

Date / Time: _____

Name: _____ Date of Birth: _____ Social Security #: _____

Diagnosis / Reason for the Tests: _____

HEMATOLOGY	CHEMISTRY	VIRAL HEPATITIS & LIVER INFECTIONS
<input type="checkbox"/> CBC + DIFF + PLAT	<input type="checkbox"/> BPM	<input type="checkbox"/> ACUTE HEPATITIS PANEL (A, B, C)
<input type="checkbox"/> RETICULOCYTE COUNT	<input type="checkbox"/> CMP	<input type="checkbox"/> HEPATITIS A IGM ANTIBODY
<input type="checkbox"/> ESR	<input type="checkbox"/> C-REACTIVE PROTEIN	<input type="checkbox"/> HEPATITIS A TOTAL ANTIBODY
<input type="checkbox"/> PT/INR	<input type="checkbox"/> LIPID PANEL (FASTING)	<input type="checkbox"/> HEPATITIS B SURFACE AG
<input type="checkbox"/> PTT	<input type="checkbox"/> HEPATIC FUNCTION	<input type="checkbox"/> HEPATITIS B SURFACE ANTIBODY TITER
	<input type="checkbox"/> TOTAL + DIRECT BILIRUBIN	<input type="checkbox"/> HEPATITIS B CORE IGM ANTIBODY
	<input type="checkbox"/> GGT	<input type="checkbox"/> HEPATITIS B CORE TOTAL ANTIBODY
THROMBOPHILIA	<input type="checkbox"/> ALKALINE PHOSPHATASE	<input type="checkbox"/> HEPATITIS BE AG
<input type="checkbox"/> JAK2 V617F MUTATION GRANULOCYTE	<input type="checkbox"/> ALKALINE PHOSPHATASE ISOENZYMES	<input type="checkbox"/> HEPATITIS BE ANTIBODY
<input type="checkbox"/> CD 59 FLOW CYTOMETRY FOR PNH	<input type="checkbox"/> 5' NUCLEOTIDASE	<input type="checkbox"/> HEPATITIS B VIRUS DNA QUANTITATION PCR
<input type="checkbox"/> ANTICARDIOLIPIN IGG AND IGM	<input type="checkbox"/> BILE ACIDS, TOTAL (FASTING)	<input type="checkbox"/> HEPATITIS B VIRUS DRUG RESISTANCE, GENOTYPE AND MUTATION
<input type="checkbox"/> LUPUS ANTICOAGULANT EVALUATION WITH REFLEX	<input type="checkbox"/> LDH	<input type="checkbox"/> HEPATITIS D VIRUS ANTIGEN
<input type="checkbox"/> BETA 2 GLYCOPROTEIN 1 IGG AND IGM	<input type="checkbox"/> CPK	<input type="checkbox"/> HEPATITIS D VIRUS IGM ANTIBODY
<input type="checkbox"/> FACTOR V (LEIDEN) MUTATION R605Q	<input type="checkbox"/> ALDOLASE	<input type="checkbox"/> HEPATITIS D VIRUS TOTAL ANTIBODY
<input type="checkbox"/> PROTHROMBIN (FACTOR II) G20210A MUTATION	<input type="checkbox"/> AMYLASE	<input type="checkbox"/> HEPATITIS D VIRUS RNA QUANTITATION BY PCR
<input type="checkbox"/> METHYLENETETRAHYDROFOLATE REDUCTASE (MTHFR) DNA MUTATION GENOTYPE	<input type="checkbox"/> AMYLASE ISOENZYMES + MACROAMYLASE	<input type="checkbox"/> HEPATITIS C ANTIBODY W REFLEX TO HCV-RNA QUANT
<input type="checkbox"/> PROTEIN C ACTIVITY	<input type="checkbox"/> LIPASE	<input type="checkbox"/> HEPATITIS C RNA QUANTITATION BY PCR
<input type="checkbox"/> PROTEIN S PANEL	<input type="checkbox"/> IRON, TIBC, FERRITIN PANEL	<input type="checkbox"/> HCV GENOTYPE LIPA
<input type="checkbox"/> ANTI-THROMBIN III PROFILE	<input type="checkbox"/> TRANSFERRIN	<input type="checkbox"/> HEPATITIS C FIBROSURE
<input type="checkbox"/> HOMOCYSTEINE	<input type="checkbox"/> FERRITIN	<input type="checkbox"/> HEPATITIS C FIBROTEST - ACTI TEST
	<input type="checkbox"/> SOLUBLE TRANSFERRIN RECEPTOR	<input type="checkbox"/> INTERLEUKIN-28B POLYMORPHISM
LIVER IMMUNE, METABOLIC & GENETIC	<input type="checkbox"/> CERULOPLASMIN	<input type="checkbox"/> HEPATITIS C RNA NS3 DRUG RESISTANCE
<input type="checkbox"/> QUANTITATIVE IGG, IGA, IGM	<input type="checkbox"/> COPPER	<input type="checkbox"/> HEPATITIS C RNA NS5A DRUG RESISTANCE
<input type="checkbox"/> IMMUNOGLOBULIN IGG SUBCLASSES	<input type="checkbox"/> FREE COPPER	<input type="checkbox"/> HEPATITIS C RNA NS5B DRUG RESISTANCE
<input type="checkbox"/> SERUM PROTEIN ELECTROPHORESIS + IMMUNOFIXATION	<input type="checkbox"/> CALCIUM	<input type="checkbox"/> HEPATITIS E VIRUS ANTIBODIES IGG AND IGM
<input type="checkbox"/> ANTINUCLEAR AB ANA	<input type="checkbox"/> CALCIUM, IONIZED	<input type="checkbox"/> HEPATITIS E VIRUS PCR (HEPATITIS E RNA BY PCR)
<input type="checkbox"/> SMOOTH MUSCLE ANTIBODY	<input type="checkbox"/> MAGNESIUM	<input type="checkbox"/> HIV-1/HIV-2 WITH CONFIRMATION
<input type="checkbox"/> MITOCHONDRIAL ANTIBODY	<input type="checkbox"/> ZINC	<input type="checkbox"/> HSV 1/2 IGG
<input type="checkbox"/> ANTI-ACTIN	<input type="checkbox"/> BNP, B-TYPE NATRIURETIC PEPTIDE	<input type="checkbox"/> HSV 1/2 IGM
<input type="checkbox"/> LIVER KIDNEY MICROSOMAL 1 ANTIBODY		<input type="checkbox"/> HSV 1-2 PCR QUANTITATIVE
<input type="checkbox"/> ANTI-LIVER CYTOSOL (LC-1)	PRE-IMMUNOSUPPRESSION	<input type="checkbox"/> CYTOMEGALOVIRUS ANTIBODIES IGG AND IGM
<input type="checkbox"/> SOLUBLE LIVER ANTIGEN AB	<input type="checkbox"/> QUANTIFERON	<input type="checkbox"/> CYTOMEGALOVIRUS DNA QUANTITATIVE
<input type="checkbox"/> ANCA ANTIBODIES,	<input type="checkbox"/> HEPATITIS B SURFACE AG	<input type="checkbox"/> EPSTEIN BARR VIRUS ANTIBODY PANEL
<input type="checkbox"/> DONOR SPECIFIC ANTIBODIES	<input type="checkbox"/> HEPATITIS B SURFACE ANTIBODY TITER	<input type="checkbox"/> EPSTEIN BARR VIRUS PCR QUANTITATIVE
<input type="checkbox"/> TISSUE TRANSGLUTAMINASE IGG AND IGA	<input type="checkbox"/> HEPATITIS B CORE TOTAL ANTIBODY	<input type="checkbox"/> LEPTOSPIRA IGM
<input type="checkbox"/> CRYOGLOBULINS	<input type="checkbox"/> VARICELLA ZOSTER ANTIBODY IGG	<input type="checkbox"/> ANAPLASMA IGG, IGM
<input type="checkbox"/> RHEUMATOID FACTOR	<input type="checkbox"/> MEASLES IGG ANTIBODY	<input type="checkbox"/> BORRELIA BURGDORFERI IGM
<input type="checkbox"/> HEMOGLOBIN A1C	<input type="checkbox"/> MUMPS IGG ANTIBODY	<input type="checkbox"/> EHRlichia CHAFFEENSIS IGG, IGM
<input type="checkbox"/> NASH FIBROSURE	<input type="checkbox"/> RUBELLA IGG ANTIBODY	<input type="checkbox"/> RICKETTSIA ANTIBODY PANEL WITH TITERS
<input type="checkbox"/> ALPHA1 ANTITRYPSIN QUANTITATION		<input type="checkbox"/> ENTAMOEBIA HISTOLYTICA IGG
<input type="checkbox"/> ALPHA1 ANTITRYPSIN PHENOTYPE		<input type="checkbox"/> ECHINOCOCCUS AB W REFLEX WB
<input type="checkbox"/> HEREDITARY HEMOCHROMATOSIS DNA MUTATION		<input type="checkbox"/> CYSTICERCUS IGG AB WB
<input type="checkbox"/> CERULOPLASMIN		
<input type="checkbox"/> 24 HOURS URINE COPPER		
<input type="checkbox"/> FREE COPPER SERUM		
<input type="checkbox"/> CYSTIC FIBROSIS TRANSMEMBRANE CONDUCTANCE REGULATOR GENE (CFTR) MUTATION		
<input type="checkbox"/> LYSOSOMAL ACID LIPASE		

DRUG SCREEN	GI IMMUNE, METABOLIC & GENETIC	STOOL STUDIES
<input type="checkbox"/> DRUG ABUSE PANEL 10-50 PLUS ALCOHOL	<input type="checkbox"/> TISSUE TRANSGLUTAMINASE IGG AND IGA	<input type="checkbox"/> CALPROTECTIN
<input type="checkbox"/> NICOTINE AND COTININE	<input type="checkbox"/> ANTI-DEAMINATED GLIADIN PEPTIDE IGG AND IGA	<input type="checkbox"/> WBC, FECAL LEUKOCYTES
	<input type="checkbox"/> ANTI-ENDOMYSIAL IGA	<input type="checkbox"/> STOOL CULTURE
SECRETORY DIARRHEA	<input type="checkbox"/> ANTI-INTRINSIC FACTOR	<input type="checkbox"/> C. DIFFICILE TOXIN/GDH WITH REFLEX
<input type="checkbox"/> VASOACTIVE INTESTINAL PEPTIDE	<input type="checkbox"/> ANTI-PARIETAL CELL	<input type="checkbox"/> C. DIFFICILE TOXIN PCR
<input type="checkbox"/> FASTING GASTRIN,	<input type="checkbox"/> ANCA	<input type="checkbox"/> VIBRIO CULTURE
<input type="checkbox"/> CALCITONIN,	<input type="checkbox"/> SACCHAROMYCES CEREVISIAE	<input type="checkbox"/> YERSINIA CULTURE
<input type="checkbox"/> GLUCAGON, PLASMA	<input type="checkbox"/> ANTIBODY	<input type="checkbox"/> AEROMONA AND PLESIOMONA CULTURE
<input type="checkbox"/> CHROMOGRANIN A,	<input type="checkbox"/> ANTI-NEURONAL NUCLEAR AB	<input type="checkbox"/> COMPREHENSIVE O & P
<input type="checkbox"/> TRYPTASE (SERUM / PLASMA)	<input type="checkbox"/> PANCREATITIS PANEL (PRSS1, SPINK1, CFTR)	<input type="checkbox"/> GIARDIA AG
24 HOUR URINE FOR	<input type="checkbox"/> IGG IMMUNOGLOBULIN SUBCLASSES	<input type="checkbox"/> CYCLOSPORA & ISOSPORA
<input type="checkbox"/> 5-HIAA (NEEDS SPECIAL DIET AND MEDICATION RESTRICTIONS) (24 H URINE)	<input type="checkbox"/> ANTI-ENTEROCYTE AB	<input type="checkbox"/> CRYPTOSPORIDIUM
<input type="checkbox"/> VANILLYLMANDelic ACID (24 H URINE)	<input type="checkbox"/> ANTI-GOBBLET CELL AB	<input type="checkbox"/> MICROSPORIDIA
<input type="checkbox"/> METANEPHRINES (24 H URINE)		<input type="checkbox"/> ENTAMOEBIA HISTOLYTICA AG
<input type="checkbox"/> HISTAMINE (24 H URINE)	TUMOR MARKERS	<input type="checkbox"/> FECAL FAT QUALITATIVE
	<input type="checkbox"/> ALPHA FETOPROTEIN	<input type="checkbox"/> FECAL LIPIDS 72 HOURS
URINE	<input type="checkbox"/> CEA	<input type="checkbox"/> PH
<input type="checkbox"/> URINEANALYSIS	<input type="checkbox"/> CA 19-9	<input type="checkbox"/> REDUCING SUBSTANCES
<input type="checkbox"/> URINEANALYSIS + MICROSCOPIC EXAM	<input type="checkbox"/> CA-125	<input type="checkbox"/> CATHARTIC LAXATIVE PROFILE
<input type="checkbox"/> URINE CULTURE + SENSITIVITY		<input type="checkbox"/> STOOL/FECES NA, CL, K, MG, AND PHOSPHORUS
<input type="checkbox"/> SPOT URINE FOR SODIUM AND POTASSIUM	VACCINES	<input type="checkbox"/> ALPHA1 ANTI-TRYPSIN STOOL CLEARANCE (SERUM + 24 HOURS STOOL)
