

# AccountXXXX (XXXXXX-MDTXXXXX)

XXXXX  AddresshereXXXXX

XXXXX  ProviderhereXXXXX    XXXXX  ProviderhereXXXXX

Tel: (xxx)

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(800) 820-8803  
cs@ihdlab.com



Testing performed at MD Tox Laboratory  
1565 McGaw Ave #B, Irvine CA, 92614  
NPI No. 1174882948, CLIA No. 05D2040304.  
FDA No. FEI: 3011213917  
Laboratory Director: A. Baca, M.D. PhD

C?YearMonthDay

## Clinical Requisition

### COLLECTION INFORMATION (\* is required)

Date of Collection: \* / / Time:  am  pm

Collector Initials: \*

Copy Results To:  Include Provider name, telephone & fax

### PATIENT INFORMATION

Last Name: \*

First Name: \* Middle:

DOB: \*

Sex: \*  Male  Female Body: HT: WT:

Address: \*

City/ST/Zip \*

Phone: Email:

### ICD-10 Codes

Dx1	Dx2	Dx3	Dx4
Dx5	Dx6	Dx7	Dx8

### BILLING INFORMATION

Bill Type: \*  Client  Insurance  Medicare  
 Patient TOS  Patient Direct  Medi-Cal

### Attach Copy of Insurance Card or Faxesheet

Insurance Name:

Policy/Subscriber ID:

Group No:

### PATIENT CONSENT

I hereby authorize MDTox/IHD to release my test results to the ordering provider and have been informed of my privacy rights regarding the tests performed. (Read full consent on backside.)

### PHYSICIAN ACKNOWLEDGEMENT

By signing below, I certify that each of the tests selected on this requisition is medically necessary and appropriate to treat this patient on this day of service. Required for Medicare/Medi-Cal/Medicaid.

Patient Signature	Date	Provider Signature	Date
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### AMA PANEL

- 7002  S Basic Metabolic Panel    22811  S Hepatitis, Acute w/ Reflex
- 7003  S Comp. Metabolic Panel    7001  S Lipid Panel
- 7006  S Hepatic Function Panel    4424  S, L Obstetric Panel

### MICROBIOLOGY

- B093  Sw Culture, Anaerobic    10005  U Culture, Urine w/ Rflx Sens
- B745  Sw Culture, Nose    B717  Sw Culture, Wound
- B714  Sw Culture, Throat    10001  Es Culture, Vaginal

Source:

