

Clinic: _____

Address: _____

Phone: _____ Fax: _____

Provider: _____ Client Code: _____



3548 Meridian Street, Suite 101
Bellingham, WA 98225
p: 360.527.4580
f: 360.527.4596

CC Provider Name and Fax: _____

ORDERING PROVIDER'S SIGNATURE REQUIRED

Signature: _____ Date: _____

Patient Last Name	First Name	Middle Initial
Chart# (if applicable)	Sex	Date of Birth
Mailing Address	City	
State	ZIP	Patient Phone

The CARES Act requires the information below to be reported

Race American Indian or Alaska Native Asian Black or African American Hispanic or Latino
 Native Hawaiian or Other Pacific Islander White Other Race _____ Not Hispanic or Latino
 Not Disclosed

Insurance Company (Name/Billing Address)			
Insurance ID Number			
Name of Insured & Relationship (if other than patient)			Insured Date of Birth
Medicare Advance Beneficiary Notice of Noncoverage (ABN) - Refer to policies published by your Medicare Administrative Contractor or CMS when ordering tests that are subject to ABN guidelines. Complete ABN on reverse, if applicable.			
ICD 10 Codes REQUIRED (Enter all that apply)			Please select: <input type="checkbox"/> Private Pay <input type="checkbox"/> Insurance
Collection Date	Collection Time	Fasting	Urine hrs/vol
	: AM / PM	hrs _____	hrs____vol____

- General Health Testing**
- Adrenocorticotrophic Hormone (ACTH)
 - Albumin
 - Albumin/Creatinine Ratio, Urine
 - Alk Phos
 - ALT (SGPT)
 - AST (SGOT)
 - Amylase
 - Basic Metabolic Panel**
 - Bilirubin Total Direct
 - BNP (Pro-BNP)
 - BUN (Blood Urea Nitrogen)
 - Calcium
 - Calprotectin, Fecal
 - Ceruloplasmin
 - Chloride
 - Cholesterol, total
 - Cholesterol, HDL
 - Cholesterol, LDL
 - CK
 - CKMB
 - CO2
 - Complement C3 C4
 - Comprehensive Metabolic Panel (CMP)**
 - CMP w reflex to Dbilli**
 - Copper, Serum
 - Cortisol
 - C-Peptide
 - Creatinine Clearance Test
 - Creatinine Serum Urine
 - CRP
 - CRP, high sensitivity
 - Drugs of Abuse Panel w Reflex to confirm**
 - Electrolyte Panel Serum Urine**
 - ESR
 - Ferritin
 - FIT Test (Occult Blood)
 - Folate
 - Gamma-Glutamyl Transferase
 - Glucose Fasting Random
 - Glucose Tolerance Test (GTT)
 - Heavy Metals Panel, blood**
 - Hemoglobin A1C (Glyco A1C)
 - Hepatic Function (Liver Panel)**
 - Homocysteine
 - Immunoglobulin IgA IgG IgM
 - Insulin
 - Insulin-Like Growth Factor 1
 - Iron
 - Iron Deficiency Panel**
 - Iron, TIBC
 - Lactate
 - LDH
 - Lead, Quant
 - Lipase
 - Lipid Panel**
 - Lipid Panel w LDL Reflex**
 - Magnesium
 - Methylmalonic Acid
 - Microalbumin, Random
 - Microalbumin/Creatinine Ratio, urine
 - Phosphorus (PHOS)
 - Prealbumin
 - Protein Total Serum Urine
 - Protein/Creatinine Ratio, Urine
 - PTH, Intact

- General Health Testing Con't**
- Renal Function Panel**
- Serum Protein Electrophoresis (SPEP)
 - Reflex to Immunofix
 - T3 Free Total Uptake Reverse
 - T4 Free Total
 - Thyroxine Index, Free (FTI)
 - TSH Reflex FT4
 - Thyroid Function Panel w TSH**
 - Thyroid Antibodies Panel**
 - Toxicology Panel, Urine by LC-MS/MS**
 - Transferrin
 - Triglycerides
 - Troponin T
 - Uric Acid
 - Urine Protein Electrophoresis (UPEP)
 - Reflex to Immunofix
 - Vitamin A (Retinol)
 - Vitamin B1 (thiamine) Blood Plasma
 - Vitamin B6
 - Vitamin B12
 - Vitamin D, 25 Hydroxy
 - Zinc
- Hematology Testing**
- CBC w Auto Diff
 - CBC w Auto Diff w Anemia Reflex***
 - CBC w Auto Diff w Reflex to Man Diff
 - CBC w/o Auto Diff
 - Haptoglobin
 - Hemoglobin & Hematocrit
 - Platelet Count
 - Reticulocyte Count
- Coagulation Testing**
- aPTT
 - PT/INR
 - Factor II&V (Leiden) PCR (qualitative)
 - Fibrinogen Activity
 - D-Dimer
- Allergy Testing**
- Allergy - Early Childhood Panel**
 - Reflex to component
 - Allergy - Food Allergy Panel**
 - Reflex to component
 - Allergy - Northwest Allergy Panel**
 - Reflex to component
 - Specific IgE (over 500 allergens available)
 - Specify Allergen: _____
 - Total IgE
- Reproductive Health Testing**
- DHEA-S
 - Down/NTD Screen, Quad Marker
 - Estradiol
 - FSH
 - HCG - Serum
 - LH
 - Obstetrics Panel w/o HIV w HIV**
 - Progesterone
 - Prolactin
 - Sequential Integrated Screen, 1st Trimester
 - Sex Hormone Binding Complex (SHBG)
 - Testosterone Profile, Adult Male**
 - Testosterone, Adult Male
 - Free Total SHBG
 - Testosterone, Females/Children
 - Free Total

