



Century Clinical Lab, Inc.

1395 Shotgun Road

Sunrise, FL 33326

(954) 678-1263 • Fax (754) 223-2249

LAB USE ONLY

SST - GEL UA - URINE GY - GRAY
 R - RED C - CULTURETTE GN - GREEN
 L - LAVENDER SL - SLIDE 24/7 - 24 HR. URINE
 B - BLUE

CALL RESULTS **STAT**

ACCOUNT INFORMATION		PATIENT DATA (PLEASE PRINT CLEARLY)				DATE DRAWN
		PATIENT NAME (LAST, FIRST, MI.)				
		SEX: M <input type="checkbox"/> F <input type="checkbox"/>	AGE: _____	BIRTH DATE: _____	PHONE NO. _____	TIME DRAWN <input type="checkbox"/> AM <input type="checkbox"/> PM
		PATIENT STREET ADDRESS _____				PHYSICIAN _____
						TECH. INITIAL: _____
Referring Physician _____		INSURANCE GROUP _____		INSURANCE POLICY NO. _____		
<input type="checkbox"/> BILL DOCTOR	INSURED NAME _____		ICD-9 DIAGNOSIS CODE* _____			
<input type="checkbox"/> BILL MEDICARE	PREFIX _____	MEDICARE NO. (INCLUDE PREFIX OR SUFFIX) _____	SUFFIX _____	ICD-9 DIAGNOSIS CODE* _____		
<input type="checkbox"/> BILL MEDICAID			ICD-9 DIAGNOSIS CODE* _____			
<input type="checkbox"/> BILL PATIENT	ADDRESS _____		PATIENT PHONE _____	DOCTOR SIGNATURE _____		DATE _____
<input type="checkbox"/> BILL INSURANCE	ADDRESS _____		INSURED PHONE _____	MEDIPASS AUTH/#: _____	AUTHORIZATION: I hereby authorize the release of information related to the services described here and hereby assign any benefits to which I am entitled to: Century Clinical Lab, Inc. I HAVE READ AND ACKNOWLEDGED THE BENEFICIARY AGREEMENT AS IT APPEARS ON THE REVERSE. IF MEDICARE DENIES PAYMENT, I AGREE TO PAY FOR THE IDENTIFIED TEST(S).	
OTHER: PLEASE ATTACH COPY OF INSURANCE CARD			UPIN # _____	Patient's Signature _____ Date _____		

