



DIAGNOSTIC
LABORATORY
OF OKLAHOMA

Addendum

Addendum

With DLO, you're good to **GO**

DLO's primary focus is to make sure that our clients have the most up-to-date information and tools needed to provide the best care for the patients.

About this section

This section will provide additional information which is more likely to be updated or changed. Pages include:

Glossary of acronyms and common laboratory terms

Certifications

Sample DLO Requisitions

Listing of commonly used CPT Codes

DLO Patient Service Center listing

DLO Supply Request Form

Glossary of Terms

Acronyms

Commonly used by DLO

ABN	Advance Beneficiary Notice
AWN	Advance Written Notice
CAP	College of American Pathologists
CLIA	Clinical Laboratory Improvement Amendments
CPT	Current Procedural Terminology
DX	Diagnosis
EHR	Electronic Health Records
EMR	Electronic Medical Records
ICD	International Classification of Disease
LIS	Laboratory Information System
MLCP	Medicare Limited Coverage Policies
PSC	Patient Service Center
RSR	Route Service Representative
TIQ	Test In Question
TNP	Test Not Performed
VTG	Virtual Test Guide

Clinical

BAL	Bronchial Alveolar Lavage
C&S	Culture and Sensitivity
CSF	Cerebrospinal Fluid
DFA	Direct Fluorescent Antibody
EDTA	Ethylenediaminetetraacetic acid
EIA	Enzyme Immunoassay
HIV	Human Immunodeficiency Virus
HPV	Human Papilloma Virus
HSV	Herpes Simplex Virus
MIF	Merthiolate Iodine Formalin
NP	Nasopharyngeal
PCR	Polymerase Chain Reaction
PDM	Prescription Drug Monitoring
SAF	Sodium Acetate Formalin
TMA	Transcription Medicated Amplification
WHP	Women's Health Panel
V-C-M	Virus, Chlamydia, Mycoplasma
Zn-PVA	Zinc-Polyvinyl alcohol

**CENTERS FOR MEDICARE & MEDICAID SERVICES
CLINICAL LABORATORY IMPROVEMENT AMENDMENTS
CERTIFICATE OF ACCREDITATION**

LABORATORY NAME AND ADDRESS
DIAGNOSTIC LABORATORY OF OKLAHOMA
225 NE 97TH STREET
OKLAHOMA CITY, OK 73114

CLIA ID NUMBER
37D0960030

EFFECTIVE DATE
10/30/2016

LABORATORY DIRECTOR
MADHUSUDAN G RAO M.D.

EXPIRATION DATE
10/29/2018

Pursuant to Section 353 of the Public Health Services Act (42 U.S.C. 263a) as revised by the Clinical Laboratory Improvement Amendments (CLIA), the above named laboratory located at the address shown hereon (and other approved locations) may accept human specimens for the purposes of performing laboratory examinations or procedures.
This certificate shall be valid until the expiration date above, but is subject to revocation, suspension, limitation, or other sanctions for violation of the Act or the regulations promulgated thereunder.



Karen W. Dyer
Karen W. Dyer, Acting Director
Division of Laboratory Services
Survey and Certification Group
Center for Clinical Standards and Quality

368 Certs2_022117

If you currently hold a Certificate of Compliance or Certificate of Accreditation, below is a list of the laboratory specialties/subspecialties you are certified to perform and their effective date:

<u>LAB CERTIFICATION (CODE)</u>	<u>EFFECTIVE DATE</u>	<u>LAB CERTIFICATION (CODE)</u>	<u>EFFECTIVE DATE</u>
BACTERIOLOGY (110)	10/30/2000	ANTIBODY NON-TRANSFUSION (530)	10/30/2000
MYCOBACTERIOLOGY (115)	10/30/2000		
MYCOLOGY (120)	10/30/2000		
PARASITOLOGY (130)	10/30/2000		
VIROLOGY (140)	10/30/2000		
SYPHILIS SEROLOGY (210)	10/30/2000		
GENERAL IMMUNOLOGY (220)	10/30/2000		
ROUTINE CHEMISTRY (310)	10/30/2000		
URINALYSIS (320)	10/30/2000		
ENDOCRINOLOGY (330)	10/30/2000		
TOXICOLOGY (340)	10/30/2000		
HEMATOLOGY (400)	10/30/2000		
ABO & RH GROUP (510)	10/30/2000		

FOR MORE INFORMATION ABOUT CLIA, VISIT OUR WEBSITE AT WWW.CMS.GOV/CLIA
OR CONTACT YOUR LOCAL STATE AGENCY. PLEASE SEE THE REVERSE FOR
YOUR STATE AGENCY'S ADDRESS AND PHONE NUMBER.
PLEASE CONTACT YOUR STATE AGENCY FOR ANY CHANGES TO YOUR CURRENT CERTIFICATE.



