



CLINICAL REQUISITION

For Lab Use Only DO NOT place anything or write in this space.

2.5	ENT INFORMAT	TION.		e:				
LAST NAME	IION	CLINICIAN INFORMATION						
LAST MANUE								
FIRST NAME								
MIDDLE NAME								
WIDDLE NAME								
DATE OF BIRTH (MM/DD/YYYY) PATIE	NT MRN							
	l asy							
TELEPHONE NUMBER	SEX	Female Male Oth	ner/Unknown					
STREET NUMBER STREET NAME		APT NI	UMBER					
CITY		STATE ZIP		ACKNOWLEDGEMENT: I hereby confirm that inform	nation has been	provided to the patient about the test(s) to be performed and		
ACKNOWI FOGEMENT: I authorize the laboratory to r	th					the patient has given consent as required under applicable laws and regulations for the test(s) to be performed. The test(s) to be performed are medically necessary and the results will be used for medical management and treatment decision purposes for this		
provided by my healthcare provider if necessary for r for testing from my health plan on my behalf. I also au	eimbursement. I unders	stand that the laboratory may seek pri	or authorization		-	thorized by law to order the tests(s) requested herein.		
agree to remit to the laboratory any payment for thes out-of-network provider for my health plan and that I n	e services made direct	tly to me. I understand that the labora	atory may be an	REQUIRED >>> ORDERING CLINICIAN SIGNAT	UKE	DATE (MM/DD/YY)		
designate the laboratory as my Authorized Represer	ntative, as provided und	der ERISA, 29 C.F.R. § 2560.5031 (b)(4), and/or as my		BILLING	INFO		
Attorney in Fact, for the purpose of pursuing administra any legal and/or equitable claims that I could bring a	igainst my health plan,	and/or its fiduciaries, and/or its adm	inistrators, with	☐ BILL INSURANCE Attach legible front a				
respect to their handling or resolution of my insurance PATIENT SIGNATURE	s cialili.	DATE (MM/DD/Y)	Y)	INSURANCE COMPANY	на васк сору	or moutanot outus.		
X								
SPECIMEN	NFORMATION -	- REQUIRED		IPA NAME				
				MEMBER ID				
Collected on:	Fastir	ng: HRS		INICIVIDED ID				
				BILL PATIENT (Cash pay, no insurance)				
Time: AM	PM Urine	e hrs/vol: HRS	VOL	CLIENT BILL				
		DIACN	OSTIC INFO	RMATION (ICD-10)				
DUVSICIAN NOTICE: Medicare will only pay to	r modical pagasitut			· '	onoficiony Noti	ce of Noncoverage (ABN) on the back of the requisition.		
PHYSICIAN NOTICE. Medicare will only pay to	i illeulcai liecessity i	testing supported with a sympton	nauc uraynosis.	ivieurcare patients snould sign the Advance of	enencially Nou	ce of NonCoverage (ADN) on the back of the requisition.		
