



SMA Medical Laboratories

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MOBILE PHLEBOTOMY FORM

PATIENT INFORMATION															
Last Name			First Name			SSN		D.O.B.		M ☐	F ☐				
Street Address			Apt#	City			State	ZIP		Phone					
SPECIMEN INFORMATION										INSURANCE INFORMATION					
Date of order: ____/____/____			Ordering Physician:				Insurance Name		I.D.#						
Requested start date: ____/____/____			Address: _____				☐ Bill Medicare ☐ Bill Medicaid ☐ Bill Patient ☐ Bill Client		Fasting: ☐ Yes ☐ No						
Date Collected: ____/____/____															
Time Collected: _____			Phone#: _____				Duplicate report to: _____		STAT: ☐						
Frequency: _____			Fax#: _____				Duplicate to Phone#: _____								
Duplicate to Fax#: _____															
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 ☐ AFP (Tumor Marker)	SST	1326 ☐ Creatinine Urine	U	1019 ☐ Lead	RLB	533 ☐ Theophylline	R	1 ☐ Albumin (Alb)	SST	14 ☐ Creatinine Kinase	SST	523 ☐ LH	SST	1354 ☐ Thyroglobulin	SST
2 ☐ Alkaline Phosphatase (ALP)	SST	909 ☐ dsDNA Autoantibodies	SST	33 ☐ Lipase	SST	43 ☐ TIBC	SST	3 ☐ ALT (SGPT)	SST	1330 ☐ DHEA-SO4	SST	34 ☐ Lipid Profile	SST	44 ☐ Total Protein Serum	SST
1305 ☐ Ammonia, Plasma	L	510 ☐ Digoxin	R	1343 ☐ Lyme Screen IgG	SST	2000 ☐ Total Protein Urine	U	4 ☐ Amylase Serum	SST	456 ☐ EBV VCA IgM	SST	36 ☐ Magnesium Serum	SST	1355 ☐ Transferrin	SST
903 ☐ ANA Screen	SST	457 ☐ EBV VCA IgG	SST	355 ☐ Magnesium Urine	U	45 ☐ Triglycerides (Trig)	SST	953 ☐ ANA Profile	SST	458 ☐ EBV Early Antigen	SST	1002 ☐ Microalbumin Urine	U	538 ☐ TSH (High Sensitivity)	SST
932 ☐ Anti-TPO Ab	SST	459 ☐ EBV Nuclear Antigen	SST	1344 ☐ Microalbumin/Creatinine ratio	U	47 ☐ Uric Acid Serum	SST	932 ☐ Anti-TPO Ab	SST	22 ☐ Electrolyte Panel	SST	200 ☐ MMR + V IgG	SST	51 ☐ Uric Acid Urine	U
558 ☐ Anti-TG Ab	SST	407 ☐ ESR or Sedimentation Rate	L	1102 ☐ Non-GYN Cytology, Urine	U	1005 ☐ Urinalysis Complete (dipstick and microscopic)	U	1904 ☐ Apolipoprotein A1	SST	513 ☐ Estradiol	GR	524 ☐ Phenobarbital	R	1358 ☐ Valproic Acid	R
1307 ☐ Apolipoprotein B	SST	514 ☐ Ferritin	SST	536 ☐ Phenytoin or Dilantin	R	541 ☐ Vitamin B12	SST	5 ☐ AST (SGOT)	SST	23 ☐ Fasting Blood Sugar	GR	302 ☐ Phosphorus Urine	U	6 ☐ Vitamin D, 25 Hydroxy	SST
1308 ☐ ASO	SST	515 ☐ Folate	SST	37 ☐ Phosphorus Serum	SST	759 ☐ PLAC*	SST	7 ☐ Basic Metabolic Panel	SST	1332 ☐ Fructosamine	SST	38 ☐ Potassium (K)	SST		
520 ☐ Beta HCG - Serum	SST	516 ☐ FSH	SST	701 ☐ Potassium, Plasma	Green	800 ☐ Allergy Complete Food	2SST	21 ☐ Bilirubin Direct (Dbili)	SST	24 ☐ GGT	SST	39 ☐ Reticulocyte Count	SST		
42 ☐ Bilirubin Total (Tbili)	SST	25 ☐ Glucose Serum	SST	525 ☐ Progesterone Total	SST	100 ☐ Anemia Screen	L, SST	1022 ☐ BNP	L	300 ☐ Glucose Urine	U	526 ☐ Prolactin	SST		