The College of American Pathologists certifies that the laboratory named below

**Diagnostic Laboratory of Oklahoma
Main Laboratory
Oklahoma City, Oklahoma
Madhusudan G. Rao, MD**

CAP Number: 7089301
AU-ID: 1343467
CLIA Number: 37D0960030

has met all applicable standards for accreditation and is hereby accredited by the College of American Pathologists' Laboratory Accreditation Program. Reinspection should occur prior to February 28, 2019 to maintain accreditation.

Accreditation does not automatically survive a change in director, ownership, or location and assumes that all interim requirements are met.

Chair, Commission on Laboratory Accreditation

President, College of American Pathologists

DLO Requisition Samples



800.891.2917 • www.dlolab.com

BILL TO:

My Account
 Insurance Provided
 Lab Card/Select
 Patient

PRINT PATIENT NAME (LAST, FIRST, MIDDLE) _____

REGISTRATION # (IF APPLICABLE) _____ M M D D YEAR _____ SEX _____

ACCOUNT #:
 NAME:
 ADDRESS:
 CITY, STATE, ZIP:
 TELEPHONE #:

Panel Components Are Listed on Back

Each Sample Must Be Labeled with A Minimum of Two Patient Identifiers for Collection.

ID YOU KNOW

PATIENT SOCIAL SECURITY # _____ OFFICE / PATIENT ID # _____

PRINT NAME OF INSURABLE PARTY (LAST, FIRST, MIDDLE) - IF OTHER THAN PATIENT _____

PATIENT STREET ADDRESS (OR INSURED/RESPONSIBLE PARTY) APT. # _____ KEY # _____

DATE COLLECTED _____ TIME _____ AM PM TOTAL VOL/HR _____ ML _____

NPI/UPIN ORDERING/SUPERVISING PHYSICIAN OR PAYORS _____

PRIMARY INSURANCE

RELATIONSHIP TO INSURED: SELF SPOUSE DEPENDENT

PRIMARY INSURANCE CO. NAME _____

MEMBER / INSURED ID NO. # _____ GROUP # _____

INSURANCE ADDRESS _____

CITY _____ STATE _____ ZIP _____

ADDIT'L PHYS. DIR. _____ NPI/UPIN _____

NON-PHYSICIAN PROVIDER: NAME _____ I.D.# _____

Fax Results to: () _____

Send Client # OR NAME: _____

Duplicate ADDRESS: _____

Report to: CITY _____ STATE _____ ZIP _____

Medicare Limited Coverage Tests

@ = May not be covered for the reported diagnosis.
 F = Has prescribed frequency rules for coverage.
 R = A test or service performed with research/experimental kit.
 B = Has both diagnosis and frequency-related coverage limitations.

Provide signed ABN when necessary

ICD Codes (enter all that apply)

PANEL COMPONENTS ON BACK ORGAN / DISEASE PANELS

- 34392 Electrolyte Panel S
- 10256 Hepatic Function Panel S
- 10165 Basic Metabolic Panel S
- 10231 Comp Metabolic Panel S
- B 7600 Lipid Panel (Fasting) S
- B 14852 Lipid Panel w/Reflex D-LDL S
- @ 20210 Obstetric Panel w/Reflex Y,L,S
- @ 10306 Hepatitis Panel, Acute w/Reflex S
- 10314 Renal Functional Panel S

HEMATOLOGY

- @ 510 Hemoglobin L
- @ 509 Hematocrit L
- @ 1759 CBC (Hgb, Hct, RBC, WBC, Plt) L
- @ 6399 CBC w/Diff (Hgb, Hct, RBC, WBC, Plt, Diff) L
- B 8847 PT with INR B
- @ 763 PTT, Activated B

OTHER TESTS

- 7788 ABO Group & Rh Type Y
- @ 237 AFP Tumor Marker S
- 223 Albumin S
- 234 Alkaline Phosphatase S
- 823 ALT S
- 243 Amylase S
- 249 ANA w/Reflex Titer S
- 795 Antibody Scr, RBC w/Reflex ID Y
- 822 AST S
- 285 Bilirubin, Direct S
- 287 Bilirubin, Total S

- 4420 C-Reactive Protein (CRP) S
- @ 29493 CA 27.29 S
- @ 29256 CA 125 S
- 303 Calcium S
- 11173 CCP Ab IgG S
- @ 978 CEA S
- B 334 Cholesterol, Total S
- 374 CK, Total S
- 375 Creatinine S
- 402 DHEA Sulfate, Immunoassay S
- B 8293 LDL Cholesterol, Direct S
- 4021 Estradiol S
- @ 457 Ferritin S
- B 466 Folic Acid S
- 470 FSH S
- @ 482 GGT S
- 8477 Glucose, Gestational Screen (50g), 135 cutoff GY
- 19833 Glucose, Gestational Screen (50g), 140 cutoff GY
- B 484 Glucose, Plasma GY
- B 483 Glucose, Serum S
- 8435 hCG, Serum, Qual S
- @ 8396 hCG, Serum, Quant S
- B 496 Hemoglobin A1c L
- B 16802 Hemoglobin A1c w/eAG L
- 499 Hep B Surface Ab Qual S
- F 498 Hep B Surface Ag w/Reflex Confirm S
- 8472 Hep C Virus Ab S
- 91431 HIV-1/2 AG/AB, 4th w/Reflex S
- @ 31789 Homocysteine S
- 10124 hs CRP S
- 561 Insulin S
- 549 Immunofixation (IFE) S
- @ 7573 Iron, TIBC, % Sat S

