

PATIENT INFORMATION	SPECIMEN & PRIORITY	ORDERING PROVIDER	BILLING
Printed Legal Name (Last, First): _____ _____ DOB: _____ Sex at Birth: M / F Address: _____ _____ City/State/ZIP: _____ _____ Phone: _____ Medication(s): _____ <i>(Required if ordering toxicological testing)</i>	Date collected: _____ Time: _____ Collected by: _____ Specimen source: _____ _____ ☐ Routine ☐ STAT ☐ Fasting	Provider Name: _____ _____ Provider NPI: _____ Practice/Clinic: _____ _____ Address: _____ _____ City/State/ZIP: _____ _____ Phone: _____	☐ Bill to Client (Provider) Account ☐ Bill to Insurance: Attach copy (front & back) of card or demographic sheet. ☐ Patient Pre-Pay: Pay by credit card using our secure portal via scanning the QR code below. QR CODE HERE <i>Patient/responsible party is financially liable for payment per the billing option selected above, including any amounts not covered by insurance.</i>

— TEST SELECTION — **1** SST (Gold Top) **2** K2/K3 EDTA (Lavender Top) **3** 3.2% Sodium Citrate (Light Blue Top) **4** Urine Vacutainer (Plain Yellow Top) **5** Boric Acid Vacutainer (Grey Top)
6 Urine/Stool in Sterile Container **7** Sputum in Sterile Container **8** Swab in Viral Transport Media (E-Swab) **9** Quantisal/OraSure Oral Fluid Collection System **10** H. Pylori Breath Bags

CHEMISTRY ANALYTES

- ☐ Alanine Aminotransferase (ALT) **1**
- ☐ Albumin (ALB) **1**
- ☐ Alkaline Phosphatase (ALKP) **1**
- ☐ Apolipoprotein A1 (APO A) **1**
- ☐ Apolipoprotein B (APO B) **1**
- ☐ Aspartate Aminotransferase (AST) **1**
- ☐ Bilirubin, Total (TBIL) **1**
- ☐ Blood Urea Nitrogen (BUN) **1**
- ☐ C-Reactive Protein (CRP) **1**
- ☐ Calcium (CALC) **1**
- ☐ Creatine Kinase (CK) **1**
- ☐ Carbon Dioxide (CO2) **1**
- ☐ Cholesterol (CHOL) **1**
- ☐ Chloride (CL) **1**
- ☐ Creatinine (CREA) **1**
- ☐ Creatinine, Urine (uCREA) **4**
- ☐ Direct LDL (LDL) **1**
- ☐ Gamma Glutamyl Transferase (GGT) **1**
- ☐ Glucose (GLU) **1**
- ☐ High-Density Lipoprotein (HDL) **1**
- ☐ Iron (FE) **1**
- ☐ Potassium (K) **1**
- ☐ Lactate Dehydrogenase (LDH) **1**
- ☐ Lipoprotein A (LPa) **1**
- ☐ Magnesium (MAG) **1**
- ☐ Microalbumin (MALB) **4**
- ☐ Sodium (NA) **1**
- ☐ Phosphorus (PHOS) **1**
- ☐ Rheumatoid Factor (RF) **1**
- ☐ Total Protein (TPRO) **1**
- ☐ Total Protein, Urine (uPRO) **4**
- ☐ Transferrin (TRSFN) **1**
- ☐ Triglycerides (TRIG) **1**
- ☐ Unsaturated Iron Binding Capacity (UIBC) **1**
- ☐ Uric Acid (URIC) **1**

CHEMISTRY PANELS

- ☐ Comprehensive Metabolic Panel (CMP) **1**
- ☐ Basic Metabolic Panel (BMP) **1**
- ☐ Lipid Panel (LP) **1**
- ☐ Renal Panel (RP) **1**
- ☐ Iron Panel (IP) **1**
- ☐ Electrolytes Panel (LYTES) **1**

IMMUNOASSAYS

- ☐ Alpha-fetoprotein (AFP) **1**
- ☐ β-Human Chorionic Gonadotropin (β-HCG) **1**
- ☐ Cancer Antigen 125 (CA125) **1**
- ☐ Cancer Antigen 19-9 (CA19-9) **1**
- ☐ Cortisol (CORT) **1**
- ☐ Creatine Kinase, MB (CK-MB) **1**
- ☐ Cyclic Citrullinated Peptide (CCP) Ab **1**
- ☐ Dehydroepiandrosterone Sulfate (DHEAS) **1**
- ☐ Estradiol (E2) **1**
- ☐ Follicle Stimulating Hormone (FSH) **1**
- ☐ Ferritin (FERR) **1**
- ☐ Folate (FOL) **1**
- ☐ Free Triiodothyronine (FT3) **1**
- ☐ Free Thyroxine (FT4) **1**
- ☐ Hepatitis C, Total Antibodies (HCV) **1**
- ☐ Homocysteine (HCY) **1**
- ☐ HIV Ab/Ag Screen (HIV) **1**
- ☐ Insulin (INSUL) **1**
- ☐ Luteinizing Hormone (LH) **1**
- ☐ Progesterone (PROG) **1**
- ☐ Prolactin (PROL) **1**
- ☐ Sex Hormone Binding Globulin (SHBG) **1**
- ☐ Treponemal Pallidum (SYPH) Ab Screen **1**
- ☐ Thyroid Peroxidase Antibodies (Anti-TPO) **1**
- ☐ Thyroid Stimulating Hormone (TSH) **1**
- ☐ Testosterone, Free and Total (FTT) **1**
- ☐ Testosterone, Total (TESTO) **1**
- ☐ Total Prostate Specific Antigen (TPSA) **1**
- ☐ Total Triiodothyronine (TT3) **1**
- ☐ Total Thyroxine (TT4) **1**
- ☐ 25-OH Vitamin D (VITD) **1**
- ☐ Vitamin B12 (B12) **1**

MID-EXCLUSIVE PROFILES

For profile contents, please visit our laboratory test directory at www.midxlab.com.

