EBV VCA IgG SST	36 <input type="checkbox"/> Magnesium Serum SST	2000 <input type="checkbox"/> Total Protein Urine U
903 <input type="checkbox"/> ANA Screen SST	458 <input type="checkbox"/> EBV Early Antigen SST	355 <input type="checkbox"/> Magnesium Urine U	1355 <input type="checkbox"/> Transferrin SST
932 <input type="checkbox"/> Anti-TPO Ab SST	459 <input type="checkbox"/> EBV Nuclear Antigen SST	1002 <input type="checkbox"/> Microalbumin Urine U	45 <input type="checkbox"/> Triglycerides (Trig) SST
558 <input type="checkbox"/> Anti-TG Ab SST	22 <input type="checkbox"/> Electrolyte Panel SST	1344 <input type="checkbox"/> Microalbumin/Creatinine ratio U	538 <input type="checkbox"/> TSH (High Sensitivity) SST
1904 <input type="checkbox"/> Apolipoprotein A1 SST	407 <input type="checkbox"/> ESR or Sedimentation Rate L	200 <input type="checkbox"/> MMR + V IgG SST	47 <input type="checkbox"/> Uric Acid Serum SST
1307 <input type="checkbox"/> Apolipoprotein B SST	513 <input type="checkbox"/> Estradiol SST	1102 <input type="checkbox"/> Non-GYN Cytology, Urine U	51 <input type="checkbox"/> Uric Acid Urine U
5 <input type="checkbox"/> AST (SGOT) SST	23 <input type="checkbox"/> Fasting Blood Sugar GR	1004 <input type="checkbox"/> Occult Blood, Feces FECEs	1005 <input type="checkbox"/> Urinalysis Complete (dipstick and microscopic) U
1308 <input type="checkbox"/> ASO SST	514 <input type="checkbox"/> Ferritin SST	524 <input type="checkbox"/> Phenobarbital R	1358 <input type="checkbox"/> Valproic Acid R
7 <input type="checkbox"/> Basic Metabolic Panel SST	515 <input type="checkbox"/> Folate SST	536 <input type="checkbox"/> Phenytoin or Dilantin R	541 <input type="checkbox"/> Vitamin B12 SST
520 <input type="checkbox"/> Beta HCG - Serum SST	1332 <input type="checkbox"/> Fructosamine SST	302 <input type="checkbox"/> Phosphorus Urine U	6 <input type="checkbox"/> Vitamin D, 25 Hydroxy SST
21 <input type="checkbox"/> Bilirubin Direct (Dbili) SST	516 <input type="checkbox"/> FSH SST	37 <input type="checkbox"/> Phosphorus Serum SST	
42 <input type="checkbox"/> Bilirubin Total (Tbili) SST	24 <input type="checkbox"/> GGT SST	38 <input type="checkbox"/> Potassium (K) SST	
10 <input type="checkbox"/> BUN / Creatinine Ratio SST	25 <input type="checkbox"/> Glucose Serum SST	701 <input type="checkbox"/> Potassium, Plasma Green	
9 <input type="checkbox"/> BUN (Urea Nitrogen) S SST	300 <input type="checkbox"/> Glucose Urine U	525 <input type="checkbox"/> Progesterone Total SST	
301 <input type="checkbox"/> BUN (Urea Nitrogen) U U	401 <input type="checkbox"/> Glyco Hgb A1c L	504 <input type="checkbox"/> PRO-BNP SST	
1319 <input type="checkbox"/> Complement C3 SST	28 <input type="checkbox"/> HDL SST	526 <input type="checkbox"/> Prolactin SST	
484 <input type="checkbox"/> Complement C4 SST	563 <input type="checkbox"/> H.Pylori IgG SST	3100 <input type="checkbox"/> Prostatic Acid Phosphatase SST	
1310 <input type="checkbox"/> CA 15.3 SST	408 <input type="checkbox"/> Hemoglobin/Hematocrit L	501 <input type="checkbox"/> PSA Free SST	
1361 <input type="checkbox"/> CA - 19.9 SST	29 <input type="checkbox"/> Hepatic Function Panel SST	528 <input type="checkbox"/> PSA Total SST	
505 <input type="checkbox"/> CA - 125 SST	543 <input type="checkbox"/> Hepatitis A IgM Ab SST	403 <input type="checkbox"/> PT/INR B	
11 <input type="checkbox"/> Calcium Serum SST	521 <input type="checkbox"/> Hepatitis A Total Ab SST	1351 <input type="checkbox"/> PTH SST	
1313 <input type="checkbox"/> Calcium Urine U	548 <input type="checkbox"/> Hepatitis B Core IgM Ab SST	404 <input type="checkbox"/> PTT B	
506 <input type="checkbox"/> Carbamazepine or Tegretol R	544 <input type="checkbox"/> Hepatitis B Core Total SST	40 <input type="checkbox"/> Renal Panel SST	
1314 <input type="checkbox"/> Cardio C- Reactive Protein SST	545 <input type="checkbox"/> Hepatitis Bs Ab SST	412 <input type="checkbox"/> Reticulocyte Count L	
405 <input type="checkbox"/> CBC (w/diff & platelet count) L	546 <input type="checkbox"/> Hepatitis Bs Ag SST	934 <input type="checkbox"/> Rheumatoid Factor SST	
507 <input type="checkbox"/> CEA SST	547 <input type="checkbox"/> Hepatitis C Total Ab SST	935 <input type="checkbox"/> RPR (VDRL) SST	
950 <input type="checkbox"/> Centromere B SST	921 <input type="checkbox"/> HSV Type I IgG SST	937 <input type="checkbox"/> Sci-70 IgG Autoantibodies SST	
12 <input type="checkbox"/> Chloride SST	922 <input type="checkbox"/> HSV Type II IgG SST	564 <input type="checkbox"/> SHBG SST	
13 <input type="checkbox"/> Cholesterol SST	920 <input type="checkbox"/> *HIV 1/2 SST	939 <input type="checkbox"/> SmRNP IgG Autoantibodies SST	
560 <input type="checkbox"/> CMV IgG SST	522 <input type="checkbox"/> Homocysteine SST	41 <input type="checkbox"/> Sodium (Na) SST	
16 <input type="checkbox"/> CO2 SST	1337 <input type="checkbox"/> Immunoglobulin E total SST	938 <input type="checkbox"/> SS-A & SS-B IgG Autoantibodies SST	
15 <input type="checkbox"/> Comp Metabolic Panel SST	1338 <input type="checkbox"/> Immunoglobulins A, M, G SST	517 <input type="checkbox"/> T3 Free SST	
1321 <input type="checkbox"/> Cortisol SST	1339 <input type="checkbox"/> Insulin SST	537 <input type="checkbox"/> T3 Total SST	
1322 <input type="checkbox"/> C-Peptide SST	30 <input type="checkbox"/> Iron SST	540 <input type="checkbox"/> T3 Uptake SST	
18 <input type="checkbox"/> C-Reactive Protein (CRP) SST	925 <input type="checkbox"/> Jo-1 Autoantibodies SST	518 <input type="checkbox"/> T4 Free SST	
17 <input type="checkbox"/> Creatinine with eGFR SST	31 <input type="checkbox"/> LDH SST	532 <input type="checkbox"/> T4 Total - Thyroxine SST	
1326 <input type="checkbox"/> Creatinine Urine U	54 <input type="checkbox"/> LDL Direct SST	3238 <input type="checkbox"/> TBG SST	
		539 <input type="checkbox"/> Testosterone Total SST	