			TEST OF	PTIONS				
CHEMISTRY TESTING CO	DE HEMATOL	OGY & COAG TESTING	CODE	ALLERGY TESTING	CODE	MICROBIOLOGY		
□ * Pasia Matabalia Panal CUDO								
		v/ Auto Diff, Rflx to Manual Diff		Cat Component Panel	ALP0005 sst	Wound Culture & Sensitivity, w/ Gram Stain		
* Comprehensive Metabolic Panel CHPO	001 SST	v/ No Diff	HMP0003 LAV	☐ Dog Component Panel	ALP0005 SST ALP0006 SST	Wound Culture & Sensitivity, w/ Gram Stain ☐ Aerobic Culture M_WOUND		
* Comprehensive Metabolic Panel CHPC * Electrolyte Panel, Serum CHPC	001 sst	v/ No Diff Auto Diff w/ Anemia Reflex H	HMP0003 ₩ HMP0001-A 🔏	☐ Dog Component Panel ☐ E. Cascadia Region Respiratory Allergen	ALP0005 SST ALP0006 SST	☐ Aerobic Culture M_WOUND ☐ Aerobic & Anaerobic Culture M_AER_ANER		
* Comprehensive Metabolic Panel CHPC * Electrolyte Panel, Serum CHPC * Hepatic Function Panel CHPC * Iron and Iron Binding Capacity CHPC	CBC w CBC w CBC, A CBC, A CBC, A CBC w C	v/ No Diff Auto Diff w/ Anemia Reflex H r II&V (Leiden) PCR (Qualitative)	HMP0003 LAV HMP0001-A \$1) MIP0002 LAV HM000138 LAV	☐ Dog Component Panel ☐ E. Cascadia Region Respiratory Allergen ☐ Early Childhood Allergen Profile ☐ Egg Component Panel	ALP0005 SST ALP0006 SST S ALP0041 SST ALP0001 SST ALP00013 SST	Aerobic Culture M_WOUND Aerobic & Anaerobic Culture M_AER_ANER Site:		
* Comprehensive Metabolic Panel CHPC * Electrolyte Panel, Serum CHPC * Hepatic Function Panel CHPC * Iron and Iron Binding Capacity CHPC * Lipid Panel w/ Calculated LDL CHPC	CBC w CBC w 1008 sst	v/ No Diff Auto Diff w/ Anemia Reflex H r II&V (Leiden) PCR (Qualitative) lobin & Hematocrit	HMP0003 LAV HMP0001-A \$\(\frac{1}{2}\) MIP0002 LAV HM000138 LAV HMP0006 LAV	☐ Dog Component Panel ☐ E. Cascadia Region Respiratory Allergen ☐ Early Childhood Allergen Profile ☐ Egg Component Panel ☐ Food Allergen Profile, Rflx to Component	ALP0005 SST ALP0006 SST S ALP0041 SST ALP0001 SST ALP00013 SST SS ALP0043 SST	Aerobic Culture M_WOUND Aerobic & Anaerobic Culture M_AER_ANER Site: Source:		
* Comprehensive Metabolic Panel CHPC * Electrolyte Panel, Serum CHPC * Hepatic Function Panel CHPC * Iron and Iron Binding Capacity * Lipid Panel w/ Calculated LDL CHPC * Lipid Panel w/ Rflx to Direct LDL CHPC	CBC w CBC	v/ No Diff Auto Diff w/ Anemia Reflex H r II&V (Leiden) PCR (Qualitative lobin & Hematocrit Count	HMP0003 LAV HMP0001-A \$\(\frac{1}{2}\) MIP0002 LAV HM000138 LAV HMP0006 LAV HM000107 LAV	□ Dog Component Panel □ E. Cascadia Region Respiratory Allergen □ Early Childhood Allergen Profile □ Egg Component Panel □ Food Allergen Profile, Rflx to Component □ Fruit Profile (Allergen)	ALP0005 SST ALP0006 SST S ALP0041 SST ALP0001 SST ALP00013 SST S ALP0043 SST ALP0032 SST	Aerobic Culture M_WOUND Aerobic & Anaerobic Culture M_AER_ANER Site: Source: Fungal/Yeast Testing Code		
