A DIVISION OF GENESIS CLINICAL DIAGNOSTICS
A MEMBER OF GENESIS BIOTECHNOLOGY GROUP

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CAP ACCREDITED
COLLEGE of AMERICAN PATHOLOGISTS

Endocrinology Test Requisition Form

Ordering Physician/Laboratory

(Required: Include the ordering physician's first & last name, NPI, practice name, complete address, phone number and fax number.)

Physician to receive additional result report:

Physician's Signature: | Date:

Patient Information (Please Print)

Name (Last, First) (Required):

In Care of:

Patient Address:

City: | State: | Zip:

Assigned Sex at Birth (Required): ☐ Female ☐ Male | Date of Birth (Required): | Patient ID#:

Phone Number:

Race: ☐ Alaska Native or American Indian ☐ Asian ☐ Black or African American ☐ Multiracial ☐ Native Hawaiian or other Pacific Islander ☐ Other race ☐ White ☐ Does not wish to disclose ☐ Not provided

Ethnicity: ☐ Hispanic or Latino ☐ Not Hispanic or Latino ☐ Unknown

Gender Identity: ☐ Male ☐ Female ☐ Gender nonconforming ☐ Transgender male-to-female ☐ Transgender female-to-male ☐ Does not wish to disclose ☐ Not provided

Sexual Orientation: ☐ Bisexual ☐ Straight ☐ Gay or Lesbian ☐ Something else ☐ Does not wish to disclose ☐ Not provided

Specimen Information

Date Collected (Req.):	Specimen Type:	Is patient fasting:
	☐ Serum	☐ Yes
	☐ Refrigerated Serum (Calcitonin)	☐ No
	☐ Refrigerated Plasma (ACTH)	

Billing Information (Please include a copy of the front & back of card.)

Billing Type: ☐ Patient ☐ Insurance ☐ Client | Relation (Required): ☐ Self ☐ Spouse ☐ Dependant

Insured's Name (if not patient):

Insured's SS#: | Insured's DOB:

Primary Insurance Carrier: | Medicare, Medicaid or Policy ID#:

Claims Address:

Employer/Group Name: | Group#:

Clinical Information (Required for accurate test interpretation)

Time of Specimen Collection (required): | **Height:** | **Weight:** | **BMI:**

Pregnant: ☐ **Yes** - trimester? ☐1 ☐2 ☐3 ☐ **No** - please specify phase ☐menstrual ☐follicular ☐ovulatory ☐luteal **Date of Last Menstrual Period (LMP):**_____

Suspected endocrine disorder? ☐ No ☐ Yes - please specify: ☐ PCOS ☐ POI ☐ Menopause ☐ Endometriosis ☐ Other:_____

Have you taken any of the following in the last 72 hours:

☐ B-complex vitamin ☐ B7 ☐ Biotin ☐ Hair, Skin & Nails Supplement ☐ Energy Supplement ☐ Prenatal Vitamin ☐ Multi vitamin

Individual Test Listings

Common ICD10 codes (required):

661 ☐ Adrenocorticotropic hormone (ACTH) *(Refrigerated Plasma req.)*
621 ☐ Androstenedione
653 ☐ Anti-Mullerian Hormone (AMH)
652 ☐ Anti-Thyroglobulin Antibody (Anti-Tg Ab)
638 ☐ Anti-Thyroid Peroxidase Antibody (Anti-TPO Ab)
628 ☐ Calcitonin *(Refrigerated serum req.)*
641 ☐ Cortisol
663 ☐ C-Reactive Protein-High Sensitivity (hs-CRP)
631 ☐ Dehydroepiandrosterone Sulfate (DHEA-S)
611 ☐ Estradiol (E2)
619 ☐ Estriol, Unconjugated (E3)
657 ☐ Ferritin
656 ☐ Folate *Fasting Required*
610 ☐ Follicle Stimulating Hormone (FSH)
696 ☐ Free Androgen Index (FAI)
662 ☐ Homocysteine
640 ☐ Human Chorionic Gonadotropin (hCG)
660 ☐ Insulin Growth Factor 1 (IGF-1)
620 ☐ Insulin Growth Factor Binding Protein 3 (IGFBP-3)
618 ☐ intact Parathyroid Hormone (iPTH)
614 ☐ Luteinizing Hormone (LH)
658 ☐ Ostase (BSAP)
630 ☐ Progesterone
654 ☐ Prolactin
639 ☐ Sex Hormone Binding Globulin (SHBG)
685 ☐ Testosterone, Free (FT)
622 ☐ Testosterone, Total (TT)
623 ☐ Thyroglobulin (Tg)
664 ☐ Thyroid-Stimulating Immunoglobulin (TSI)
612 ☐ Thyroid-Stimulating Hormone (TSH)
617 ☐ Thyroxine, Free (FT4)
613 ☐ Thyroxine, Total (TT4)
616 ☐ Triiodothyronine, Free (FT3)
615 ☐ Triiodothyronine, Total (TT3)
655 ☐ Vitamin B12
659 ☐ Vitamin D, 25-OH

