

SMA SPECIALTY MEDICAL LAB

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PATIENT INFORMATION

Last Name: _____ First Name: _____

Street Address: _____ Apt#: _____

City: _____ State: _____ Zip: _____

Phone: _____ DOB: ____/____/____ SSN: _____ Gender: F M

INSURANCE INFORMATION

Insurance Name: _____

Group#: _____ I.D#: _____

Bill Medicare Bill Medicaid Bill Patient

SPECIMEN INFORMATION

Date Collected: ____/____/____ Time Collected: _____ STAT

Fasting: Yes No Fax Results to: _____

ICD10 CODES

DIAGNOSIS (ICD-10 Code)* It is the ordering party's responsibility to order only those tests medically necessary for the diagnosis and treatment of the patient.

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> D51.9 Hypothyroidism, unspecified | <input type="checkbox"/> E78.1 Pure hyperglyceridemia | <input type="checkbox"/> J31.0 Chronic rhinitis | <input type="checkbox"/> R53.81 Other malaise |
| <input type="checkbox"/> E03.9 Vitamin B12 deficiency anemia, unspecified | <input type="checkbox"/> E78.2 Mixed hyperlipidemia | <input type="checkbox"/> N39.0 Disorder of prostate, unspecified | <input type="checkbox"/> R79.89 Other specified abnormal findings of blood chemistry |
| <input type="checkbox"/> E11.9 Type 2 diabetes mellitus w/o complications | <input type="checkbox"/> E78.4 Other hyperlipidemia | <input type="checkbox"/> N42.9 Urinary tract infection, site not specified | <input type="checkbox"/> Z79.01 Long term (current) use of anticoagulants |
| <input type="checkbox"/> E53.8 Def of other specified B group vitamins | <input type="checkbox"/> I10 Essential (primary) hypertension | <input type="checkbox"/> R53.1 Weakness | <input type="checkbox"/> Z79.89 Other long term (current) drug therapy |
| <input type="checkbox"/> E55.9 Vitamin D deficiency, unspecified | <input type="checkbox"/> I25.10 Atherosclerotic heart disease of native coronary artery without angina pectoris | <input type="checkbox"/> R73.09 Other abnormal glucose | |
| <input type="checkbox"/> E72.11 Homocystinuria | <input type="checkbox"/> J30.89 Other allergic rhinitis | <input type="checkbox"/> R79.9 Ab. finding of blood chemistry, unspecified | |
| <input type="checkbox"/> E78.01 Familial hypercholesterolemia | | <input type="checkbox"/> R97.8 Other abnormal tumor markers | |

CUSTOM DIAGNOSTIC PROFILES (See Back for Panel Description)

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> 110 Abdominal Pain Panel 1UC,1L,2SST,SC | <input type="checkbox"/> 114 Depression Screen 1L,1SST | <input type="checkbox"/> 22 Follow Up Cardio Profile (2SST,3LT,1UC 1Black,1Blue) | <input type="checkbox"/> 400 Male Weight Loss Panel 1UC,1LT ,2SST |
| <input type="checkbox"/> 804 Arthritis Eval/Autoimmune 2SST | <input type="checkbox"/> 111 Diabetic Screen 1UC,1SST,1L | <input type="checkbox"/> 1018 Heavy Metals (Whole Blood RLB) | <input type="checkbox"/> 113 Obesity Panel 1L,1SST |
| <input type="checkbox"/> 107 Anemia Screen 1L,1SST | <input type="checkbox"/> 77 Epstein-Barr Virus Screen 1L,1SST | <input type="checkbox"/> 1050 Heavy Metals, Urine UC | <input type="checkbox"/> 115 STD Screening 1UC, 2SST |
| <input type="checkbox"/> 116 Allergy Care Profile (2SST, 1LAV, DX Screening 1UC) | <input type="checkbox"/> 101F Female Health Screen I 1L,3SST,1UC | <input type="checkbox"/> 101M Male Health Screen I 1L,3SST,1UC | <input type="checkbox"/> 112 Thyroid Disorders 1L,1SST |
| <input type="checkbox"/> 100 Cardiac Risk Panel I 1L,1SST | <input type="checkbox"/> 399 Female Weight Loss Panel 2SST,1LT,1UC | <input type="checkbox"/> 102 Male Hormone Screen 2SST | |