- @ 571 Iron S
 - 593 LDH S
 - 599 Lead, Blood TN
 - 615 LH S
 - 606 Lipase S
 - 6646 Lyme Disease Ab w/Reflex to Blot (IgG, IgM) S
 - 622 Magnesium S
 - 6517 Microalbumin, Random Urine w/Creat S
- Fecal Globin, Feces - FIT, InSure®1
- 11290 Diagnostic S
 - F 11293 Medicare Screen S
 - 718 Phosphorus S
 - 733 Potassium S
 - 745 Progesterone S
 - 746 Prolactin S
 - B 5363 PSA, Total S
 - 793 Reticulocyte Count, Automated L
 - 4418 Rheumatoid Factor S
 - F 799 RPR (Monitoring) w/Reflex Titer S
 - F 36126 RPR (DX) w/Reflex Confirm S
 - 802 Rubella IgG S
 - 809 Sed Rate by Mod West L
 - 15983 Testosterone, Total, LC/MS/MS SR
 - 873 Testosterone, Total, Male SR
 - 5081 Thyroid Peroxidase Antibodies (TPO) S
 - B 896 Triglycerides S
 - B 899 TSH S
 - B 36127 TSH w/Reflex T4, Free S
 - 34429 T3, Free S
 - 859 T3, Total S
 - B 861 T3 Uptake S
 - B 867 T4 (Thyroxine), Total S
 - B 866 T4 (Thyroxine), Free S

- 6448 UA, Dipstick Only U
- 7909 UA, Dipstick w/Reflex Microscopic U
- 5463 UA, Complete (Dipstick & Microscopic) U
- @ 3020 UA, Complete, w/Reflex Culture 1
- 294 Urea Nitrogen (BUN) S
- 905 Uric Acid S
- 916 Valproic Acid SR
- 4439 Varicella-Zoster Virus Ab (IgG) S
- B 7065 Vitamin B12/Folic Acid S
- B 927 Vitamin B12 S
- B 17306 Vitamin D, 25-Hydroxy, Total, Immunoassay S
- 91935 Vitamin D (QuestAssureD™ for Infants) 25-Hydroxy/vitamin D.LCMS/MS (<3yrs) SR

MICROBIOLOGY

- Source (Required)
- 4550 Culture, Aerobic Bacteria* U
 - 4446 Culture, Aerobic & Anaerobic* U
 - 4485 Culture, Group A Strep* U
 - 5617 Culture, Group B Strep* U
 - 4558 Culture, Genital* U
 - 394 Culture, Throat* U
 - @ 395 Culture, Urine, Routine*(Inc. Indwelling Cath.) U
- Amplified Specimen Type (Aptima)**
- Endocervical Urethral Urine
 - B 11363 Chlamydia & N. gonorrhoeae RNA, TMA
- Stool Pathogens** (Salm/Shig/Campy,)
- 10108 Culture, Stool, Shiga toxins w/Reflex)* U
 - 34838 H. pylori Ag, EIA Stool U
 - 14839 H. pylori Urea Breath Test HB
 - 681 O & P w/Permanent Stain S
- * Additional charge for ID and Susceptibilities

ADDITIONAL TESTS: (INCLUDE COMPLETE TEST NAME AND ORDER CODE)

Reflex tests are performed at an additional charge.

DLO, Diagnostic Laboratory of Oklahoma, the associated logo and all associated Diagnostic Laboratory of Oklahoma marks are the trademarks of Diagnostic Laboratory of Oklahoma. DD20354R-UO. Revised 6/15.

COMMENTS, CLINICAL INFORMATION:

TOTAL TESTS ORDERED _____

For any patient of any payor (including Medicare and Medicaid), only order those tests which are medically necessary for the diagnosis and treatment of the patient.



DIAGNOSTIC
LABORATORY
OF OKLAHOMA

800.891.2917
www.dlolar.com

**CYTOLOGY
REQUEST**

- BILL TO**
 MY ACCOUNT
 PATIENT
 MEDICARE
 RAILROAD MEDICARE
 MEDICAID
 LabCard/Select
 OTHER INSURANCE

PRINT PATIENT NAME (LAST, FIRST, MIDDLE)

REGISTRATION # (IF APPLICABLE) | DATE | MONTH | DAY | YEAR | SEX

PATIENT SOCIAL SECURITY # | OFFICE / PATIENT ID #

ROOM# | LAB # | PHONE #

PRINTED/INITIALED PARTY (LAST, FIRST, MIDDLE) | PATIENT

PATIENT STREET ADDRESS | APT. # | KEY#

CITY | STATE | ZIP

ACCOUNT #:

NAME:

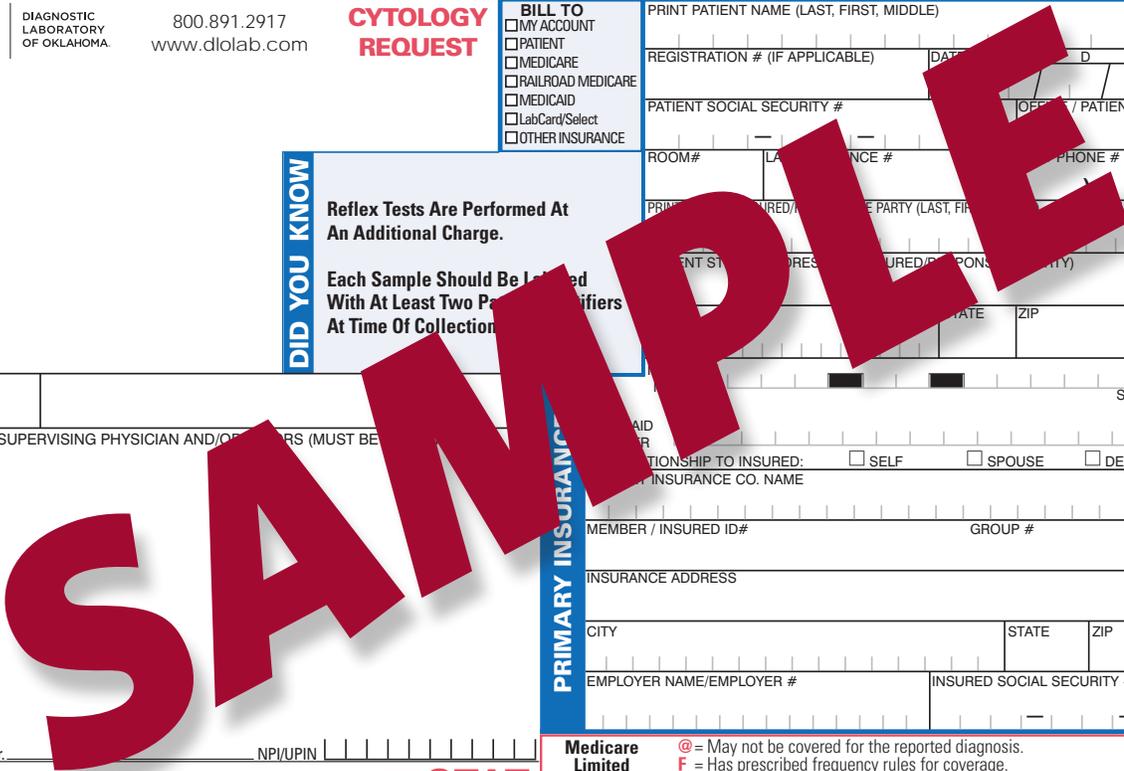
ADDRESS:
CITY, STATE, ZIP

TELEPHONE #:

DID YOU KNOW

Reflex Tests Are Performed At An Additional Charge.

Each Sample Should Be Labeled With At Least Two Patient Identifiers At Time Of Collection



PRIMARY INSURANCE

INSURANCE CO. NAME

MEMBER / INSURED ID# | GROUP #

INSURANCE ADDRESS

CITY | STATE | ZIP

EMPLOYER NAME/EMPLOYER # | INSURED SOCIAL SECURITY # (if not patient)

DATE COLLECTED

SUFFIX

NPI/UPIN ORDERING/SUPERVISING PHYSICIAN AND/OR PROVIDER (MUST BE)

RELATIONSHIP TO INSURED: SELF SPOUSE DEPENDENT

ADDIT'L PHYS.: Dr. | NPI/UPIN

NON-PHYSICIAN PROVIDER: | NAME | I.D.# **STAT**

Fax Results to: ()

Send Client # OR NAME:

Duplicate ADDRESS:

Report to: CITY: | STATE | ZIP

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 @ = May not be covered for the reported diagnosis.
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Provide signed ABN when necessary

ICD Codes (enter all that apply)