- ☐ Men's Wellness Check **1 2**
- ☐ Women's Wellness Check **1 2**
- ☐ Adult Weight Loss Monitoring **1 2**
- ☐ Adult Cardiovascular Risk Assessment **1 2**
- ☐ Essential Wellness & Thyroid Status **1 1 2**
- ☐ Anemia Status **1 2**
- ☐ Adv. Functional Health Evaluation **1 1 2 3**
- ☐ Cancer Biomarker Evaluation **1**
- ☐ Arthritis (Joint) Profile **1 2**
- ☐ Male/Female Hormone Profile **1**
- ☐ Thyroid Profile **1**

HEMATOLOGY

- ☐ CBC with Auto Differential (CBCWD) **2**
- ☐ CBC, No Differential (CBCND) **2**
- ☐ Hemoglobin A1C (A1C) **2**
- ☐ Sed Rate (ESR) **2**
- ☐ Peripheral Smear, Path Review (PBS) **2**

HEMOSTASIS (COAGULATION)

- ☐ Prothrombin Time (PT) with INR **3**
- ☐ Activated Partial Thromboplastin (aPTT) **3**
- ☐ D-Dimer (DIMER) **3**

URINALYSIS

- ☐ Macro UA w/ Reflex to Microscopy (UAWR) **4**
- ☐ Complete Urinalysis (UACOM) **4**
- ☐ Microalbumin/Creatinine Ratio (MCR) **4**
- ☐ Protein/Creatinine Ratio (PCR) **4**

MICROBIOLOGY

- ☐ Urine Culture with Reflex to Susceptibility Testing (UCX) **5**
- ☐ Throat Culture (THCX) **8**
- ☐ Gram Stain with Reflex to Sputum Culture (SPCX) **7**
- ☐ Gram Stain Evaluation (GS) **4 or 5 or 6 or 7**

MOLECULAR DIAGNOSTICS

- ☐ Respiratory Multiplex PCR (Flu/RSV/COV) **8**
- ☐ Respiratory Panel Plus PCR (RPP) **8**
- ☐ CT/NG Urine PCR (CTNG) **5**
- ☐ CT/NG/TV Urine PCR (CNT) **5**
- ☐ STI Urine PCR (STI) **5**
- ☐ Basic Vaginitis Panel PCR (BVP) **8**
- ☐ Extended Vaginitis Panel PCR (EVP) **8**

TOXICOLOGY

- ☐ 13-Panel Urine Drug Screen (UDS) with Reflex to Confirmatory Testing **6**
- ☐ 13-Panel Oral Fluid Drug Screen (OFDS) with Reflex to Confirmatory Testing **9**

SPECIALTY

- ☐ H. pylori Breath Test (HPB) **10**
- ☐ IgE Allergy Testing, Food/Environ., ea. **1 1**
- ☐ Immunological Fecal Occult Blood (iFOB) **6**

ADDITIONAL TESTING NOT LISTED:

1. _____
2. _____
3. _____
4. _____
5. _____

CLINICAL INDICATION / ICD-10

Commonly used codes listed below for convenience. Report all reasons for ordering tests(s):

- | | |
|--|---|
| ☐ D51.9 - Vitamin B12 deficiency anemia, unspecified | ☐ D64.9 - Anemia, unspecified |
| ☐ E03.9 - Hypothyroidism, unspecified | ☐ E11.9 - Type 2 diabetes mellitus without complications |
| ☐ E55.9 - Vitamin D deficiency, unspecified | ☐ E78.00 - Pure hypercholesterolemia |
| ☐ E78.2 - Mixed hyperlipidemia | ☐ I10 - Essential (primary) hypertension |
| ☐ N18.9 - Chronic kidney disease, stage 1-4, unspecified | ☐ R74.8 - Abnormal Levels of Other Serum Enzymes |
| ☐ R79.9 - Abnormal findings of blood chemistry, not elsewhere specified | ☐ R79.89 - Other specified abnormal findings of blood chemistry |
| ☐ R94.6 - Abnormal results of thyroid function studies | ☐ Z78.9 - Other specified health status |
| ☐ Z11.3 - Encounter for screening for infections with a predominantly sexual mode of transmission | ☐ Z20.8 - Encounter for screening for other specified respiratory infections |

Other: _____ / _____ / _____ / _____ / _____ / _____

By submission of this requisition/specimen(s), I: (i) Authorize/direct MID to perform tests indicated on this form; (ii) Certify that each ordered test is reasonable/medically necessary for diagnosis/treatment of a patient's current condition, (iii) Certify that I am in compliance with all applicable state and federal laws; (iv) Obtained patient's written informed consent to undergo genetic tests (results should be reported to me), (v) Agree to provide MID with copy of patient's signed/dated consent upon request, (vi) Acknowledge that each genetic test is performed once in patient's lifetime, (vii) Acknowledge that diagnosis codes are indicated to highest level of specificity, and (viii) Assume responsibility for reviewing results, notifying the patient, and providing any indicated follow-up care, including timely action on critical or panic values reported by the laboratory.

ORDERING PROVIDER SIGNATURE

DATE