INDIVIDUAL DIAGNOSTIC TESTS

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> 503 AFP (Tumor Marker) SST | <input type="checkbox"/> 16 CO2 SST | <input type="checkbox"/> 547 Hepatitis C Total Ab SST | <input type="checkbox"/> 527 PSA Total & Free SST |
| <input type="checkbox"/> 1 Albumin (Alb) SST | <input type="checkbox"/> 15 Comp Metabolic Panel SST | <input type="checkbox"/> 108 Hepatitis Profile SST | <input type="checkbox"/> 403 PT/INR B |
| <input type="checkbox"/> 2 Alkaline Phosphatase (ALP) SST | <input type="checkbox"/> 1321 Cortisol SST | <input type="checkbox"/> 920 HIV 1/2 SST | <input type="checkbox"/> 1351 PTH SST |
| <input type="checkbox"/> 3 ALT (SGPT) SST | <input type="checkbox"/> 1322 C-Peptide SST | <input type="checkbox"/> 522 Homocysteine SST | <input type="checkbox"/> 404 PTT B |
| <input type="checkbox"/> 4 Amylase Serum SST | <input type="checkbox"/> 18 C-Reactive Protein (CRP) SST | <input type="checkbox"/> 1044 HSV 1/2 Ab SST | <input type="checkbox"/> 40 Renal Panel SST |
| <input type="checkbox"/> 8 ANA w/ reflex Cascade SST | <input type="checkbox"/> 17 Creatinine with eGFR SST | <input type="checkbox"/> 609 IGF-1 (insulin-like Growth Factor I) SST | <input type="checkbox"/> 412 Reticulocyte Count L |
| <input type="checkbox"/> 903 ANA Screen SST | <input type="checkbox"/> 1326 Creatinine Urine UC | <input type="checkbox"/> 1337 Immunoglobulin E Total SST | <input type="checkbox"/> 934 Rheumatoid Factor SST |
| <input type="checkbox"/> 953 ANA Profile SST | <input type="checkbox"/> 14 Creatinine Kinase SST | <input type="checkbox"/> 1339 Insulin SST | <input type="checkbox"/> 935 RPR SST |
| <input type="checkbox"/> 932 Anti-TPO Ab SST | <input type="checkbox"/> 1330 DHEA-S04 SST | <input type="checkbox"/> 30 Iron SST | <input type="checkbox"/> 564 SHBG SST |
| <input type="checkbox"/> 558 Anti-TG Ab SST | <input type="checkbox"/> 1259 EBV Panel SST | <input type="checkbox"/> 31 LDH SST | <input type="checkbox"/> 41 Sodium (Na) SST |
| <input type="checkbox"/> 1904 Apolipoprotein A1 SST | <input type="checkbox"/> 22 Electrolyte Panel SST | <input type="checkbox"/> 54 LDL Direct SST | <input type="checkbox"/> 517 T3 Free SST |
| <input type="checkbox"/> 1307 Apolipoprotein B SST | <input type="checkbox"/> 407 ESR or Sedimentation Rate L | <input type="checkbox"/> 1061 Lead RLB | <input type="checkbox"/> 537 T3Total SST |
| <input type="checkbox"/> 5 AST (SGOT) SST | <input type="checkbox"/> 513 Estradiol SST | <input type="checkbox"/> 523 LH SST | <input type="checkbox"/> 540 T3 Uptake SST |
| <input type="checkbox"/> 7 Basic Metabolic Panel SST | <input type="checkbox"/> 23 Fasting Blood Sugar GR | <input type="checkbox"/> 33 Lipase SST | <input type="checkbox"/> 518 T4 Free SST |
| <input type="checkbox"/> 520 Beta HCG - Serum SST | <input type="checkbox"/> 514 Ferritin SST | <input type="checkbox"/> 34 Lipid Panel SST | <input type="checkbox"/> 532 T4Total - Thyroxine SST |
| <input type="checkbox"/> 21 Bilirubin Direct (Dbili) SST | <input type="checkbox"/> 515 Folate SST | <input type="checkbox"/> 1071 Lp(a)mass SST | <input type="checkbox"/> 3228 TBG SST |