- Urinalysis**
- UA chemistry only (dip stick)
 - UA complete (dip + microscopic)
 - UA complete w reflex to culture
- Body Fluid Testing**
- Body Fluid Source: _____
- Albumin
 - Cell Count/Diff
 - Flow Cytometry
 - Glucose
 - Protein
 - Semen Analysis Post Vas
- Cerebrospinal Fluid Testing**
- CSF Cell Count/Diff
 - Flow Cytometry
 - Glucose
 - Protein
- Flow Cytometry**
- Lymphocytes, T-Helper Cells (CD4)
 - Lymphoid
 - Myeloid
 - Lymphoid + Myeloid
- Oncology Testing**
- CA 19-9
 - CA 125
 - CA 15-3
 - CEA
 - LDH
- Monoclonal Protein Panel**
- PSA Free Total
 - PSA Reflex Total w Free PSA
- Auto Immune Testing**
- ANA
 - ANA w reflex to Connective Tissue Profile***
 - Anti-Smooth Muscle Antibody IgG
 - Anti-Thyroglobulin
 - Anti-TPO
 - ANCA Panel**
 - Antiphospholipid Panel**
 - Celiac Disease Panel**
 - Fecal Lactoferrin
 - HLA-B27
 - Rheumatoid Arthritis Panel**
 - Rheumatoid Factor
 - Thyroid Antibodies***
- Therapeutic Drug Levels**
- Acetaminophen
 - Carbamazepine (Tegretol)
 - Cyclosporine
 - Digoxin
 - Gentamicin Peak Trough
 - Lamotrigine
 - Levetiracetam (Keppra)
 - Lithium
 - Phenobarbital
 - Phenytoin (Dilantin)
 - Salicylate
 - Theophylline
 - Valproic Acid
 - Vancomycin Random Trough
- Infectious Disease - DNA/RNA**
- Source: _____
- Aerobic Vaginitis Panel**
 - Bacterial Vaginosis Panel**
 - BK Virus Quant
 - C. difficile, stool

- Infectious Disease - DNA/RNA Con't**
- Candida Vaginitis Panel**
 - Chlamydia trachomatis
 - COVID-19 (SARS-Cov-2)
 - GI Pathogen Panel, stool**
 - Group A Strep, throat w reflex to culture
 - Group B Strep, vaginal
 - HBV DNA, Quant
 - HCV RNA, Quant
 - HCV Genotype
 - HIV RNA, Quant
 - HPV-high risk
 - HPV 16 18/45
 - HSV 1,2 HSV1 HSV2
 - Influenza A/B, RSV
 - Neisseria gonorrhoea
 - MRSA/MSSA presurgical (Nasal ONLY)
 - Mycoplasma Panel**
 - Respiratory Panel (RP2)**
 - Trichomonas
 - Ureaplasma urealyticum
 - Varicella-zoster Virus
- Infectious Disease, Antigen/Antibody**
- Anti-HBs (Immunity)
 - COVID-19 (SARS-Cov-2) Antibody, total
 - Epstein-Barr Viral Antibody Panel**
 - HAV IgG IgM
 - HBcore IgG IgM
 - HBsAg w Reflex to confirm
 - HCV Ab
 - Hepatitis Panel, Acute**
 - Hepatitis Panel, Chronic**
 - HIV Ag/Ab (4th Gen) w Reflex to Confirm
 - H. pylori (Stool Ag)
 - HSV-IgG
 - Legionella Antigen, Urine
 - Lyme IgG/IgM w reflex to Western blot
 - Mono Spot Test
 - Mumps, IgG (Immunity)
 - Quantiferon Gold
 - Rubella IgG (Immunity)
 - Rubeola (Measles), IgG (Immunity)
 - Shiga Toxin, stool
 - Streptococcus pneumoniae Antigen, Urine
 - Treponema pallidum IgG
- Microbiology - Culture & Microscopic Examination**
- Wound, Gram stain and culture
 - aerobic anaerobic
 - Source: _____
 - MRSA/MSSA Screen, culture
 - Source: _____
 - CSF, Gram stain and culture
 - Sputum, Gram stain and culture
 - Stool, culture
 - Throat, culture
 - Urine, culture
 - Fungal culture and stain
 - Source: _____
 - Yeast culture and stain
 - Source: _____
 - Other
 - Source: _____
- Other Test - Include full Test Name or Test Number from www.nwlabatory.com & source, if relevant**
- _____