<input type="checkbox"/> SPOT URINE FOR PROTEIN AND CREATININE	<input type="checkbox"/> INFLUENZA ADULT INJECTION	<input type="checkbox"/> H. PYLORI STOOL ANTIGEN
24 HOURS URINE FOR:	<input type="checkbox"/> INFLUENZA HIGH DOSE INJ	<input type="checkbox"/> QUANTITATIVE PORPHYRINS
<input type="checkbox"/> CREATININE CLEARANCE	<input type="checkbox"/> PREVNAR 13	ASCITES STUDIES
<input type="checkbox"/> PROTEIN	<input type="checkbox"/> PNEUMOVAX 23	<input type="checkbox"/> CELL COUNT WITH DIFF
<input type="checkbox"/> COPPER	<input type="checkbox"/> HEPATITIS A	<input type="checkbox"/> PROTEIN TOTAL
<input type="checkbox"/> PORPHYRINS AND UROPORPHYRIN	<input type="checkbox"/> HEPATITIS B	<input type="checkbox"/> ALBUMIN
<input type="checkbox"/> DELTA AMINOLEVULINIC ACID & PORPHOBILINOGEN	<input type="checkbox"/> TWINREX	<input type="checkbox"/> CULTURE (IN BLOOD CULTURE BOTTLES)
		<input type="checkbox"/> LDH
VITAMINS AND TRACE ELEMENTS	ENDOCRINE	<input type="checkbox"/> GLUCOSE
<input type="checkbox"/> VITAMIN B12	<input type="checkbox"/> TSH WITH REFLEX TO FREE T4	<input type="checkbox"/> AMYLASE
<input type="checkbox"/> FOLIC ACID	<input type="checkbox"/> FREE T4	<input type="checkbox"/> CREATININE
<input type="checkbox"/> THIAMINE	<input type="checkbox"/> FREE T3	<input type="checkbox"/> BILIRUBIN
<input type="checkbox"/> RETINOL BINDING PROTEIN	<input type="checkbox"/> CORTISOL	<input type="checkbox"/> TRIGLYCERIDES
<input type="checkbox"/> VITAMIN D LEVELS 25 AND 1-25	<input type="checkbox"/> FASTING GASTRIN	<input type="checkbox"/> CEA
<input type="checkbox"/> VITAMIN B2 (RIBOFLAVIN)	<input type="checkbox"/> FASTING INSULIN + GLUCOSE (HOMA)	<input type="checkbox"/> ADENOSINE DEAMINASE
<input type="checkbox"/> VITAMIN B6 PLASMA		<input type="checkbox"/> MYCOBACTERIA PCR AND CULTURE
<input type="checkbox"/> VITAMIN C	DRUG THERAPY	<input type="checkbox"/> FUNGUS CULTURE
<input type="checkbox"/> VITAMIN E	<input type="checkbox"/> TMPT ENZYME ACTIVITY (PROMETHEUS)	<input type="checkbox"/> CYTOLOGY (NO-GYN)
<input type="checkbox"/> COPPER	<input type="checkbox"/> THIOPURINE METABOLITES (PROMETHEUS)	
<input type="checkbox"/> SELENIUM WHOLE BLOOD	<input type="checkbox"/> CYCLOSPORINE A LEVELS	VACCINES
<input type="checkbox"/> ZINC	<input type="checkbox"/> TACROLIMUS LEVELS	<input type="checkbox"/> INFLUENZA ADULT INJECTION
	<input type="checkbox"/> SIROLIMUS LEVEL	<input type="checkbox"/> INFLUENZA HIGH DOSE INJ
	<input type="checkbox"/> ANSER ADA (ANTI ADALIMUMAB + LEVEL) PROMETHEUS	<input type="checkbox"/> PREVNAR 13
	<input type="checkbox"/> ANSER IFX (ANTI INFLIXIMAB + LEVEL) PROMETHEUS	<input type="checkbox"/> PNEUMOVAX 23
		<input type="checkbox"/> HEPATITIS A
		<input type="checkbox"/> HEPATITIS B
		<input type="checkbox"/> TWINREX

Physician's Signature: _____

Date: _____