| <input type="checkbox"/> 42 Bilirubin Total (Tbili) SST | <input type="checkbox"/> 1332 Fructosamine SST | <input type="checkbox"/> 1241 Lp-PLA2 Activity Assay SST | <input type="checkbox"/> 539 Testosterone Total SST |
| <input type="checkbox"/> 1022 BNP PL | <input type="checkbox"/> 516 FSH SST | <input type="checkbox"/> 1343 Lyme Screen IgG/IgM w/ ref to WB SST | <input type="checkbox"/> 43 TIBC SST |
| <input type="checkbox"/> 10 BUN / Creatinine Ratio SST | <input type="checkbox"/> 24 GGT SST | <input type="checkbox"/> 36 Magnesium Serum SST | <input type="checkbox"/> 44 Total Protein Serum SST |
| <input type="checkbox"/> 9 BUN (Urea Nitrogen) SST | <input type="checkbox"/> 25 Glucose Serum SST | <input type="checkbox"/> 1002 Microalbumin/Urine UC | <input type="checkbox"/> 2000 Total Protein Urine UC |
| <input type="checkbox"/> 945 Chlamydia/Gonococcus, NAA UC | <input type="checkbox"/> 401 Glyco Hgb A1c L | <input type="checkbox"/> 1344 Microalbumin/Creatinine ratio UC | <input type="checkbox"/> 1355 Transferrin SST |
| <input type="checkbox"/> 1319 Complement C3 SST | <input type="checkbox"/> 1244 GlycoMark SST | <input type="checkbox"/> 200 MMR + V IgG SST | <input type="checkbox"/> 940 Treponema pallidum Ab SST |
| <input type="checkbox"/> 484 Complement C4 SST | <input type="checkbox"/> 28 HDL SST | <input type="checkbox"/> 948 Neisseria gonorrhoeae, NAA UC | <input type="checkbox"/> 949 Trichomonas Vaginalis, NAA UC |
| <input type="checkbox"/> 1310 CA 15.3 SST | <input type="checkbox"/> 563 H.Pylori IgG SST | <input type="checkbox"/> 1102 Non-GYN Cytology, Urine UC | <input type="checkbox"/> 45 Triglycerides (Trig) SST |
| <input type="checkbox"/> 1361 CA - 19.9 SST | <input type="checkbox"/> 408 Hemoglobin/Hematocrit L | <input type="checkbox"/> 1004 Occult Blood FECEs | <input type="checkbox"/> 538 TSH (High Sensitivity) SST |
| <input type="checkbox"/> 505 CA - 125 SST | <input type="checkbox"/> 29 Hepatic Function Panel SST | <input type="checkbox"/> 37 Phosphorus Serum SST | <input type="checkbox"/> 47 Uric Acid Serum SST |
| <input type="checkbox"/> 11 Calcium Serum SST | <input type="checkbox"/> 543 Hepatitis A IgM SST | <input type="checkbox"/> 38 Potassium (K) SST | <input type="checkbox"/> 51 Uric Acid, Urine UC |
| <input type="checkbox"/> 1314 Cardio C - Reactive Protein SST | <input type="checkbox"/> 521 Hepatitis A Total SST | <input type="checkbox"/> 701 Potassium, Plasma GREEN | <input type="checkbox"/> 1005 Urinalysis Complete (dipstick and microscopic) UC |
| <input type="checkbox"/> 405 CBC (w/ diff & platelet count) L | <input type="checkbox"/> 548 Hepatitis B Core IgM Ab SST | <input type="checkbox"/> 525 Progesterone Total SST | <input type="checkbox"/> 541 Vitamin B12 SST |
| <input type="checkbox"/> 507 CEA SST | <input type="checkbox"/> 544 Hepatitis B Total SST | <input type="checkbox"/> 526 Prolactin SST | <input type="checkbox"/> 6 Vitamin D, 25 Hydroxy SST |
| <input type="checkbox"/> 12 Chloride SST | <input type="checkbox"/> 545 Hepatitis Bs Ab SST | <input type="checkbox"/> 501 PSA Free SST | <input type="checkbox"/> 1076 1,25 Dihydroxy Vitamin D SST |
| <input type="checkbox"/> 13 Cholesterol SST | <input type="checkbox"/> 546 Hepatitis Bs Ag SST | <input type="checkbox"/> 528 PSA Total SST | |

