Dignity Health.
HealthCare Clinical Laboratory

**CUSTOMER SERVICE: (209) 467–6430**

**TOLL FREE: 1-888-LAB-HCCL**

**FOR LAB USE ONLY**

**Place Label Here**

CLIENT#

FAX:
PHONE:

☐ **STAT** ☐ FASTING

LAB MEDICAL DIRECTOR: JEFFREY MCDAVIT M.D.

| | | | |
|---|---|---|---|
| **SEND REPORT BY:** ☐ FAX:_____ ☐ CALL:_____ | **DATE COLLECTED** | **TIME COLLECTED** | **COLLECTED BY** |
| **PATIENT'S LAST NAME** / **FIRST** / **MIDDLE INITIAL** | **PATIENT'S RACE** ☐ American Indian/Alaska Native ☐ Black/African ☐ Native Hawaiian/Other Pacific Islander ☐ Asian ☐ White ☐ Other | | **PATIENT'S ETHNICITY** ☐ Hispanic ☐ Non-Hispanic ☐ Unknown |
| **SEX** ☐ M ☐ F / **DATE OF BIRTH** / **PATIENT PHONE#** | **INSURANCE:** Please attach copy of insurance card (front and back) | | |
| **RESPONSIBLE PARTY (PRINT NAME)** | **BILL TO:** ☐ CLIENT ☐ PATIENT ☐ INSURANCE ☐ MEDI-CAL ☐ MEDICARE ☐ WORKMAN'S COMP | **MEDI-CAL #** | |
| **RELATION** ☐ Self ☐ Spouse ☐ Child ☐ Other_____ | | **MEDICARE#** | |
| **BILLING ADDRESS** / **APT.#** | | **PATIENT ACKNOWLEDGEMENT OF RESPONSIBILITY** **All Patients**: I agree that Laboratory will furnish to my designated insurance carrier the information on this form necessary for reimbursement. I hereby authorize service be performed and assign that benefits be payable to Laboratory. I understand that if any insurer doesn't pay and denies the claim, I am responsible for payment including, but not limited to, non-coverage and non-authorized services. I further authorize the testing laboratory and my physician to release to my insurance provider any medical information necessary to this claim. | |
| **CC: PHYSICIAN** / **FAX #** | | | |
| **CITY** / **STATE** / **ZIP CODE** | | **PATIENT/RESPONSIBLE PARTY SIGNATURE:** / **DATE:** | |
| **ICD-10 CODE** / **ICD-10 CODE** / **ICD-10 CODE** | | | |

**NOTES & ADDITIONAL TEST REQUESTED**

**For complete test menu visit www.HCCL.COM**

**Test Code:**

| PANELS/PROFILES | | |
|---|---|---|
| 3341 | | **Basic Metabolic Panel** – Glu, BUN, Creat, Na, K, Cl, CO2, Gap, Ca |
| 3199 | | **Comprehensive Metabolic Panel** - Na, K, Cl, Glu, BUN, CO2, Ca, Creat, TP, Alb, T Bil, Alk Phos, AST, ALT |
| 3117 | | **Electrolyte Panel** – Na, K, Cl, CO2 |
| 3192 | | **Hepatic Function Panel** – Alb, Alk Phos, DBIL, TBIL, TP, AST, ALT |
| 8216 | | **Hepatitis Acute Panel** – HbsAg, HBcAB-IgM, HAV Ab IgM, Hep C Ab |
| 3181 | | **Lipid Panel** – Chol, Trig, HDL, Chol/HDL ratio, LDL |

| MICROBIOLOGY | | |
|---|---|---|
| **Source Required:**_____ | | |
| 2050 | | Routine Culture |
| 6632 | | Enteric Pathogens – PCR |
| 2100 | | Urine Culture |
| 2160 | | Group B Strep Culture |
| 6636 | | MRSA - PCR |
| 8089 | | CT/NG – PCR |
| 1185 | | Strep A (Throat) - PCR |
| **Spring/Summer Respiratory** (Apr – Sep) | | |
| 6639 | | COVID 19 - PCR |
| 6659 | | RSV/FLU A/B - PCR |

| **Fall/Winter Respiratory** (Oct – Mar) | | |
|---|---|---|
| 1105 | | (COVID/RSV/Flu A/B – PCR) |
| **HEMATOLOGY** | | |
| 1123 | | CBC (Hemogram & Auto Diff) |
| 1173 | | Sed Rate |
| 1223 | | PT-Anticoagulant |
| 1228 | | PTT - Anticoagulant |
| 5016 | | Urinalysis |
| **TEST w/REFLEX** | | |
| 8289 | | HIV (Reflex: Confirm Test) |
| 8258 | | Syphilis IgG/IgM (Reflex: RPR) |

*Please note: Reflex tests are performed at an additional charge.

| CHEMISTRY | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 8003 | | AFP (non-maternal) | 3072 | | Calcium | 8060 | | Hepatitis C Ab | 3068 | | Urea Nitrogen (BUN) |
| 3018 | | Albumin | 3086 | | CPK | 3160 | | Iron, Total | 3276 | | Uric Acid |
| 3258 | | ALT/SGPT | 3094 | | Creatinine | 3281 | | Iron/Transferrin/TSI | 7870 | | Vitamin B12 |
| 3034 | | Amylase | 8049 | | CEA | 3194 | | Magnesium | 7850 | | Vitamin D |
| 4003 | | Antibody Screen | 3109 | | CRP | 3212 | | Phosphorus | | | |
| 3256 | | AST/SGOT | 7577 | | Ferritin | 8116 | | PSA Total | | | |
| 3058 | | Bilirubin - Direct | 7579 | | Folate, Serum | 7830 | | T3, Total | | | |
| 8052 | | C3 | 3124 | | GGT | 7844 | | T4 (thyroxine) | | | |
| 8053 | | C4 | 3132 | | Glucose, Fasting | 7842 | | T4, Free | | | |
| 8046 | | CA 15-3 | 3227 | | HCG, Quant | 7827 | | TSH | | | |
| 8051 | | CA 125 | 7623 | | Hemoglobin A1c | 7841 | | TSH/Free T4 | | | |

X_____ _____
**PHYSICIAN SIGNATURE** **DATE**