Hormone Testing Panels by Immunoassay- Serum

Common ICD10 codes (required):

642 ☐ RP, S **Women's Comprehensive Hormone Panel** Includes - ACTH, Androstenedione, AMH, Cortisol, DHEA-S, E2, FSH, LH, Progesterone, Prolactin, SHBG, FT, TT, Anti-TPO Ab, TSH, FT4, FT3, hs-CRP, Homocysteine, Ferritin, Folate, Vitamin B12, Vitamin D, 25-OH *Fasting Required*

649 ☐ S **Comprehensive PMOS/PCOS Panel** Includes - Androstenedione, AMH, Cortisol, DHEA-S, E2, FSH, LH, Progesterone, Prolactin, SHBG, FT, TT, Anti-TPO Ab, TSH, FT4, FT3, IGF-1, IGFBP-3, hs-CRP, Homocysteine, Ferritin, Folate, Vitamin B12, Vitamin D, 25-OH *Fasting Required*

690 ☐ S **Core PMOS/PCOS Panel** Includes - Androstenedione, AMH, DHEA-S, E2, FSH, LH, Progesterone, Prolactin, SHBG, FT, TT, TSH

695 ☐ S **Hormone Replacement Therapy (HRT) Panel** Includes - DHEA-S, Progesterone, E2, E3 unconjugated, SHBG, TT, FT, FSH, LH, AMH

694 ☐ S **Comprehensive HRT Panel** Includes - DHEA-S, Progesterone, E2, E3 unconjugated, SHBG, TT, FT, FSH, LH, AMH, TSH, hsCRP, homocysteine

647 ☐ S **Comprehensive Menopause Panel** Includes - Androstenedione, AMH, Cortisol, DHEA-S, E2, FSH, hCG, LH, Progesterone, Prolactin, SHBG, FT, TT, Anti-TG Ab, Anti-TPO Ab, TSH, FT4, FT3, IGF-1, IGFBP-3, hs-CRP, Ferritin, iPTH, BSAP, Vitamin B12, Vitamin D, 25-OH

691 ☐ RS, S **Advanced Women's Hormone & Healthy Aging Panel** Includes - Cortisol, DHEA-S, E2, FSH, Prolactin, SHBG, FT, TT, Anti-TG Ab, Anti-TPO Ab, Calcitonin, TG, TSH, FT4, TT4, FT3, TT3, IGF-1, IGFBP-3, hs-CRP, Homocysteine, Ferritin, Folate, iPTH, BSAP, Vitamin B12, Vitamin D, 25-OH *Fasting Required*

692 ☐ S **Primary Ovarian Insufficiency (POI) Panel** Includes - AMH, Cortisol, DHEA-S, E2, FSH, LH, Progesterone, Prolactin, SHBG, FT, TT, Anti-TG Ab, Anti-TPO Ab, TSH, FT4, FT3, Vitamin D, 25-OH

643 ☐ S **Women's Fertility Panel** Includes - Androstenedione, AMH, Cortisol, DHEA-S, E2, FSH, LH, Progesterone, Prolactin, SHBG, FT, TT, Anti-TG Ab, Anti-TPO Ab, TSH, FT4, FT3, hs-CRP, Homocysteine, Ferritin, Folate, Vitamin B12, Vitamin D, 25-OH *Fasting Required*

693 ☐ S **Endometriosis Panel** Includes - AMH, Cortisol, DHEA-S, E2, FSH, LH, Progesterone, Prolactin, SHBG, FT, TT, Anti-TG Ab, Anti-TPO Ab, TSH, FT4, FT3, hs-CRP, Homocysteine, Ferritin, Folate, Vitamin B12, Vitamin D, 25-OH *Fasting Required*

644 ☐ RS, S **Thyroid Disorder Panel** Includes - Prolactin, SHBG, Anti-TG Ab, Anti-TPO Ab, Calcitonin, TG, TSI, TSH, FT4, TT4, FT3, TT3, hs-CRP, Ferritin, iPTH, BSAP, Vitamin B12, Vitamin D, 25-OH

645 ☐ RS, S **Bone Metabolism Disorder Panel** Includes - Cortisol, DHEA-S, E2, FSH, TT, Calcitonin, TSH, FT4, IGF1, IGFBP-3, hs-CRP, Homocysteine, iPTH, BSAP, Vitamin B12, Vitamin D, 25-OH

651 ☐ S **Endocrinology Metabolism Panel** Includes - Cortisol, DHEA-S, E2, Prolactin, SHBG, FT, TT, TSH, FT4, TT4, FT3, TT3, IGF1, IGFBP-3, hs-CRP, Homocysteine, Ferritin, Folate, Vitamin B12, Vitamin D, 25-OH *Fasting Required*

Specimen Collection Kit Key: **RP - Plasma transported with cold pack** **RS - Serum transported with cold pack** **S - Serum**

Specimen Collection Platform		TAT*	Stability	Test Additions¥	Specimen Collection
Serum **S** Serum Separator Tube (SST)		24 - 48 hours	48 Hours	30 days to add tests	**Room Temperature Serum:** 1. Immediately after blood collection, invert the tube(s) gently 5 times to ensure mixing of clot activator. 2. Allow the tube to rest upright for at least 30 minutes after collection to ensure proper clotting. 3. Centrifuge for at least 15 minutes at 2200-2500 RPM within one hour of collection. 4. Do not remove the stopper or pour off serum.
Refrigerated Serum **RS** Serum Separator Tube (SST)		24 - 48 hours	48 Hours	30 days to add tests	**Refrigerated Serum for Calcitonin testing:** 1. Immediately after blood collection, invert the tube(s) gently 5 times to ensure mixing of clot activator. 2. Allow the tube to rest upright for at least 30 minutes after collection to ensure proper clotting. 3. Centrifuge for at least 15 minutes at 2200-2500 RPM within one hour of collection. 4. Refrigerate immediately and transport with a prefrozen cold pack.
Refrigerated Plasma **RP** Lavender top tube (EDTA) & Transport Vial		24 - 48 hours	48 Hours	30 days to add tests	**Refrigerated Plasma for ACTH Testing:** 1. Immediately after blood collection, invert the tube gently 5 times to ensure mixing of anticoagulant. 2. Immediately centrifuge for at least 15 minutes at 2200-2500 RPM. 3. Using a clean plastic pipette, carefully remove the top layer of clear plasma without disturbing or transferring any red blood cells. Place the plasma into a clean, labeled plastic transport vial with patient identifiers. 4. Refrigerate immediately and transport with a prefrozen cold pack.

¥ Pending QC review for sufficient specimen volume

Medical Necessity Guidelines:

Physicians must only order tests that they have determined are medically necessary for the diagnosis and treatment of a patient. MDL offers individual tests, as well as a limited number of customized panels. MDL provides practitioners with the flexibility to choose appropriate individual tests for each specimen to assure that the convenience of ordering panels does not impede them from ordering tests/panels that are medically necessary. All tests listed in panels may be ordered individually using this test requisition form. If you choose to order a panel, please make certain that each and every test is medically necessary. If you check off a panel as your choice, MDL understands that the physician has determined that all of the component tests are medically necessary, and will perform, report and bill for all such component tests.

Specimen Pick-up:

- If you have a specimen pick-up for a local courier in the NJ, PA, DE, D.C., MD, VA, KS, MO or Phoenix, AZ area, please call (877) 205-0005 no later than 2 hours prior to the closing of your facility.
- If you have a specimen pick-up, please call your sales representative or MDL customer service at 877.269.0090 no later than 2 hours prior to the closing of your facility.

Helpful Hints Checklist

Please review these helpful hints to reduce specimen discrepancies and enhance turnaround time.

Verify Patient Name - did you:
- ✓ attach the correct demographics sheet?
- ✓ write the patient's name on the requisition form?

Patient Name Matches on Vial & Requisition Form- did you:
- ✓ make sure names on vial and requisition form match?
- ✓ list the patients married or maiden name?
- ✓ list a nickname by mistake?

Verify Date of Collection- did you:
- ✓ write the correct year?
- ✓ write the correct month?
- ✓ list the date of birth instead?

Verify Tests- did you:
- ✓ clearly mark each box?
- ✓ order tests appropriate for the specimen type?

No Tests Ordered- did you:
- ✓ mark the boxes for the tests/panels ordered?

Supply Orders:

Easily place supply orders online by visiting our website:

http://www.mdlab.com/physicians/supplies/#

Supply orders may also be placed by contacting our Client Services department toll free 877.269.0090 or by fax 609.570.1050. Supply requests are processed and shipped on a daily basis. Please allow 3 to 5 business days for delivery, depending upon your location.

MDL Contact Information

GBS Hotline *24 hours - 7 days a week* *Group B Strep & HSV results only*	877.MDL.GBS7 877.635.4277	
Quality Control Department *For Technical Assistance*	877.269.0090	609.245.7665
Client Services *General Questions, Results*	877.269.0090	609.570.1050
Client Services *Billing Questions*	877.333.9233	609.245.7683