GYN CYTOLOGY

ThinPrep® and Aptima HPV® mRNA	ThinPrep® and HPV DNA	SurePath® and HPV DNA	Out of the Vial Testing
ThinPrep w/Imaging 58315 <input type="checkbox"/> F Pap 90934 <input type="checkbox"/> F Pap, reflex HPV, if ASCUS (ages 21 and over) 90933 <input type="checkbox"/> F Pap & HPV (cotesting for ages 30-65) 91339 <input type="checkbox"/> B Pap & HPV, CT/NG (cotesting with STI risks) 91414 <input type="checkbox"/> F Pap & HPV, reflex genotyping 16,18/45 (genotype when Pap-, HPV+)	ThinPrep w/Imaging 58315 <input type="checkbox"/> F Pap 58316 <input type="checkbox"/> F Pap, reflex HPV if ASCUS (ages 21 and over) 58317 <input type="checkbox"/> Pap & HPV (cotesting for ages 30-65) 16772 <input type="checkbox"/> B Pap & HPV, CT/NG (cotesting with STI risks) 16308 <input type="checkbox"/> F Pap & HPV, reflex genotyping 16,18 (genotype when Pap-, HPV+)	SurePath 14471 F <input type="checkbox"/> 18810 <input type="checkbox"/> F Pap 14499 F <input type="checkbox"/> 18811 <input type="checkbox"/> F Pap, reflex HPV, if ASCUS (ages 21 and over) 15095 F <input type="checkbox"/> 18813 <input type="checkbox"/> F Pap & HPV (cotesting for ages 30-65) 16770 B <input type="checkbox"/> 18828 <input type="checkbox"/> B Pap & HPV, CT/NG (cotesting with STI risks) 16306 F <input type="checkbox"/> 18829 <input type="checkbox"/> F Pap & HPV, reflex genotyping 16, 18 (genotype when Pap-, HPV+)	11361 <input type="checkbox"/> B Chlamydia trachomatis (CT) 11362 <input type="checkbox"/> B Neisseria gonorrhoeae (NG) 11363 <input type="checkbox"/> B CT/NG 90521 <input type="checkbox"/> Trichomonas vaginalis 90887 <input type="checkbox"/> Aptima HPV mRNA (ThinPrep only) 90942 <input type="checkbox"/> Aptima HPV mRNA, reflex genotyping 16,18/45 (ThinPrep only) 31532 <input type="checkbox"/> HPV DNA 19863 <input type="checkbox"/> HPV DNA, reflex genotyping 16,18 90569 <input type="checkbox"/> HSV 1 & 2 DNA, real-time PCR

Amplified Molecular Menu (Aptima)

- B 11363 Chlamydia & Gonorrhoeae (urine and SureSwab®)
- 19550 Trichomoniasis vaginalis (urine and SureSwab®)
- 90570 SureSwab® HSV 1&2
- @ 16494 SureSwab® Candidiasis, PCR
- 16898 SureSwab® Bacterial Vaginosis♦
- @ 15509 SureSwab® Vaginosis/Vaginitis♦
- B 17333 SureSwab® Vaginosis/Vaginitis Plus♦
- @ 91475 SureSwab® Mycoplasma genitalium PCR
- @ 91477 SureSwab® Mycoplasma/Ureaplasma Panel PCR
- @ 91474 SureSwab® Mycoplasma hominis PCR
- @ 91476 SureSwab® Ureaplasma spp. ♦ See Back for Description of Panels

SOURCE:

- CX cervix
- ECC endocervix
- VG vagina
- LMP ___/___/___
- PM postmenopausal, yr _____
- PG pregnant _____ wks
- PP postpartum _____ wks
- IUC IUD
- prev. Pap/Biopsy case # & result

CLINICAL HISTORY

- as applicable for Pap screening:
- MT7 no Pap within last 7 yrs
 - AB HR HPV or abnl Pap Hx/Rx
 - ABB abnormal bleeding (postcoital, postmenopausal)
 - HO hormones (HRT, BCP, Depo...)
 - FHX personal/family Hx GYN CA
 - XR pelvic radiation
 - HYT cervix surgically removed
 - OHR other high risk factor, specify†
- † Specify

Additional Tests

Blank area for additional tests.

Adhere To Specimen Container(s) Do NOT use on glass slides.



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DLO, Diagnostic Laboratory of Oklahoma, the associated logo and all associated Diagnostic Laboratory of Oklahoma marks are the trademarks of Diagnostic Laboratory of Oklahoma. 0020374-XQ. Revised 3/14.

Prescription Drug Monitoring with MedMATCH®

BILL TO:

- My Account
- Insurance Provided
- Lab Card/Select
- Patient

PRINT PATIENT NAME (LAST, FIRST, MIDDLE)

REGISTRATION # (IF APPLICABLE) M M YEAR SEX
DATE OF BIRTH

DID YOU KNOW
Panel Components Are Listed On The Back
Reflex And Confirmation Tests Are Performed At An Additional Charge
Each Sample Should Be Labeled With At Least Two Patient Identifiers At Time Of Collection.

ACCOUNT #:
NAME:
ADDRESS:
CITY, STATE, ZIP
TELEPHONE #:

PATIENT SOCIAL SECURITY # OFFICE / PATIENT ID #
ROOM # LAB # PHONE #
INSURANCE RESPONSIBLE PARTY (LAST, FIRST, MIDDLE) OTHER THAN PATIENT
PATIENT STREET ADDRESS (INSURANCE RESPONSIBLE PARTY) APT. # KEY #

DATE COLLECTED TIME AM PM TOTAL VOL./HRS. Fasting Not Fasting
ML HR STATE ZIP

NPI/UPIN ORDERING/SUPERVISING PHYSICIAN AND/OR PAYORS (MUST BE IN COMPLIANCE WITH STATE REQUIREMENTS)
INSURANCE CO. NAME MEMBER / INSURED ID NO. # GROUP #
INSURANCE ADDRESS CITY STATE ZIP