*Note: The provided ICD-10 codes are listed as a convenience. Ordering practitioners should report the diagnosis code that best describes the reason for performing the test, regardless of whether the code is listed above or not.

Additional Tests:

PHYSICIAN SIGNATURE _____

DATE: ____/____/____

PANEL DESCRIPTION

Any of the tests **listed** in test combinations/panels may be ordered individually.

100 CARDIAC RISK PANEL I		**804 ALLERGY CARE PROFILE					
BNP Triglycerides Cholesterol HDL LDL Direct Apolipoprotein A-1 & B hsCRP Homocysteine Lp-PLA2 Activity Assay Creatinine Kinase Lp (a) mass		D1 Dermatophagoides pteronyssinus D2 Dermatophagoides farinae D70 Acarus siro E1 Cat Dander-Epithelium E2 Dog Epithelium E5 Dog Dander G10 Johnson Grass G1 Sweet Vernal Grass G2 Bermuda Grass G3 Orchard Grass G6 Timothy Grass H1 House Dust—Greer I1 Honey Bee Venom I206 American Cockroach I6 Cockroach K82 Latex M1 Penicillium notatum M2 Cladosporium herbarum M3 Aspergillus fumigatus M4 Mucor racemosus M6 Alternaria tenuis	T1 Maple T22 Pecan T3 Birch T6 Mountain Cedar T7 Oak T8 Elm W10 Lamb's Quarters W14 Rough Pigweed W18 Sheep Sorrel W1 Common Ragweed W20 Nettle W6 Mugwort W9 English Plantain F1 Egg White F105 Chocolate F13 Peanut F14 Soybean F17 Hazelnut F2 Milk F20 Almond	F201 Pecan Nut F202 Cashew F203 Pistachio F214 Spinach F24 Shrimp F245 Egg F25 Tomato F33 Orange F4 Wheat F40 Tuna F41 Salmon F44 Strawberry F45 Baker's Yeast F47 Garlic F7 Oat F75 Egg Yolk F79 Gluten F83 Chicken Meat F9 Rice F92 Banana	<p>**ADDITIONAL ALLERGENS AVAILABLE FOR MORE INFORMATION AND ORDER PLEASE CALL SMA LAB (877)697-6252</p>		
101 HEALTH SCREEN I		Z2 FOLLOW UP CARDIO PROFILE (2ST; 3LT, 1 Black, 1 Blue; 1 urine cup)		110 ABDOMINAL PAIN PANEL		112 THYROID DISORDERS	107 ANEMIA SCREEN
MALE 101M	FEMALE 101F	Lipid Panel Apo A1; Apo B Lp-PLA2 Hs-CRP BNP Insulin Vitamin D-25 OH Homocysteine Ferritin Folate Magnesium, serum Creatinine Kinase Fibrinogen Lp(a) mass FFA/NEFA MPO Coenzyme Q10 Isoprostane/ F2-Creatinine Ratio Aspirin Works NMR profile		CBC (w/diff & platelet count) Basic Metabolic Panel Hepatic Function Panel Amylase Serum Lipase Hepatitis Panel Occult Blood, Stool Card H.Pylori IgG ESR or Sedimentation Rate C-Reactive Protein (CRP) Urinalysis Complete (dipstick and microscopic) CA - 19.9 AFP (Tumor Marker) CEA		CBC with differential BMP Hepatic Function Panel Lipid Panel TSH T4 Free TT3 Creatinine Kinase Anti- TPO Ab Anti- TG Ab	CBC Vitamin B12 & Folate Ferritin TIBC Reticulocyte Count