** Comprehensive Metabolic Panel CHPC ** Electrolyte Panel, Serum CHPC ** Hepatic Function Panel CHPC ** Hiron and Iron Binding Capacity CHPC ** Lipid Panel w/ Calculated LDL CHPC ** Lipid Panel w/ Rfix to Direct LDL CHPC ** Renal Function Panel CHPC Albumin CHOOC	CBC w CBC w CBC w	v/ No Diff Auto Diff w/ Anemia Reflex H I II&V (Leiden) PCR (Qualitative) Iobin & Hematocrit Count Docyte Count	HMP0003 LAV HMP0001-A S ₁) MIP0002 LAV HM000138 LAV HMP0006 LAV HMP00107 LAV HMP00110 LAV CO000201 B	□ Dog Component Panel □ E. Cascadia Region Respiratory Allergen □ Early Childhood Allergen Profile □ Egg Component Panel □ Food Allergen Profile (Allergen) □ Gluten Profile (Allergen) □ Legume Profile (Allergen)	ALP0005 SST ALP0006 SST S ALP0041 SST ALP0001 SST ALP00013 SST S ALP0043 SST ALP0032 SST ALP0040 SST ALP0034 SST	Aerobic Culture M_WOUND Aerobic & Anaerobic Culture M_AER_ANER Site: Source:		
* Comprehensive Metabolic Panel CHPC * Electrolyte Panel, Serum CHPC * Hepatic Function Panel CHPC * Iron and Iron Binding Capacity CHPC * Lipid Panel w/ Calculated LDL CHPC * Lipid Panel w/ Rflx to Direct LDL CHPC * Renal Function Panel CHPC Albumin CH000 Albumin/Creatinine Ratio, Urine UNPC	* CBC w * CBC w * CBC, A	v/ No Diff Auto Diff w/ Anemia Reflex H I II&V (Leiden) PCR (Qualitative) Iobin & Hematocrit Count Docyte Count Jen Activity	HMP0003 LAV HMP0001-A S1) MIP0002 LAV HM000138 LAV HMP0006 LAV HMP00107 LAV HMP00110 LAV CO000201 B CO000301 B	□ Dog Component Panel □ E. Cascadia Region Respiratory Allergen □ Early Childhood Allergen Profile □ Egg Component Panel □ Food Allergen Profile, Rflx to Component □ Fruit Profile (Allergen) □ Gluten Profile (Allergen) □ Legume Profile (Allergen) □ Meat Profile (a-Gal, Beef, Mutton,	ALP0005 SST ALP0006 SST S ALP0041 SST ALP0001 SST ALP00013 SST S ALP0043 SST ALP0032 SST ALP0040 SST	Aerobic Culture M_WOUND Aerobic & Anaerobic Culture M_AER_ANER Site: Source: Fungal/Yeast Testing Code Fungal Culture & CFW Stain M_FUNGAL Yeast Culture Only M_YEAST Enteric Testing Code		
** Comprehensive Metabolic Panel CHPC ** Electrolyte Panel, Serum CHPC ** Hepatic Function Panel CHPC ** Hiron and Iron Binding Capacity CHPC ** Lipid Panel w/ Calculated LDL CHPC ** Lipid Panel w/ Rflx to Direct LDL CHPC ** Renal Function Panel CHPC Albumin CH000 Albumin/Creatinine Ratio, Urine UNPC	* CBC w * CBC w * CBC, #	y/ No Diff Auto Diff w/ Anemia Reflex H I II&V (Leiden) PCR (Qualitative) Jobin & Hematocrit Count Deyte Count Jen Activity	HMP0003 LAV HMP0001-A \$_1) MIP0002 LAV HM000138 LAV HMP0006 LAV HMP0010 LAV CO000201 B CO000301 B CO000101 B	□ Dog Component Panel □ E. Cascadia Region Respiratory Allergen □ Early Childhood Allergen Profile □ Egg Component Panel □ Frod Allergen Profile, Rfix to Component □ Fruit Profile (Allergen) □ Gluten Profile (Allergen) □ Legume Profile (Allergen) □ Meat Profile (a-Gal, Beef, Mutton, Pork, Chicken) □ Milk Component Panel	ALP0005 SST ALP0006 SST S ALP0041 SST ALP0001 SST ALP0003 SST S ALP0043 SST ALP0040 SST ALP0040 SST ALP00027 SST ALP00007 SST	Aerobic