PANELS (See reverse for component's)			ALPHABETICAL TESTS			IMMUNOSEROLOGY		
0074	Acute Hepatitis Panel	SST 2950	Glucose 2PP	GY	6038	ANA	SST	
0048	Basic Metabolic	SST 2950	Glucose 1PP	GY	6063	ASO	SST	
0053	Comprehensive Metabolic	SST 4378	Glycohemoglobin (A1C)	L	6644	CMV Ab	SST	
0051	Electrolytes	SST 4703	HCGB Qualitative	SST	7338	Helicobacter Pylori	SST	
1091	Thyroid Function (T4-T3-T4-TSH-FTI)	SST 1025	HCGB Qualitative (Urine)	UC	9063	Herpes I/II IgG	SST	
0061	Lipid	SST 4702	HCGB Quantitative	SST	6701	HIV	SST	
0007	Arthritis Panel	SST 3090	Homocysteine	SST	6308	Inf. Mononucleosis	SST	
0025	Rheumatic Profile II	SST-L 7340	HBS Ag	SST	6403	LE Latex	SST	
0024	Rheumatic Profile I	SST-L 6706	HBS Ab	SST	6431	Rheumatoid Factor	SST	
0069	Renal Function Profile	SST 6803	HCV Ab	SST	6592	RPR	SST	
0033	Anemia I	SST-L 3540	Iron	SST		THERAPEUTIC DRUGS		
0034	Anemia II	R-L 3550	Iron-UIBC-TIBC*	SST	0162	Digoxin (Lanoxin)	R	
0076	Liver Function	SST 3655	Lead	L	0185	Dilantin (Phenitoin)	R	
2787	Immune Status	SST 3690	Lipase	SST	0178	Lithium	R	
0046	Cardiac Profile	SST 0004	LH & FSH	SST	0184	Phenobarbital (Luminal)	R	
0036	Coronary Profile	SST 3735	Magnesium	SST	0156	Tegretol (Carbamazepine)	R	
0042	Obstetrical I	R-L 4132	Potassium	SST	0198	Theophylline	R	
0001	Prenatal Profile	R-L 4144	Progesterone	SST	0164	Vaproic Acid (Depakene)	R	
0054	Ovarian Function	R-L 4146	Prolactin	SST	0202	Vancomycin (Trough)	R	
053	Testicular Panel	R-L 4153	PSA	SST	0203	Vancomycin(Peak)	R	
9612	Surgery Panel	R-L-B 6765	Rubeolla	SST		DRUG SCREEN TESTING		
0058	Pre-Operative	SST-L-B-U 4295	Sodium	SST	0100	Drug Screen 10	U	
ALPHABETICAL TESTS			4403	Testosterone Total	SST	0101	Drug Screen 5	U
2040	Albumin	SST 4402	Testosterone Free	SST	751P	Drug Screen 19	U	
4075	Alkaline Phosphatase	SST 4155	Total Protein	SST	539	Validity Testing Screen	U	
4460	Alt (SGPT)	SST 6777	Toxoplasma	SST	8769	GAB	U	
4450	Ast (SGOT)	SST 4479	T3 Uptake	SST	25215	K2	U	
2140	Ammonia	L 4480	Total T3	SST	1345	6 AM	U	
2150	Amylase	SST 4436	T4	SST	877	Bath Salt (MDPV)	U	
2607	B12	SST 4439	Free T4	SST		URINALYSIS		
2247	Bilirubin Total	SST 4443	TSH	SST	1000	Urinalysis w/Micro	U	
4520	BUN	SST 4550	Uric Acid	SST	1086	UR Reflex C&S	U	
2378	CEA	SST 2306	VIT D25 OH	R		ALPHAPHETO PROTEIN		
2465	Cholesterol Total	SST	HEMATOLOGY			0701	Alphapheto Protein Maternal	SST
2533	Cortisol	SST 0002	ABO & RH	L	0702	Alphapheto Protein Tumor-Marker	SST	
2550	CPK	SST 5025	CBC w/diff PLT	L		Gestational Age (wks) _____		
2553	CPK MB	SST 5018	H & H	L		Maternal Weight _____		
240	Creatinine Clearance 24 Urine	UA 5595	Platelet Count	L		LMP _____		
2565	Creatinine Serum	SST 5610	PT	B		Race <input type="checkbox"/> W <input type="checkbox"/> B <input type="checkbox"/> O		
2670	Estradiol	SST 5730	PTT	B				
2953	Folate	SST 5044	Retic Count	L				
2746	Folic Acid	SST 5651	Sed Rate	L				
2977	GGT	SST 5660	Sickle Cell	L				
2947	Glucose Fasting	GY						

MICROBIOLOGY	
SOURCE	
7070 <input type="checkbox"/> Ear	7082 <input type="checkbox"/> Throat
7075 <input type="checkbox"/> Eye	7081 <input type="checkbox"/> Vaginal
7086 <input type="checkbox"/> Urine	9081 <input type="checkbox"/> Urethral
7045 <input type="checkbox"/> Stool	9981 <input type="checkbox"/> Sputum
7102 <input type="checkbox"/> Wound Culture	
7206 <input type="checkbox"/> Acid Fast Culture & Stain	
7040 <input type="checkbox"/> Blood Culture	
7110 <input type="checkbox"/> Chlamydia	
9982 <input type="checkbox"/> GC	
7102 <input type="checkbox"/> Fungus Culture	
7205 <input type="checkbox"/> Gram Stain	
7207 <input type="checkbox"/> Herpes Virus Culture	
2270 <input type="checkbox"/> Occult Blood (fecal)	
7177 <input type="checkbox"/> Ova & Parasites	
7210 <input type="checkbox"/> Wet Mount	
PAP	
8142 <input type="checkbox"/> PAP Liquid <input type="checkbox"/> HPV	
Patient Clinical History Mandatory	
Specimen Source	
<input type="checkbox"/> Vaginal	<input type="checkbox"/> Cervix
<input type="checkbox"/> Endocervix	<input type="checkbox"/> Brush
LMP ____ / ____ / ____	
DOB ____ / ____ / ____	
Previous Abnormal Smear if any	
Case # _____	
Previous Diagnosis _____	

PICK UP HOME FACILITY

STANDING ORDERS REQUEST

DAILY WEEKLY BI-WEEKLY MONTHLY

ADDITIONAL TESTS / COMMENTS: