

00001

PATIENT INFORMATION (ALL FIELDS REQUIRED)			
LAST	FIRST	MIDDLE	
DOB	SSN	PHONE	<input type="radio"/> M <input type="radio"/> F
/	/		
ADDRESS			
CITY	STATE	ZIP	
<p>I voluntarily consent to the collection and testing of my specimen. I hereby authorize services to be performed and assign that benefits be payable to Clinicore. I understand that if any insurer doesn't pay and denies the claim as an uncovered service, I am responsible for payment. I understand that I am responsible for any amounts not paid by insurer for reasons including, but not limited to, non-covered and non-authorized services. I permit a copy of this authorization to be used in place of the original. The laboratory is authorized to bill my insurance provider and receive payment of benefits for the tests my physician orders. I authorize the laboratory to release the results of this testing to the ordering provider. I further authorize the laboratory and my physician to release to my insurance provider any medical information necessary to this claim.</p>			
PATIENT SIGNATURE		DATE	
X		/ /	

SPECIMEN INFORMATION (ALL FIELDS REQUIRED)	
COLLECTION DATE / /	COLLECTION TIME: : <input type="radio"/> AM <input type="radio"/> PM
COLLECTORS NAME	FASTING <input type="radio"/> YES <input type="radio"/> NO
PRESCRIBED MEDICATIONS	

PROVIDER INFORMATION (ALL FIELDS REQUIRED)	
ORDERING PROVIDERS NAME (LAST, FIRST, NPI#)	
PRACTICE NAME	
PHYSICIAN SIGNATURE	DATE
X	/ /
<p>I certify that the tests requested on this order form are medically necessary for this patient, and that the full and appropriate diagnosis codes are indicated based on the patient's medical record. Documentation to support medical necessity for all tests ordered should be recorded in the patient's chart.</p>	


ICD-10 CODES (REQUIRED)	

Write date of birth on labels below and affix one to Red Top tube.

DOB 00001	DOB 00001
/ /	/ /

INSURANCE INFORMATION (CHECK ONE)	
W/C	DATE OF INJURY: / /
MEDICARE	MEDICAID
PRIVATE (COMPLETE BELOW)	CLIENT BILL
NAME OF POLICY HOLDER:	
DATE OF BIRTH OF POLICY HOLDER: / /	
<b>* PLEASE ATTACH DEMOGRAPHICS AND COPY OF INSURANCE</b>	

AVAILABLE TESTS (CHECK ALL THAT APPLY)	
<input type="radio"/> FULL PROFILE (includes all testing listed below)	
<input type="radio"/> CORTICOSTEROID PROFILE	
Aldosterone	11-Deoxycorticosterone
Cortisol	21-Deoxycortisol
Cortisone	11-Deoxycortisol
Corticosterone	Pregnenolone
17 $\alpha$ -OH Progesterone	
<input type="radio"/> SEX STEROID PROFILE	<input type="radio"/> ADDITIONAL TESTS
Androstenedione	TSH
DHEA	PSA, Total (male only)
DHEA-S	Prolactin
DHT	HGH
Estriol (E <sub>3</sub> )	Insulin
Estrone (E <sub>1</sub> )	25-Hydroxy Vitamin D <sub>3</sub>
17 $\beta$ -Estradiol (E <sub>2</sub> )	
Pregnenolone	
Progesterone	
(Total) Testosterone	
(Free) Testosterone includes SHBG	
FSH	
LH	
SHBG	

GUIDE FOR CAPILLARY COLLECTION
<p>Must be Red Top tube and a minimum of 600 <math>\mu</math>L of whole blood. Patient should fill above the 500 <math>\mu</math>L line. <b>SAMPLES MUST BE SENT OVERNIGHT ON DAY OF COLLECTION.</b></p>


All requisitions must include all medically necessary ICD-10 codes. ICD-10 codes are required by certain third party payers to confirm the medical necessity of the test(s) ordered. The codes listed below are some of the most commonly received codes for testing performed at Clinicore. The ultimate responsibility for correct coding lies with the ordering physician. Please place all medically appropriate ICD-10 codes on the requisition.

DIAGNOSIS CODE	DIAGNOSIS (SIGN OR SYMPTOM)
R63.5	Abnormal weight gain
R63.4	Abnormal weight loss
K70.2	Alcoholic fibrosis and sclerosis of liver
E28.1	Androgen excess
R53.82	Chronic fatigue, unspecified
R68.82	Decreased libido
E27.9	Disorder of adrenal gland, unspecified
M89.9	Disorder of bone, unspecified
E24.2	Drug induced Cushing's Syndrome
R03.0	Elevated blood pressure reading without diagnosis of hypertension
Z13.29	Encounter for screening for other suspected endocrine disorder
E34.9	Endocrine disorder, unspecified
I10	Essential (primary) hypertension
L68.0	Hirsutism
E26.9	Hyperaldosteronism, unspecified
N92.6	Irregular menstruation, unspecified
Z79.3	Long term (current) use of hormonal contraceptives
Z79.891	Long term (current) use of opiate analgesic
Z79.52	Long term (current) use of systemic steroids
M79.1	Myalgia
N52.9	Male erectile dysfunction, unspecified
N95.1	Menopausal and female climacteric states
L65.9	Non-scarring hair loss, unspecified
E27.49	Other adrenocortical insufficiency
E27.0	Other adrenocortical over activity
E24.8	Other Cushing's Syndrome
E83.59	Other disorders of calcium metabolism
R53.83	Other fatigue
Z79.899	Other long term (current) drug therapy
E28.8	Other ovarian dysfunction
E28.2	Polycystic ovarian syndrome
E30.1	Precocious puberty
E29.1	Testicular hypofunction
E27.40	Unspecified adrenocortical insufficiency
K74.60	Unspecified cirrhosis of liver
E55.9	Vitamin D deficiency, unspecified