Culture		
*Comprehensive Metabolic Panel CHPC *Electrolyte Panel, Serum CHPC *Hepatic Function Panel CHPC *Iron and Iron Binding Capacity *Lipid Panel w/ Calculated LDL CHPC *Lipid Panel w/ Rfix to Direct LDL CHPC *Renal Function Panel CHPC Albumin CH000 Albumin/Creatinine Ratio, Urine UNPC Alt (SGPT) CH000 AMJase CH000 AMJase CH000 C	* CBC w * CBC w * CBC, # C * CBC, # C	y/ No Diff Auto Diff w/ Anemia Reflex H I II&V (Leiden) PCR (Qualitative) lobin & Hematocrit Count Docyte Count gen Activity & AUTOIMMUNE TESTING	HMP0003 LAV IMP0001-A \$1) MIP0002 LAV HM000138 LAV HM000107 LAV HM000107 LAV CO000201 B CO000301 B CO000101 B	□ Dog Component Panel □ E. Cascadia Region Respiratory Allergen □ Early Childhood Allergen Profile □ Egg Component Panel □ Frood Allergen Profile, Rfix to Component □ Fruit Profile (Allergen) □ Gluten Profile (Allergen) □ Legume Profile (Allergen) □ Meat Profile (a-Gal, Beef, Mutton, Pork, Chicken) □ Milk Component Panel □ Mold Allergy Panel	ALP0005 SST ALP0006 SST S ALP0041 SST ALP00013 SST ALP0032 SST ALP0032 SST ALP0040 SST ALP0034 SST ALP00027 SST ALP00017 SST ALP000029 SST	□ Aerobic Culture		
* Comprehensive Metabolic Panel CHPC * Electrolyte Panel, Serum CHPC * Hepatic Function Panel CHPC * Iron and Iron Binding Capacity CHPC * Lipid Panel w/ Calculated LDL CHPC * Lipid Panel w/ Rfix to Direct LDL CHPC * Renal Function Panel CHPC Albumin CHOC Albumin/Creatinine Ratio, Urine UNPC Alk Phos CHOC ALT (SGPT) CHOC AMylase CHOC AST (SGOT) CHOC CHPC C	* CBC w * CBC w * CBC, #	W/ No Diff Auto Diff w/ Anemia Reflex H Auto Diff w/ Anemia Reflex H I II&V (Leiden) PCR (Qualitative) Iobin & Hematocrit Count Docyte Count Igen Activity & AUTOIMMUNE TESTING Diagnostic Panel Screen w/ Reflex	HMP0003 LAV HMP0001-A \$_1) MIP0002 LAV HM000138 LAV HMP0006 LAV HMP0010 LAV CO000201 B CO000301 B CO000101 B	□ Dog Component Panel □ E. Cascadia Region Respiratory Allergen □ Early Childhood Allergen Profile □ Egg Component Panel □ Food Allergen Profile, Rflx to Component □ Fruit Profile (Allergen) □ Gluten Profile (Allergen) □ Legume Profile (Allergen) □ Meat Profile (a-Gal, Beef, Mutton, Pork, Chicken) □ Milk Component Panel □ Mold Allergy Panel □ Northwest Region Resp. Allergen Prof., Rflx to Components	ALP0005 SST ALP0006 SST S ALP0041 SST ALP0001 SST ALP0001 SST S ALP0043 SST ALP0032 SST ALP0040 SST ALP00027 SST ALP00007 SST ALP00029 SST ALP00029 SST ALP00029 SST ALP00029 SST	Aerobic Culture		
*Comprehensive Metabolic Panel CHPC *Electrolyte Panel, Serum CHPC *Hepatic Function Panel CHPC *Iron and Iron Binding Capacity CHPC *Lipid Panel w/ Calculated LDL CHPC *Lipid Panel w/ Rfix to Direct LDL CHPC Albumin CH000 Albumin/Creatinine Ratio, Urine UNPC Alk Phos CH000 ALT (SGPT) CH000 AST (SGOT) CH000 Billirubin, Direct CH000 Billirubin, Direct CH000 CHPC CHPC CH000 CH0	** CBC w ** CBC w ** CBC, # ** CBC	W/ No Diff Auto Diff w/ Anemia Reflex H Auto Diff w/ Anemia Reflex H I II&V (Leiden) PCR (Qualitative) Iobin & Hematocrit Count Docyte Count Jen Activity & AUTOIMMUNE TESTING Diagnostic Panel Screen w/ Reflex Profile	HMP0003 LAV IMP0001-A S IMP0001-A S IMP0002 LAV HM000138 LAV HM000107 LAV HMP0010 LAV CO000201 B CO000301 B CO000101 B CODE AMP0002 SST AMP0002 SST AMP0001 SST	□ Dog Component Panel □ E. Cascadia Region Respiratory Allergen □ Early Childhood Allergen Profile □ Egg Component Panel □ Food Allergen Profile, Rfix to Component □ Fruit Profile (Allergen) □ Gluten Profile (Allergen) □ Legume Profile (Allergen) □ Meat Profile (a-Gal, Beef, Mutton, Pork, Chicken) □ Milk Component Panel □ Mold Allergy Panel □ Northwest Region Resp. Allergen Prof., Rfix to Components □ Shrimp Component Panel	ALP0005 SST ALP0006 SST S ALP0041 SST ALP0001 SST S ALP0043 SST ALP0032 SST ALP0040 SST ALP00027 SST ALP00027 SST ALP00029 SST ALP00029 SST ALP00022 SST	Aerobic Culture		
* Comprehensive Metabolic Panel CHPC * Electrolyte Panel, Serum CHPC * Hepatic Function Panel CHPC * Iron and Iron Binding Capacity * Lipid Panel w/ Calculated LDL CHPC * Lipid Panel w/ Rflx to Direct LDL CHPC * Renal Function Panel CHPC Albumin Creatinine Ratio, Urine UHPC Alk Phos CH000 ALT (SGPT) CH000 AST (SGOT) CH000 AST (SGOT) CH000 Bilirubin, Direct CH000 Bilirubin, Total CH000 BNP, NT-pro CH000	1001 151	W/ No Diff Auto Diff w/ Anemia Reflex H Auto Diff w/ Anemia Reflex H I II&V (Leiden) PCR (Qualitative) Iobin & Hematocrit Count Docyte Count Igen Activity & AUTOIMMUNE TESTING Diagnostic Panel Screen w/ Reflex Profile Disease Panel	HMP0003 IN IMP0001-A S IMP0001-A S IMP0001-A S IMP000138 IN IMP0010 IMP0010 IMP0010 IMP0010 IMP0010 IMP0010 IMP0010 IMP000010 IMP000010 IMP00002 ST IMP0001 ST AMP0001 ST AMP0006 ST	□ Dog Component Panel □ E. Cascadia Region Respiratory Allergen □ Early Childhood Allergen Profile □ Egg Component Panel □ Frout Profile (Allergen) □ Gluten Profile (Allergen) □ Legume Profile (Allergen) □ Meat Profile (a-Gal, Beef, Mutton, Pork, Chicken) □ Milk Component Panel □ Mold Allergy Panel □ Northwest Region Resp. Allergen Prof., Rflx to Components □ Shrimp Component Panel □ Soy Component Panel	ALP0005 SST ALP0006 SST S ALP0041 SST ALP0001 SST ALP0001 SST ALP0032 SST ALP0032 SST ALP0034 SST ALP00027 SST ALP00027 SST ALP00029 SST ALP00022 SST ALP00022 SST ALP00022 SST ALP00023 SST	□ Aerobic Culture M_WOUND □ Aerobic & Anaerobic Culture M_AER_ANER Site:		
* Comprehensive Metabolic Panel CHPC * Electrolyte Panel, Serum CHPC * Hepatic Function Panel CHPC * Iron and Iron Binding Capacity CHPC * Lipid Panel w/ Calculated LDL CHPC * Lipid Panel w/ Rflx to Direct LDL CHPC * Renal Function Panel CHPC Albumin CH000 Albumin/Creatinine Ratio, Urine Alk Phos CH000 ALT (SGPT) CH000 AST (SGOT) CH000 Billirubin, Direct CH000 Billirubin, Total CH000 BNP, NT-pro CH000 Calcium CHPC CHPC CHPC CH000	1001 151	W/ No Diff Auto Diff w/ Anemia Reflex H Auto Diff w/ Anemia Reflex H I II&V (Leiden) PCR (Qualitative) Iobin & Hematocrit Count Docyte Count Jen Activity & AUTOIMMUNE TESTING Diagnostic Panel Screen w/ Reflex Profile	HMP0003 LAV IMP0001-A S IMP0001-A S IMP0002 LAV HM000138 LAV HM000107 LAV HMP0010 LAV CO000201 B CO000301 B CO000101 B CODE AMP0002 SST AMP0002 SST AMP0001 SST	□ Dog Component Panel □ E. Cascadia Region Respiratory Allergen □ Early Childhood Allergen Profile □ Egg Component Panel □ Food Allergen Profile, Rfix to Component □ Fruit Profile (Allergen) □ Gluten Profile (Allergen) □ Legume Profile (Allergen) □ Meat Profile (a-Gal, Beef, Mutton, Pork, Chicken) □ Milk Component Panel □ Mold Allergy Panel □ Northwest Region Resp. Allergen Prof., Rfix to Components □ Shrimp Component Panel	ALP0005 SST ALP0006 SST S ALP0041 SST ALP0001 SST ALP0003 SST ALP0032 SST ALP0034 SST ALP0034 SST ALP0037 SST ALP0029 SST ALP0022 SST ALP0022 SST ALP00023 SST ALP00023 SST ALP00039 SST ALP00039 SST	Aerobic Culture		
* Comprehensive Metabolic Panel CHPC * Electrolyte Panel, Serum CHPC * Hepatic Function Panel CHPC * Iron and Iron Binding Capacity CHPC * Lipid Panel w/ Calculated LDL CHPC * Lipid Panel w/ Rfix to Direct LDL CHPC * Renal Function Panel CHPC Albumin CH000 Albumin CH000 Albumin/Creatinine Ratio, Urine Alk Phos CH000 AIT (SGPT) CH000 AMylase CH000 AST (SGOT) CH000 Bilirubin, Direct CH000 Bilirubin, Total CH000 BNP, NT-pro CH000 Calcium CH000 Chloride CH000 Chloride CH000 Chloride CH000 Chloride CH000 Chloride CH000 CHPC	1001 151	w/ No Diff Auto Diff w/ Anemia Reflex H Auto Diff w/ Anemia Reflex H I Il&V (Leiden) PCR (Qualitative) Iobin & Hematocrit Count Decyte Count Ioen Activity & AUTOIMMUNE TESTING Diagnostic Panel Screen w/ Reflex Profile Disease Panel Id Antibodies Panel Id Antibodies Panel Id Function Panel w/ TSH Proglobulin	HMP0003 LAW IMP0001-A Si) MIP0002 LAW HM000138 LAW HM000107 LAW HMP0010 LAW CO000201 B CO000301 B CO000011 B CODE AMP0002 SST AMP0002 SST AMP0001 SST AMP0005 SST CHP0012 SST AMP0005 SST AMP0005 SST AMP0005 SST AMP0005 SST	□ Dog Component Panel □ E. Cascadia Region Respiratory Allergen □ Early Childhood Allergen Profile □ Egg Component Panel □ Food Allergen Profile, Rflx to Component □ Fruit Profile (Allergen) □ Gluten Profile (Allergen) □ Legume Profile (Allergen) □ Meat Profile (a-Gal, Beef, Mutton, Pork, Chicken) □ Milk Component Panel □ Mold Allergy Panel □ Northwest Region Resp. Allergen Prof., Rflx to Components □ Shrimp Component Panel □ Soy Component Panel □ Texas/Oklahoma Allergens □ Vegetable-Root/Fruit Profile (Allergen) □ Vegetable-Leaf Profile (Allergen)	ALP0005 SST ALP0006 SST S ALP0001 SST ALP0001 SST ALP0003 SST ALP0032 SST ALP0034 SST ALP0034 SST ALP0032 SST ALP0034 SST ALP00027 SST ALP00029 SST ALP00022 SST ALP00022 SST ALP00023 SST ALP00023 SST ALP00023 SST ALP00044 SST ALP00044 SST ALP00038 SST ALP0038 SST	Aerobic Culture		
