

Diagnosics  
 ACCT: 61830058  
 Equal Access Clinic  
 1707 N Main St.  
 Gainesville, FL 32609  
 352-273-8614  
 Fax: 352-273-8001

- MY ACCOUNT
- PATIENT
- MEDICARE
- RAILROAD MEDICARE
- MEDICAID
- Lab Card/Saleout
- OTHER INSURANCE

REGISTRATION # (IF APPLICABLE) \_\_\_\_\_ DATE OF BIRTH: M. M. D. YEAR \_\_\_\_\_

PATIENT SOCIAL SECURITY # \_\_\_\_\_ OFFICE / PATIENT ID # \_\_\_\_\_

ROOM # \_\_\_\_\_ LAB REFERENCE # \_\_\_\_\_ PATIENT PHONE # \_\_\_\_\_

PRINT NAME OF INSURED/RESPONSIBLE PARTY (LAST, FIRST, MIDDLE) IF OTHER THAN PATIENT \_\_\_\_\_

PATIENT STREET ADDRESS (OR INSURED/RESPONSIBLE PARTY) APT. # KEY \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

MEDICARE NUMBER \_\_\_\_\_ SUFFIX \_\_\_\_\_

**DID YOU REMEMBER...**  
 TO INCLUDE DIAGNOSIS CODE(S)?  
 TO REQUEST OR MARK TEST(S)?  
 TO PROVIDE ORDER CODE(S) FOR HANDWRITTEN TESTS?  
 TO CHECK "BILL TO" BOX ABOVE?

COLLECTED \_\_\_\_\_ TIME:  AM  PM TOTAL VOL/HR(S): \_\_\_\_\_ ML \_\_\_\_\_ HR \_\_\_\_\_

Fasting  Non Fasting

PIN ORDERING/SUPERVISING PHYSICIAN AND/OR FAVORS (MUST BE INDICATED) \_\_\_\_\_

**PRIMARY INSURANCE**

MEDICAID NUMBER \_\_\_\_\_ RELATIONSHIP TO INSURED:  SELF  SPOUSE  DEPENDENT

PRIMARY INSURANCE CO. NAME \_\_\_\_\_

MEMBER / INSURED ID # \_\_\_\_\_ GROUP # \_\_\_\_\_

INSURANCE ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

EMPLOYER NAME/EMPLOYER # \_\_\_\_\_ INSURED SOCIAL SECURITY # (if not patient) \_\_\_\_\_

PHYSICIAN NAME \_\_\_\_\_ NP/UPIN \_\_\_\_\_ I.D.# \_\_\_\_\_

PHYSICIAN PROVIDER: \_\_\_\_\_

Medicare Limited Coverage Tests

1 = May not be covered for the reported diagnosis.  
 2 = Has prescribed frequency rules for coverage.  
 3 = A test or service performed with reassembly/experimental kit.  
 4 = Has both diagnosis and frequency-related coverage limitations.

Provide signed ABN when necessary

Client # OR NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

CITY: \_\_\_\_\_

**ORGAN / DISEASE PANELS**

34382	<input type="checkbox"/> ELECTROLYTE PANEL (Na, K, Cl, CO2)	S
10256	<input type="checkbox"/> HEPATIC FUNCTION PANEL (Alb, TBil, DBil, AP, AST, ALT, TP)	S
10165	<input type="checkbox"/> BASIC METABOLIC PANEL w/eGFR (Na, K, Ca, Cl, CO2, Glu, BUN, Cr)	S
10231	<input type="checkbox"/> COMP METABOLIC PANEL w/eGFR (Na, K, Cl, CO2, Glu, BUN, Cr, Ca, TP, Alb, TBil, AP, AST, ALT)	S
7600	<input type="checkbox"/> LIPID PANEL (Fasting Specimen) (TChol, Trig, HDL, calc, LDL or LDL when Trig >400)	S
14852	<input type="checkbox"/> LIPID PANEL W/REFLEX LDL (TChol, Trig, HDL, calc, LDL or LDL when Trig >400)	S
20210	<input type="checkbox"/> OBSTETRIC PANEL W/REFLEX 21, 17 (ABO/Rh, Antibody Scr RBT, w/retic, CDR, RPR (DX) w/retic confirm, 116, Au w/retic confirm, Rubella IgG Ab)	S
10306	<input type="checkbox"/> HEPATITIS PANEL, ACUTE W/REFLEX (116, Au w/retic confirm, HBsAb, HBeAb, IgM, HBeAb, IgM)	S

**OTHER TESTS (continued)**

249	<input type="checkbox"/> ANA W/REFLEX TITER	S
795	<input type="checkbox"/> ANTIBODY SCR, ABC W/REFLEX ID	L
822	<input type="checkbox"/> AST (SGOT)	S
285	<input type="checkbox"/> BILIRUBIN, DIRECT (DBil)	S
287	<input type="checkbox"/> BILIRUBIN, TOTAL (TBil)	S
4420	<input type="checkbox"/> C-REACTIVE PROTEIN	S
29250	<input type="checkbox"/> CA 125	S
303	<input type="checkbox"/> CALCIUM (Ca)	S
310	<input type="checkbox"/> CARBON DIOXIDE (CO2)	S
10124	<input type="checkbox"/> CARDIO CRP	S
978	<input type="checkbox"/> CEA	S
330	<input type="checkbox"/> CHLORIDE (Cl)	S
334	<input type="checkbox"/> CHOLESTEROL, TOTAL (TChol)	S
375	<input type="checkbox"/> CREATININE (Cr) w/retic	S
418	<input type="checkbox"/> DHEA	S
8293	<input type="checkbox"/> DIRECT ICA	S
457	<input type="checkbox"/> HEMITIN	S
466	<input type="checkbox"/> FOLIC ACID	S
470	<input type="checkbox"/> FSH	S
482	<input type="checkbox"/> GRT	S
8477	<input type="checkbox"/> GLUCOSE, SERUM, WCH	HY
484	<input type="checkbox"/> GLUCOSE, PLASMA	HY
483	<input type="checkbox"/> GLUCOSE, SERUM (Glu)	S
8435	<input type="checkbox"/> HCG, SERUM, QUAL	S
8396	<input type="checkbox"/> HCG, SERUM, QUANT	S
608	<input type="checkbox"/> HDL	S
490	<input type="checkbox"/> HEMOGLOBIN A1C	S
512	<input type="checkbox"/> HEP A AB, IGM	S
4848	<input type="checkbox"/> HEP B CORE AB, IGM	S
499	<input type="checkbox"/> HEP B SURFACE AB, QUAL	S
498	<input type="checkbox"/> HEP B SURFACE AG W/REFLEX CONFIRM	S
8472	<input type="checkbox"/> HEP C VIRUS AB	S
13728	<input type="checkbox"/> HIV-1/2 SCR W/REFLEXES	S
7573	<input type="checkbox"/> IRON (TOT), IBC % SAT	S

571	<input type="checkbox"/> IRON, TOTAL	S
593	<input type="checkbox"/> LH	S
598	<input type="checkbox"/> LEAD (BI)	TN
615	<input type="checkbox"/> LH	S
613	<input type="checkbox"/> LITHIUM	S
622	<input type="checkbox"/> MAGNESIUM	S
6517	<input type="checkbox"/> MICROALBUMIN, RANDOM URINE W/CREAT	S
4555	<input type="checkbox"/> MICROALBUMIN, 24 HOUR URINE, W/O CREAT	S
OCC BLD, FECS - GUAIAC		
38301	<input type="checkbox"/> DX	MCR SCR
OCC BLD, FECS - FIT, InSure*		
11290	<input type="checkbox"/> DX	MCR SCR
713	<input type="checkbox"/> PHENYTOIN	GR
718	<input type="checkbox"/> PHOSPHORUS	S
733	<input type="checkbox"/> POTASSIUM (K)	S
745	<input type="checkbox"/> PROGESTERONE	S
746	<input type="checkbox"/> PROLACTIN	S
754	<input type="checkbox"/> PROTEIN, TOTAL (TP)	S
5353	<input type="checkbox"/> PSA, TOTAL	S
4418	<input type="checkbox"/> RHEUMATOID FACTOR	S
799	<input type="checkbox"/> RPR (MONITORING) W/RETIC TRH	S
36126	<input type="checkbox"/> RPR (DX) W/REFLEX CONFIRM FTA	S
802	<input type="checkbox"/> RUBELLA IGG AB	S
809	<input type="checkbox"/> SED RATE BY MOD WEST	L
836	<input type="checkbox"/> SODIUM (Na)	S
873	<input type="checkbox"/> TESTOSTERONE, TOTAL	S
896	<input type="checkbox"/> TRIGLYCERIDES (Trig)	S
898	<input type="checkbox"/> TSH	S
36127	<input type="checkbox"/> TSH W/REFLEX T4, FREE	S
899	<input type="checkbox"/> T3, TOTAL	S
891	<input type="checkbox"/> T3 UPTAKE	S
867	<input type="checkbox"/> T4 (THYROXINE), TOTAL	S