ADDIT'L PHYS.: Dr. NAME I.D.#
 Fax Results to: ()
Send Client # OR NAME:
Duplicate ADDRESS:
Report to: CITY STATE ZIP

Medicare Limited Coverage Tests
@ = May not be covered for the reported diagnosis.
F = Has prescribed frequency rules for coverage.
& = A test or service performed with research/experimental kit.
B = Has both diagnosis and frequency-related coverage limitations.
Provide signed ABN when necessary

ICD Codes (enter all that apply)

This information is required to receive a medMATCH™ report. Check up to five boxes below for prescribed medications. (Choose either the generic or trade name, not both)

- No Prescription Given
- Amphetamines**
 - Amphetamine
 - Adderall®
 - Vyvanse®
 - Methamphetamine
- Barbiturates**
 - Amobarbital
 - Butalbital
 - Fioricet®
 - Pentobarbital
 - Nembutal®
 - Phenobarbital
 - Secobarbital
 - Seconal®
 - Secobarbital/Amobarbital
 - Tuinal®
- Benzodiazepines**
 - Alprazolam
 - Xanax®
 - Clonazepam
 - Klonopin®
 - Clorazepate
 - Novo Clogate®
 - Tranxene®
 - Chlordiazepoxide
 - Librium®
 - Diazepam
 - Valium®
 - Flurazepam
 - Dalmane®
 - Lorazepam
 - Ativan®
 - Midazolam
 - Versed®
 - Oxazepam
- Serax®**
- Temazepam**
- Restoril®**
- Triazolam**
- Halcion®**
- Buprenorphine**
 - Buprenorphine
 - Butrans®
 - Suboxone®
 - Subutex®
- Carisoprodol**
- SOMA®**
- Fentanyl**
 - Actiq®
 - Duragesic®
 - Sublimaze®
- Gabapentin**
 - Neurontin®
- Marijuana**
 - Marinol®
 - Medical Marijuana
- Meperidine**
- Demerol®**
- Methadone**
- Dolophine®**
- Methylphenidate**
 - Concerta®
 - Ritalin®
- Opiates**
 - Codeine
 - Aceta w/ Codeine
 - Phenaphen w/ Codeine®
 - Tylenol 3®
 - Tylenol w/ Codeine®
 - Hydrocodone
 - Hycodan®
- Lorcet®**
- Lortab®**
- Norco®**
- Vicodin®**
- Zohydro®**
- Hydromorphone**
 - Dilaudid®
- Morphine**
 - AVINZA®
 - Kadian®
 - MS Contin®
 - SOMA®
- Oxycodone**
 - Oxycodone
 - Endocet®
 - Oxycontin®
 - Percocet®
 - Percodan®
 - Roxicodone®
 - Oxymorphone®
 - Upana®
- Pregabalin**
- Lyrica®**
- Tapentadol**
- Nucynta®**
- Tramadol**
 - Tramal®
 - Ultram®
- Tricyclic Antidepressants**
 - Amitriptyline
 - Elavil®
 - Endep®
 - Nortriptyline
 - Aventyl®
 - Pamelor®

Drug/Drug Class	Test Codes		
	Screen	Screen w/confirmation medMATCH	Quantitative medMATCH
Alcohol Metabolites		@ <input type="checkbox"/> 90079	<input type="checkbox"/> 92142
Amphetamines	<input type="checkbox"/> 92222	@ <input type="checkbox"/> 70245	<input type="checkbox"/> 70209
Amphetamines d/l Isomers		@ <input type="checkbox"/> 91590	<input type="checkbox"/> 92484
Barbiturates	<input type="checkbox"/> 92223	@ <input type="checkbox"/> 70246	<input type="checkbox"/> 70230
Benzodiazepines	<input type="checkbox"/> 92224	<input type="checkbox"/> 70247	<input type="checkbox"/> 70231
Buprenorphine	@ <input type="checkbox"/> 16207	@ <input type="checkbox"/> 70249	<input type="checkbox"/> 18998
Carisoprodol			<input type="checkbox"/> 18999
Cocaine Metabolite	<input type="checkbox"/> 92225	@ <input type="checkbox"/> 70248	<input type="checkbox"/> 90082
Fentanyl			<input type="checkbox"/> 18996
Gabapentin			<input type="checkbox"/> 70205
Heroin Metabolite	<input type="checkbox"/> 92226	@ <input type="checkbox"/> 90081	<input type="checkbox"/> 90333
Marijuana Metabolite	<input type="checkbox"/> 92227	@ <input type="checkbox"/> 18989	<input type="checkbox"/> 70233
MDMA/MDA	<input type="checkbox"/> 92228	@ <input type="checkbox"/> 90078	<input type="checkbox"/> 90334
Meperidine			<input type="checkbox"/> 70206
Methadone Metabolite (EDDP)	<input type="checkbox"/> 92229	@ <input type="checkbox"/> 18990	<input type="checkbox"/> 70234
Methylphenidate			<input type="checkbox"/> 90247
Opiates	<input type="checkbox"/> 92230	<input type="checkbox"/> 18991	<input type="checkbox"/> 70237
Oxycodone	<input type="checkbox"/> 92231	@ <input type="checkbox"/> 18992	<input type="checkbox"/> 70238
Phencyclidine	<input type="checkbox"/> 92232	@ <input type="checkbox"/> 18993	<input type="checkbox"/> 90083
Pregabalin			<input type="checkbox"/> 70208
Propoxyphene	<input type="checkbox"/> 92233	@ <input type="checkbox"/> 18995	<input type="checkbox"/> 70239
Tapentadol			<input type="checkbox"/> 90244
Tramadol			<input type="checkbox"/> 70207
Tricyclic Antidepressants			<input type="checkbox"/> 70204

