MIDX LABORATORY

MICHIGAN INNOVATIVE DIAGNOSTICS

2026 LABORATORY TEST REQUISITION

AFFIX REQUISITION LABEL HERE:

CLIA ID: **23D2262628** COLA ID: **32037**

Requisition No. **REQ-2026** | Page **1** of **1**

PATIENT INFORMATION

Printed Legal Name (Last, First):

DOB: ____/____/_____ Sex at Birth: M / F

Address:

City/State/ZIP:

Phone:

Medication(s):
(Required if ordering toxicological testing)

SPECIMEN & PRIORITY

Date Collected:

Time Collected:

Collected by:

Specimen Source:

☐ Routine ☐ STAT ☐ Fasting

ORDERING PROVIDER

Provider Name:

Provider NPI:

Practice/Clinic:

Address:

City/State/ZIP:

Phone:

BILLING

Select one of the following options:

☐ **Bill to Client (Provider) Account**

☐ **Bill to Insurance:**
Attach a copy (front & back) of Insurance Card or Demographic Sheet.

☐ **Patient Self-Pay:**
Attach completed/signed Credit Card Payment Authorization Form, which can be accessed here:
Credit Card Authorization Form

By selecting from one of the options above, patient/responsible party assumes full financial liability for payment, including any amounts not covered by insurance.

— TEST SELECTION — 1 *SST (Gold Top)* 2 *K2/K3 EDTA (Lavender Top)* 3 *3.2% Sodium Citrate (Light Blue Top)* 4 *Urine Container (Plain Yellow/Speckled Top)* 5 *Boric Acid (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* ❄ *Frozen*

CHEMISTRY ANALYTES

☐ Alanine Aminotransferase (ALT) 1
☐ Albumin (ALB) 1
☐ Alkaline Phosphatase (ALKP) 1
☐ Apolipoprotein A1 (APO A1) 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, Total (CHOL) 1
☐ Chloride (CL) 1
☐ Creatinine (CREA) 1
☐ Creatinine, Urine (uCREA) 4
☐ Direct LDL (LDL, Measured) 1
☐ Gamma Glutamyl Transferase (GGT) 1
☐ Glucose, Random (GLU) 1
☐ High-Density Lipoprotein (HDL, Measured) 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, Measured) 1
☐ Uric Acid (URIC) 1

CHEMISTRY PANELS

☐ Comprehensive Metabolic Panel (CMP) 1
☐ Basic Metabolic Panel (BMP) 1
☐ Lipid Panel (LP) 1
☐ Renal Function Panel (RFP) 1
☐ Iron Panel (IP) 1
☐ Electrolytes Panel (LYTES) 1

For detailed Panel/Profile contents, please visit our published laboratory test directory at* ***www.midxlabs.com/test-directory*

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 Combo Screen (HIV) 1
☐ Insulin (INS) 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 (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

☐ Men's Wellness Check 1 1 2
☐ Women's Wellness Check 1 1 2
☐ Adult Weight Loss Med. Monitoring 1 1 2
☐ Adult Cardiovascular Risk 1 1 2
☐ Anemia Status 1 2
☐ Essential Wellness & Thyroid Status 1 1 2
☐ Adv. Functional Health Eval 1 1 1 2 3 4
☐ Joint (Arthritis) Eval 1 1 2
☐ Thyroid 1
☐ Male Hormone 1 1
☐ Female Hormone 1 1
☐ US Food and Environmental Allergens, IgE Classes 1 1

HEMATOLOGY

☐ CBC with Auto Differential (CBCWD) 2
☐ CBC, No Differential (CBCND) 2
☐ Hemoglobin A1C (HGBA1C) 2
☐ Erythrocyte Sedimentation 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

☐ Macroscopic UA with Reflex to Microscopy (UAWR) 4
☐ Complete Urinalysis (UACOM) 4
☐ Microalbumin / Creatinine Ratio (MCR) 4
☐ Urine Protein / Creatinine Ratio (UCR) 4

MICROBIOLOGY

☐ Urine Culture with Reflex to Antimicrobial Susceptibility Testing (UCX) 5
☐ Throat Culture (THCX) 8
☐ Group B *Streptococcus* Screen (GBS) 8
☐ Gram Stain Evaluation (GS) 4 **or** 5 **or** 6 **or** 7

MOLECULAR DIAGNOSTICS

☐ Respiratory Multiplex PCR (4PLEX) 8
☐ Respiratory Plus PCR (RPP) Panel 8
☐ CT/NG Urine PCR (CTNG) 5
☐ CT/NG/TV Urine PCR (CNT) 5
☐ Unisex STI Urine PCR Panel (STI) 5
☐ Basic Vaginitis PCR (BVP) Panel 8
☐ Extended Vaginitis PCR (EVP) Panel 8

TOXICOLOGY

☐ 13-Panel *Urine* Drug Screen (UDS) with Reflex to Confirmation and Meds 6
☐ 13-Panel *Oral Fluid* Drug Screen (OFDS) with Reflex to Confirmation and Meds 9

SPECIALTY

☐ *H. pylori* Urease Breath Test (HPB) 10
☐ 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():

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