** Comprehensive Metabolic Panel CHPC ** Electrolyte Panel, Serum CHPC ** Hepatic Function Panel CHPC ** Iron and Iron Binding Capacity ** Lipid Panel w/ Calculated LDL CHPC ** Lipid Panel w/ Rflx to Direct LDL CHPC ** Renal Function Panel CHPC Albumin Creatinine Ratio, Urine UNPC Alk Phos CH000 ALT (SGPT) CH000 AST (SGOT) CH000 AST (SGOT) CH000 Billirubin, Direct CH000 Billirubin, Total CH000 BNP, NT-pro CH000 Calcium CH000 Chloride CH000 CCK CH000 Cortisol CH000 CH000 CH000 CCK CH000	1001 151	w/ No Diff Auto Diff w/ Anemia Reflex H Auto Diff w/ Anemia Reflex H I Il&V (Leiden) PCR (Qualitative) Iobin & Hematocrit Count Decyte Count Iocyte	HMP0003 LAW IMP0001-A Si IMP0001-A Si IMP0001 LAW HM000107 LAW HM000107 LAW HMP0010 LAW CO000201 B CO000301 B CO000101 B CODE AMP00020 SST AMP0002 SST AMP0005 SST CHP0012 SST AM000030 SST AM000030 SST AM000031 SST	□ Dog Component Panel □ E. Cascadia Region Respiratory Allergen □ Early Childhood Allergen Profile □ Egg Component Panel □ Food Allergen Profile, Rfix to Component □ Fruit Profile (Allergen) □ Legume Profile (Allergen) □ Legume Profile (Allergen) □ Meat Profile (a-Gal, Beef, Mutton, Pork, Chicken) □ Milk Component Panel □ Mold Allergy Panel □ Northwest Region Resp. Allergen Prof., Rfix to Components □ Shrimp Component Panel □ Soy Component Panel □ Texas/Oklahoma Allergens □ Vegetable-Root/Fruit Profile (Allergen) □ Vegetable-Leaf Profile (Allergen) □ IgE, Total	ALP0005 SST ALP0006 SST S ALP0041 SST ALP0001 SST ALP0003 SST S ALP0043 SST ALP0032 SST ALP0034 SST ALP0034 SST ALP00027 SST ALP00017 SST ALP00029 SST ALP00022 SST ALP00023 SST ALP00023 SST ALP00023 SST ALP00048 SST ALP0044 SST ALP0038 SST ALP0038 SST ALP0038 SST ALP0038 SST ALP0038 SST	Aerobic Culture		
* Comprehensive Metabolic Panel CHPC * Electrolyte Panel, Serum CHPC * Hepatic Function Panel CHPC * Iron and Iron Binding Capacity * Lipid Panel w/ Calculated LDL * Lipid Panel w/ Rflx to Direct LDL * Renal Function Panel CHPC Albumin CHO00 Alt Malbumin Creatinine Ratio, Urine UNPC Alt (SGPT) CH000 AST (SGOT) CH000 Billirubin, Direct CH000 Billirubin, Total CH000 Calcium CH000 Chloride CH000 CCC CCC CCC CCTisol CH000 CHPC	1001 151	W/ No Diff Auto Diff w/ Anemia Reflex H Auto Diff w/ Anemia Reflex H I II&V (Leiden) PCR (Qualitative) Iobin & Hematocrit Count Docyte Count Igen Activity & AUTOIMMUNE TESTING Diagnostic Panel Screen w/ Reflex Profile Disease Panel Id Antibodies Panel Id Function Panel w/ TSH Proglobulin O	HMP0003 LAW IMP0001-A Si) MIP0002 LAW HM000138 LAW HM000107 LAW HMP0010 LAW CO000201 B CO000301 B CO000011 B CODE AMP0002 SST AMP0002 SST AMP0001 SST AMP0005 SST CHP0012 SST AMP0005 SST AMP0005 SST AMP0005 SST AMP0005 SST	□ Dog Component Panel □ E. Cascadia Region Respiratory Allergen □ Early Childhood Allergen Profile □ Egg Component Panel □ Food Allergen Profile, Rfix to Component □ Fruit Profile (Allergen) □ Gluten Profile (Allergen) □ Legume Profile (Allergen) □ Legume Profile (Allergen) □ Meat Profile (a-Gal, Beef, Mutton, Pork, Chicken) □ Milk Component Panel □ Mold Allergy Panel □ Northwest Region Resp. Allergen Prof., Rfix to Components □ Shrimp Component Panel □ Soy Component Panel □ Soy Component Panel □ Texas/Oklahoma Allergens □ Vegetable-Root/Fruit Profile (Allergen) □ Vegetable-Leaf Profile (Allergen) □ IgE, Total □ IgE - Specify Allergen(s):	ALP0005 SST ALP0006 SST S ALP0041 SST ALP0001 SST ALP0003 SST ALP0032 SST ALP0034 SST ALP0034 SST ALP0034 SST ALP0034 SST ALP0034 SST ALP0029 SST ALP0029 SST ALP0029 SST ALP0042 SST ALP0044 SST ALP0038 SST ALP0038 SST ALP0038 SST ALP0038 SST ALP0038 SST	Aerobic Culture		
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Bellingham Laboratory

3548 Meridian Street, Suite 100 Bellingham, WA 98225 360.527.4580

Dallas Laboratory 6221 Riverside Drive, Suite 119 Irving, TX 75039

877.232.9924

www.averodx.com

A. Notifier:							
B. Patient Name:							
ADVANCE BENEFIC	IARY NOTICE OF NON-COV	ERAGE (ABN)					
NOTE: If Medicare doesn't pay for D Medicare does not pay for everything, even some care that you or not pay for the D	your health care provider have go	below, you may below reason to think you need. We below.					
D.			F F-timeted Cost				
D.	E. Reason Medicare May Not F	'ay	F. Estimated Cost				
 WHAT YOU NEED TO DO NOW: Read this notice, so you can make an informed decision about Ask us any questions that you may have after you finish readi Choose an option below about whether to receive the D Note: If you choose Option 1 or 2, we may help you to use an 	ing.	have, but Medicare cannot require	listed above. e us to do this.				
G. OPTIONS: Check only one box. We cannot choose a box for	you.						
OPTION 1. I want the D listed above. You may ask to be paid now, but I also wan Medicare billed for an official decision on payment, which is sent to me on a Medicare Summary Notice (MSN). I understand that if Medicare doesn't pay, I am responsible for payment, but I can appeal to Medicare by following the directions on the MSN. If Medicare does pay, you will refund any payments I made to you, less co-pays or deductibles.							
OPTION 2. I want the D paid now as I am responsible for payment. I cannot appeal if		listed above, but do not bill Medica	are. You may ask to be				
option 3. I don't want the D. responsible for payment, and I cannot appeal to see if Medica	are would pay.	listed above. I understand with this	s choice I am not				
H. ADDITIONAL INFORMATION:							
This notice gives our opinion, not an official Medicare decision (1-800-633-4227 / TTY: 1-877-486-2048). Signing below means tha							
I. Signature		J. Date					

information collection is 0938-0566. The time required to complete this information collection is estimated to average 7 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Baltimore, Maryland 21244-1850.

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Form CMS-R-131 (Exp. 01/31/2026)