669	<input type="checkbox"/> T4 (THYROXINE), FREE	S
8448	<input type="checkbox"/> UA, DIPSTICK ONLY	S
7909	<input type="checkbox"/> UA, DIPSTICK W/REFLEX 10 MICROSCOPIC	S
5463	<input type="checkbox"/> UA, COMPLETE DIPSTICK & MICROSCOPIC	S
3020	<input type="checkbox"/> UA, COMPLETE, HEALTH TO CULTURE	S
294	<input type="checkbox"/> UREA NITROGEN (BUN)	S
905	<input type="checkbox"/> URIC ACID	S
916	<input type="checkbox"/> VALPROIC ACID	S
7045	<input type="checkbox"/> VITAMIN B12/FOLIC ACID	S
927	<input type="checkbox"/> VITAMIN B12	S

**MICROBIOLOGY**

SOURCE (REQUIRED) \_\_\_\_\_

4485	<input type="checkbox"/> CULTURE, GR A STREP*	S
5817	<input type="checkbox"/> CULTURE, GR B STREP*	S
4658	<input type="checkbox"/> CULTURE, GENITAL*	S
394	<input type="checkbox"/> CULTURE, THROAT*	S
395	<input type="checkbox"/> CULTURE, URINE, ROUTINE* (INC. INDWELLING CATH)	S
8582	<input type="checkbox"/> CHLAMYDIA DNA PROBE, ENDOCK OR NY	S
8501	<input type="checkbox"/> CHLAMYDIA DNA PROBE, ENDOCK OR NY	S
8919	<input type="checkbox"/> CHLAMYDIA & N. GONORRHOEA W/REFLEX IFA PRIME, ENDOCK OR NAJ/RT	S

**Amplified Specimen Type (please check)**

Urine  Uterus

17303	<input type="checkbox"/> Chlamydia DNA, SDA	S
17304	<input type="checkbox"/> N. gonorrhoeae (GC) DNA, SDA	S
17305	<input type="checkbox"/> Chlamydia & N.gonorrhoeae DNA, I	S

**Stool Pathogens** (CAMPYLOBACTER, SALMONELLA, SHIGELLA)

10045	<input type="checkbox"/> CULTURE, STOOL	S
4475	<input type="checkbox"/> CULTURE, CAMPYLOBACTER*	S
10019	<input type="checkbox"/> CULTURE, SALMONELLA/SHIGELLA	S
30264	<input type="checkbox"/> E. COLI SHIGATOXINS, EIA	S
581	<input type="checkbox"/> O & P W/PERMANENT STAIN	S

\* Additional charge for ID and Susceptibility

ADDITIONAL TESTS: (INCLUDE COMPLETE TEST NAME AND ORDER CODE) Reflex tests are performed at an additional charge.

COMMENTS, CLINICAL INFORMATION: \_\_\_\_\_

TOTAL TESTS ORDERED \_\_\_\_\_

Physician Signature (Required for PA, NY, NJ & MA) \_\_\_\_\_

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