10 ☐ BUN / Creatinine Ratio	SST	401 ☐ Glyco Hgb A1c	L	3100 ☐ Prostatic Acid Phosphatase	SST	100 ☐ Cardiac Risk Panel I	L, SST	9 ☐ BUN (Urea Nitrogen) S	SST	28 ☐ HDL	SST	501 ☐ PSA Free	SST		
301 ☐ BUN (Urea Nitrogen) U	U	563 ☐ H.Pylori IgG	SST	501 ☐ PSA Total	SST	76 ☐ Cardiac Risk Panel II	L, 2SST	1319 ☐ Complement C3	SST	5408 ☐ Hemoglobin/Hematocrit	L	528 ☐ PT/INR	B		
484 ☐ Complement C4	SST	29 ☐ Hepatic Function Panel	SST	403 ☐ PTH	SST	105 ☐ Diabetic Screen	SST, L	1310 ☐ CA 15.3	SST	543 ☐ Hepatitis A IgM Ab	SST	1351 ☐ PTT	B		
1361 ☐ CA - 19.9	SST	544 ☐ Hepatitis A Total Ab	SST	404 ☐ PTT	SST	512 ☐ Drug Screen with/without ethanol	U	505 ☐ CA - 125	SST	548 ☐ Hepatitis B Core IgM Ab	SST	77 ☐ Epstein-Barr Virus Screen	L, SST		
11 ☐ Calcium Serum	SST	544 ☐ Hepatitis B Core Total	SST	40 ☐ Renal Panel	SST	101F ☐ Female Health Screen I	1L, 3SST, 1UC	506 ☐ Carbamazepine or Tegretol	R	544 ☐ Hepatitis B Core Total	SST	103 ☐ Female Hormone Screen	2SST		
1314 ☐ Cardio C- Reactive Protein	SST	545 ☐ Hepatitis Bs Ab	SST	412 ☐ Reticulocyte Count	L	399 ☐ Female Weight Loss Panel	2SST, 1LT, 1UC	19 ☐ Calcium Urine	U	546 ☐ Hepatitis Bs Ag	SST	75 ☐ Health Screen II	1L, 2SST		
405 ☐ CBC (w/diff & platelet count)	L	547 ☐ Hepatitis C Total Ab	SST	934 ☐ Rheumatoid Factor	SST	1018 ☐ Heavy Metals	(see back)	507 ☐ CEA	SST	547 ☐ Hepatitis C Total Ab	SST	108 ☐ Hepatitis Screen	SST		
950 ☐ Centromere B	SST	921 ☐ HSV Type I IgG	SST	935 ☐ RPR (VDRL)	SST	108 ☐ Male Health Screen I	1L, 3SST, 1UC	12 ☐ Chloride	SST	922 ☐ HSV Type II IgG	SST	101M ☐ Male Hormone Screen	2SST		
13 ☐ Cholesterol	SST	920 ☐ *HIV 1/2	SST	937 ☐ Sci-70 IgG Autoantibodies	SST	400 ☐ Male Weight Loss Panel	2SST, 1LT, 1UC	560 ☐ CMV IgG	SST	922 ☐ HIV Type II IgG	SST	109 ☐ Rheumatic Evaluation	L, 2SST		
16 ☐ CO2	SST	522 ☐ Homocysteine	SST	564 ☐ SHBG	SST	106 ☐ Thyroid Antibodies	SST	15 ☐ Comp Metabolic Panel	SST	938 ☐ SS-A & SS-B IgG Autoantibodies	SST	104 ☐ Thyroid Comp Screen	SST		
1321 ☐ Cortisol	SST	1337 ☐ Immunoglobulin E total	SST	939 ☐ SmRNP IgG Autoantibodies	SST	21 ☐ Initial Cardio Profile	(see back)	1322 ☐ C-Peptide	SST	41 ☐ Sodium (Na)	SST	22 ☐ Follow Up Cardio Profile	(see back)		
18 ☐ C-Reactive Protein (CRP)	SST	1338 ☐ Immunoglobulins A, M, G	SST	938 ☐ SS-A & SS-B IgG Autoantibodies	SST			17 ☐ Creatinine with eGFR	SST	517 ☐ T3 Free	SST				
		1339 ☐ Insulin	SST	517 ☐ T3 Free	SST					537 ☐ T3 Total	SST				
		30 ☐ Iron	SST	537 ☐ T3 Total	SST					540 ☐ T3 Uptake	SST				
		925 ☐ Jo-1 Autoantibodies	SST	518 ☐ T4 Free	SST					518 ☐ T4 Free	SST				
		31 ☐ LDH	SST	532 ☐ T4 Total - Thyroxine	SST					3238 ☐ TBG	SST				
		54 ☐ LDL Direct	SST	539 ☐ Testosterone Total	SST										

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 ____/____/____