102 MALE HORMONE SCREEN	103 FEMALE HORMONE SCREEN	1050 HEAVY METALS, URINE		77 EPSTEIN-BARR VIRUS SCREEN		1018 HEAVY METALS (whole blood RLB and LT)	114 DEPRESSION SCREEN
Testosterone Total Estradiol Progesterone DHEA SO4 SHBG Prolactin PSA Total	FSH LH Prolactin Progesterone Estradiol Testosterone Total SHBG DHEA SO4	Aluminum Arsenic Cadmium Chromium Cobalt Copper Lead Manganese Mercury Thallium Zinc		EBV VCA IgM EBV VCA IgG EBV to Early Antigen EBV to Nuclear Antigen-1 ESR (Sedimentation Rate) Syphilis Ab Cascading Reflex		Aluminum Arsenic Berillium Cadmium Cobalt Copper Manganese Moliibdenum Nickel Lead Antimony Selenium Tin Thallium Tungsten Zinc Mercury	CBC (w/diff & platelet count) Basic Metabolic Panel Hepatic Function Panel TSH (High Sensitivity) Vitamin B12 Folate Vitamin D, 25 Hydroxy
399 FEMALE WEIGHT LOSS PANEL	400 MALE WEIGHT LOSS PANEL	111 DIABETIC SCREEN		113 OBESITY PANEL		115 STD SCREENING	
Estradiol Progesterone TSH Free T4 Free T3 Total Testosterone DHEA SO4 Glucose Triglycerides Total Cholesterol LDL (low-density lipoprotein) HDL (high-density lipoprotein) C-reactive Protein Liver Function Kidney Function Complete Blood Cell Counts Homocysteine Hepatitis C Urinalysis Complete	Total Testosterone Estradiol DHEA SO4 TSH Free T4 Free T3 Glucose Triglycerides Total Cholesterol LDL (low-density lipoprotein) HDL (high-density lipoprotein) C-reactive Protein Liver Function Kidney Function Complete Blood Cell Counts PSA (prostate-specific antigen) Homocysteine Hepatitis C Urinalysis Complete	CBC (w/diff & platelet count) Basic Metabolic Panel Hepatic Function Panel Glyco Hgb A1c Lipid Profile Microalbumin Urine Urinalysis Complete (dipstick and microscopic) Fructosamine Glyco Mark		CBC (w/diff & platelet count) BMP Hepatic Function Panel TSH Free T4 Lipid Panel Insulin Glyco Hgb A1c		Hepatitis Panel *HIV 1/2 Syphilis Ab Cascading Reflex HSV 1/2 Ab CT/NG, NAA Urine Trichomonal Infection	
SPECIMEN TYPE KEY		116 ARTHRITIS EVAL/AUTOIMMUNE DX SCREENING					
SST = Serum Separator L = Lavender Top UC = Urine Cup R = Red Top (No Barrier) G = Grey Top WT = White Top (PPT Tube) RLB = Royal Blue SC= Stool Card PL= Plasma Lavender		ESR or Sedimentation Rate Cardio C- Reactive Protein Rheumatoid Factor ANA Profile CBC (w/diff & platelet count) Comp Metabolic Panel Lyme Screen IgG/ IgM Complement C3 Complement C4 Syphilis Ab Cascading Reflex CT/NG, NAA					