Specimen Validity Test 16278

Prescription Drug Monitoring Profiles	S	S, C, M	S, C, M, I
Base Profile	<input type="checkbox"/> 16260	<input type="checkbox"/> 16259	
Profile 1	<input type="checkbox"/> 92466	<input type="checkbox"/> 92450	<input type="checkbox"/> 92451
Profile 5	<input type="checkbox"/> 90347	<input type="checkbox"/> 90348	<input type="checkbox"/> 92455
Profile 6		<input type="checkbox"/> 92456	

S = Screen S, C, M = Screen, reflex to confirmation with medMATCH S, C, M, I = Screen, reflex to confirmation, d/l isomers with medMATCH

ADDITIONAL TESTS: (MUST INCLUDE COMPLETE TEST NAME AND ORDER CODE.) Prescription Drug Monitoring Consultation Hotline 877-40-RX-TOX (877-407-9869)

COMMENTS, CLINICAL INFORMATION: _____

Physician Signature (Required for PA, NY, NJ & WV) _____

For any patient of any payor (including Medicare and Medicaid), only order those tests which are medically necessary for the diagnosis and treatment of the patient.

TOTAL TESTS ORDERED

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**Prescription Drug Monitoring
without MedMATCH®**

BILL TO:
 My Account
 Insurance Provided
 Lab Card/Select
 Patient

PRINT PATIENT NAME (LAST, FIRST, MIDDLE)
 REGISTRATION # (IF APPLICABLE) M M D D YEAR SEX
 DATE: / /

DID YOU KNOW
 Panel Components Are Listed On The Back
 Reflex And Confirmation Tests Are
 Performed At An Additional Charge
 Each Sample Should Be Labeled With At
 Least Two Patient Identifiers At Time Of
 Collection.

ACCOUNT #:
 NAME:
 ADDRESS:
 CITY, STATE, ZIP
 TELEPHONE #:

PATIENT SOCIAL SECURITY # _____ OFFICE / PATIENT ID # _____
 ROOM # _____ LAB REFERENCE # _____ PATIENT PHONE # _____
 () _____
 PRIMARY OF INSURED/RESPONSIBLE PARTY (LAST, FIRST, MIDDLE) - IF OTHER THAN PATIENT
 PATIENT HOME ADDRESS (OR OFFICE ADDRESS OF RESPONSIBLE PARTY) APT. # KEY #

DATE COLLECTED TIME AM PM TOTAL VOL./HRS. _____ ML _____ HR _____

NPI/UPIN ORDERING/SUPERVISING PHYSICIAN AND/OR PAYORS (MUST INCLUDE)
 NPI/UPIN L _____ I.D.# _____
 RELATIONSHIP TO INSURED: SELF SPOUSE DEPENDENT
 INSURANCE CO. NAME _____
 MEMBER / INSURED ID NO. # _____ GROUP # _____
 INSURANCE ADDRESS _____
 CITY _____ STATE _____ ZIP _____

PRIMARY INSURANCE
 MEMBER / INSURED ID NO. # _____ GROUP # _____
 INSURANCE ADDRESS _____
 CITY _____ STATE _____ ZIP _____

ADDIT'L PH... NPI/UPIN L _____
 NON-PHYSICIAN PROVIDER: NAME _____ I.D.# _____
 Fax Results to _____
 Send Client # _____
 Duplicate ADDRESS _____
 Report to: CITY _____ STATE _____ ZIP _____

Medicare Limited Coverage Tests
 @ = May not be covered for the reported diagnosis.
 F = Has prescribed frequency rules for coverage.
 & = A test or service performed with research/experimental kit.
 B = Has both diagnosis and frequency-related coverage limitations.
Provide signed ABN when necessary

ICD Codes (enter all that apply)

See reverse for profile components.