### INDIVIDUAL TESTS

- |   |  |   |  |
|---|--|---|--|
| 8017 <input type="checkbox"/> L ABO and RH Type                 | 6558 <input type="checkbox"/> S COVID-19, IgG                | 7119 <input type="checkbox"/> S hs-CRP                            | 8535 <input type="checkbox"/> S RPR w/ reflex titer + T.Pall IgG |
| 7135 <input type="checkbox"/> S ALP                             | 6547 <input type="checkbox"/> Sw COVID-19, PCR, Nasal        | 8512 <input type="checkbox"/> S HSV-1, IgG                        | BW039 <input type="checkbox"/> S Rheumatoid (RF) Titer           |
| 7136 <input type="checkbox"/> S ALT                             | 7168 <input type="checkbox"/> S C-Reactive Protein (CRP)     | 8513 <input type="checkbox"/> S HSV-2, IgG                        | 8016 <input type="checkbox"/> L Eryth. Sed Rate (ESR)            |
| 730 <input type="checkbox"/> 2S Allergen Profile, Food          | 4420 <input type="checkbox"/> S, L CMV, Total w/ rfx IgG/M   | 4408 <input type="checkbox"/> S HTLV I/II, Ab                     | 7336 <input type="checkbox"/> S T3, Free                         |
| 721 <input type="checkbox"/> 2S Allergen Profile, Respiratory   | 1500 <input type="checkbox"/> U Creatinine, Urine            | B831 <input type="checkbox"/> S Insulin, Fasting                  | 7351 <input type="checkbox"/> S T3, Total                        |
| 7354 <input type="checkbox"/> S AMH                             | 7324 <input type="checkbox"/> S DHEA-S                       | 7234 <input type="checkbox"/> S Iron, Serum                       | 7337 <input type="checkbox"/> S T4, Free                         |
| 7123 <input type="checkbox"/> S Amylase                         | 7325 <input type="checkbox"/> S Estradiol (E2)               | 7230 <input type="checkbox"/> S LDH                               | 7352 <input type="checkbox"/> S T4, Total                        |
| B7219 <input type="checkbox"/> S ANA Screen                     | 7304 <input type="checkbox"/> S Ferritin                     | 7102 <input type="checkbox"/> S LDL, Direct                       | 8550 <input type="checkbox"/> LgR TB-GOLD QuantIFERON®           |
| 8030 <input type="checkbox"/> L Antibody Screen                 | 7305 <input type="checkbox"/> S Folate, Serum                | 7327 <input type="checkbox"/> S LH                                | 7353 <input type="checkbox"/> S Testosterone, F + T, IA          |
| 7107 <input type="checkbox"/> S Apolipoprotein A1               | 7326 <input type="checkbox"/> S FSH                          | 7227 <input type="checkbox"/> S Lipase                            | 7332 <input type="checkbox"/> S Testosterone, Total              |
| 7108 <input type="checkbox"/> S Apolipoprotein B                | 7120 <input type="checkbox"/> Gy Glucose, Serum              | 7229 <input type="checkbox"/> S Magnesium, Serum                  | 7339 <input type="checkbox"/> S Thyroglobulin, Ab                |
| 7137 <input type="checkbox"/> S AST                             | 7561 <input type="checkbox"/> Gy GluScrn 1hr/50g (ACOG)      | 8525 <input type="checkbox"/> S MMR                               | 7215 <input type="checkbox"/> S TIBC w/ Iron, Serum              |
| 7139 <input type="checkbox"/> S Bilirubin, Direct               | 7563 <input type="checkbox"/> 4Gy GTT 3hr/100g (ACOG)        | 8517 <input type="checkbox"/> S Measles, IgG                      | 7341 <input type="checkbox"/> S TPO Ab                           |
| 7138 <input type="checkbox"/> S Bilirubin, Total                | 7600 <input type="checkbox"/> 3Gy GTT 2hr/75g (ADA)          | 8518 <input type="checkbox"/> S Mumps, IgG                        | 8507 <input type="checkbox"/> S Toxoplasma, IgG                  |
| 7317 <input type="checkbox"/> L B-natriuretic Peptide (BNP)     | 4416 <input type="checkbox"/> S HBsAb Qual                   | 8508 <input type="checkbox"/> S Rubella, IgG                      | 7335 <input type="checkbox"/> S TSH                              |
| 7129 <input type="checkbox"/> S BUN                             | 4407 <input type="checkbox"/> S HBsAg                        | 7592 <input type="checkbox"/> S PSA, Total w/ reflex to PSA, Free | 7401 <input type="checkbox"/> S TSH w/ rfx T4, Free              |
| 7349 <input type="checkbox"/> S CA 125 Antigen                  | 4411 <input type="checkbox"/> S HBcAb Total w/ reflex to IgM | 7142 <input type="checkbox"/> S Phosphate                         | 7214 <input type="checkbox"/> S Uric Acid                        |
| 7124 <input type="checkbox"/> S Calcium                         | 7359 <input type="checkbox"/> S hCG, Total w/ rfx Dil.       | 7127 <input type="checkbox"/> S Potassium                         | 7552 <input type="checkbox"/> U Urinalysis w/ rfx to Culture     |
| 8000 <input type="checkbox"/> L CBC w/ diff                     | 4405 <input type="checkbox"/> S HCV Ab                       | 7329 <input type="checkbox"/> S Progesterone                      | 7554 <input type="checkbox"/> U Urinalysis w/Microscopy          |
| 8002 <input type="checkbox"/> L CBC w/o diff                    | 7116 <input type="checkbox"/> L Hemoglobin A1c               | 7330 <input type="checkbox"/> S Prolactin                         | 8515 <input type="checkbox"/> S Varicella (VZV), IgG             |
| 7121 <input type="checkbox"/> S Creatine Kinase (CK/CPK), Total | 4414 <input type="checkbox"/> S HIV Ag/Ab, 4thGen            | 8003 <input type="checkbox"/> LB PT/INR                           | 7309 <input type="checkbox"/> S Vitamin B12                      |
|   |  | 8004 <input type="checkbox"/> LB PTT                              | 8500 <input type="checkbox"/> S Vitamin D, 25-OH                 |

### CUSTOM PANELS

Orders and diagnosis must be established by an Authorized Provider under civil, criminal, and administrative law.  
 Any and all tests to bill federal payers must be medically necessary (CPT codes available at <https://www.ihdlab.com>)

### SPECIMEN COLLECTION GUIDE

A	Aptima Urine Tube (Yellow)	Lg	Lithium Green Top Tube
Ali	Aliquot	LgR	Lg Refrigerated (Required)
As	Aptima Swab (orange)	Ng	Sodium Green Top Tube
CS	Gray C&S Tube (urine)	R	Red Top Tube
Es	eSwab	RBR	Royal Blue (Red Line)
FC	Formalin Cup	RBL	Royal Blue (Lavender)
Frz	Frozen	S	Serum Separator Tube
Gy	Gray Top Tube	Sw	Swab
L	Lavender Top Tube	TP	ThinPrep
LB	Light Blue Top Tube	U	Urine Cup

I hereby authorize Innovative Health Diagnostics (IHD) to release my test results to the ordering provider and have been informed of my privacy rights regarding the tests performed. Additionally, I authorize insurance payments to be made to IHD for the laboratory services provided. I acknowledge that IHD may be an out-of-network provider with my insurer. I agree that I am financially responsible for sending IHD any funds received from my insurer for the performance of the tests, and that if my insurer sends payments for the testing directly to me I will endorse the back of the check, write "Made Payable to IHD", and forward it to IHD within 20 days.

I authorize my physician and/or staff to release IHD and its agents, any information needed to determine insurance coverage for the laboratory services. I agree that a photocopy or PDF copy of this form shall be valid as the original. I further agree that this authorization will cover all laboratory testing performed by IHD until such authorization is revoked by me. I understand that I am responsible for payment of any deductible, co-insurance or certain non-covered service charges. I am voluntarily providing the lab specimen for analysis by IHD. I certify that the lab specimen I have provided is my own and has not been altered in any way.