CUSTOM DIAGNOSTIC PROFILES

800 Allergy Complete Food	
801 <input type="checkbox"/> and Respiratory Profile (102 Specific Allergens)	2SST
107 <input type="checkbox"/> Anemia Screen	L, SST
100 <input type="checkbox"/> Cardiac Risk Panel I	SST
76 <input type="checkbox"/> Cardiac Risk Panel II	2SST
105 <input type="checkbox"/> Diabetic Screen	SST, L
512 <input type="checkbox"/> Drug Screen with/without ethanol	U
77 <input type="checkbox"/> Epstein-Barr Virus Screen	L, SST
101F <input type="checkbox"/> Female Health Screen I	1L, 3SST, 1UC
103 <input type="checkbox"/> Female Hormone Screen	2SST
399 <input type="checkbox"/> Female Weight Loss Panel	2SST, 1LT, 1UC
75 <input type="checkbox"/> Health Screen II	1L, 2SST
1018 <input type="checkbox"/> Heavy Metals	(see back)
108 <input type="checkbox"/> Hepatitis Screen	SST
101M <input type="checkbox"/> Male Health Screen I	1L, 3SST, 1UC
102 <input type="checkbox"/> Male Hormone Screen	2SST
400 <input type="checkbox"/> Male Weight Loss Panel	2SST, 1LT, 1UC
109 <input type="checkbox"/> Rheumatic Evaluation	L, 2SST
106 <input type="checkbox"/> Thyroid Antibodies	SST
104 <input type="checkbox"/> Thyroid Comp Screen	SST

See Reverse Side for Panel Description

ADDITIONAL TESTS: (INCLUDE COMPLETE TEST NAME AND ICD9 CODES) Reflex tests are performed at an additional charge. *HIV Testing will not be performed until proper patient consent is obtained / documented (NY only)

Physician Signature _____ DATE ___/___/___