PRESCRIPTION DRUG MONITORING PROFILES	S	S,C	S,C,I
Base Profile	<input type="checkbox"/> 16260	<input type="checkbox"/> 16457	
Profile 1	<input type="checkbox"/> 92466	<input type="checkbox"/> 92458	<input type="checkbox"/> 92459
Profile 2	<input type="checkbox"/> 92467	<input type="checkbox"/> 92461	
Profile 3	<input type="checkbox"/> 16855	<input type="checkbox"/> 16456	
Profile 4	<input type="checkbox"/> 92468	<input type="checkbox"/> 92462	
Profile 5	<input type="checkbox"/> 90347	<input type="checkbox"/> 90318	<input type="checkbox"/> 92463
Profile 6		<input type="checkbox"/> 92464	
Profile 7		<input type="checkbox"/> 92465	
Profile 8		<input type="checkbox"/> 92490	

S = screen S,C = Screen, reflex to confirmation S,C,I = Screen, reflex to confirmation, d/l isomers

Drug/Drug Class	Test Codes		
	Screen	Screen w/confirmation	Quantitative
Alcohol Metabolites		@ <input type="checkbox"/> 16910	<input type="checkbox"/> 16217
Amphetamines	<input type="checkbox"/> 92222	@ <input type="checkbox"/> 16885	<input type="checkbox"/> 16913
Amphetamines d/l Isomers		<input type="checkbox"/> 91589	<input type="checkbox"/> 92483
Barbiturates	<input type="checkbox"/> 92223	@ <input type="checkbox"/> 16886	<input type="checkbox"/> 16912
Benzodiazepines	<input type="checkbox"/> 92224	<input type="checkbox"/> 16887	<input type="checkbox"/> 16914
Buprenorphine	@ <input type="checkbox"/> 16207	@ <input type="checkbox"/> 16901	<input type="checkbox"/> 16213
Carisoprodol			<input type="checkbox"/> 16902
Cocaine Metabolite	<input type="checkbox"/> 92225	@ <input type="checkbox"/> 16888	<input type="checkbox"/> 16916
Fentanyl			<input type="checkbox"/> 16900
Gabapentin			<input type="checkbox"/> 16904
Heroin Metabolite	<input type="checkbox"/> 92226	@ <input type="checkbox"/> 16911	<input type="checkbox"/> 90329
Marijuana Metabolite	<input type="checkbox"/> 92227	@ <input type="checkbox"/> 16889	<input type="checkbox"/> 16917
MDMA/MDA	<input type="checkbox"/> 92228	@ <input type="checkbox"/> 16909	<input type="checkbox"/> 90331
Meperidine			<input type="checkbox"/> 16905
Methadone Metabolite (EDDP)	<input type="checkbox"/> 92229	@ <input type="checkbox"/> 16890	<input type="checkbox"/> 16918
Methamphetamine d/l isomers			<input type="checkbox"/> 90319
Methylphenidate			<input type="checkbox"/> 90246
Opiates	<input type="checkbox"/> 92230	<input type="checkbox"/> 16891	<input type="checkbox"/> 16298
Oxycodone	<input type="checkbox"/> 92231	@ <input type="checkbox"/> 16892	<input type="checkbox"/> 16920
Phencyclidine	<input type="checkbox"/> 92232	@ <input type="checkbox"/> 16893	<input type="checkbox"/> 16921
Pregabalin			<input type="checkbox"/> 16908
Propoxyphene	<input type="checkbox"/> 92233	@ <input type="checkbox"/> 16894	<input type="checkbox"/> 16922
Tapentadol			<input type="checkbox"/> 90243
Tramadol			<input type="checkbox"/> 16906
Tricyclic Antidepressants			<input type="checkbox"/> 16903

ADDITIONAL TESTS: (MUST INCLUDE COMPLETE TEST NAME AND ORDER CODE.) Prescription Drug Monitoring Consultation Hotline 877-40-RX-TOX (877-407-9869)

COMMENTS, CLINICAL INFORMATION: _____
 Physician Signature (Required for PA, NY, NJ & WV) _____
TOTAL TESTS ORDERED

For any patient of any payor (including Medicare and Medicaid), only order those tests which are medically necessary for the diagnosis and treatment of the patient.

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800.891.2917 • www.dlolab.com

TEM-PCR® for Women and Men

- BILL TO:**
 My Account
 Insurance Provided
 Labcard Select
 Patient

PRINT PATIENT NAME (LAST, FIRST, MIDDLE)
 REGISTRATION # (IF APPLICABLE) DATE OF BIRTH MM/DD/Year SEX
 PATIENT SOCIAL SECURITY # OFFICE/PATIENT ID #
 ROOM # LAB REFERENCE # PATIENT PHONE #
 PRINT NAME OF RESPONSIBLE PARTY (LAST, FIRST, MIDDLE) - IF OTHER THAN PATIENT
 ADDRESS INSURED/RESPONSIBLE PARTY APT. # KEY #
 THE INSURED IS SPOUSE DEPENDENT
 INSURANCE CO. NAME
 MEMBER ID # GROUP #
 INSURANCE ADDRESS
 CITY STATE ZIP

ACCOUNT #:

NAME:

ADDRESS:
 CITY, STATE, ZIP:

TELEPHONE #:

DID YOU KNOW

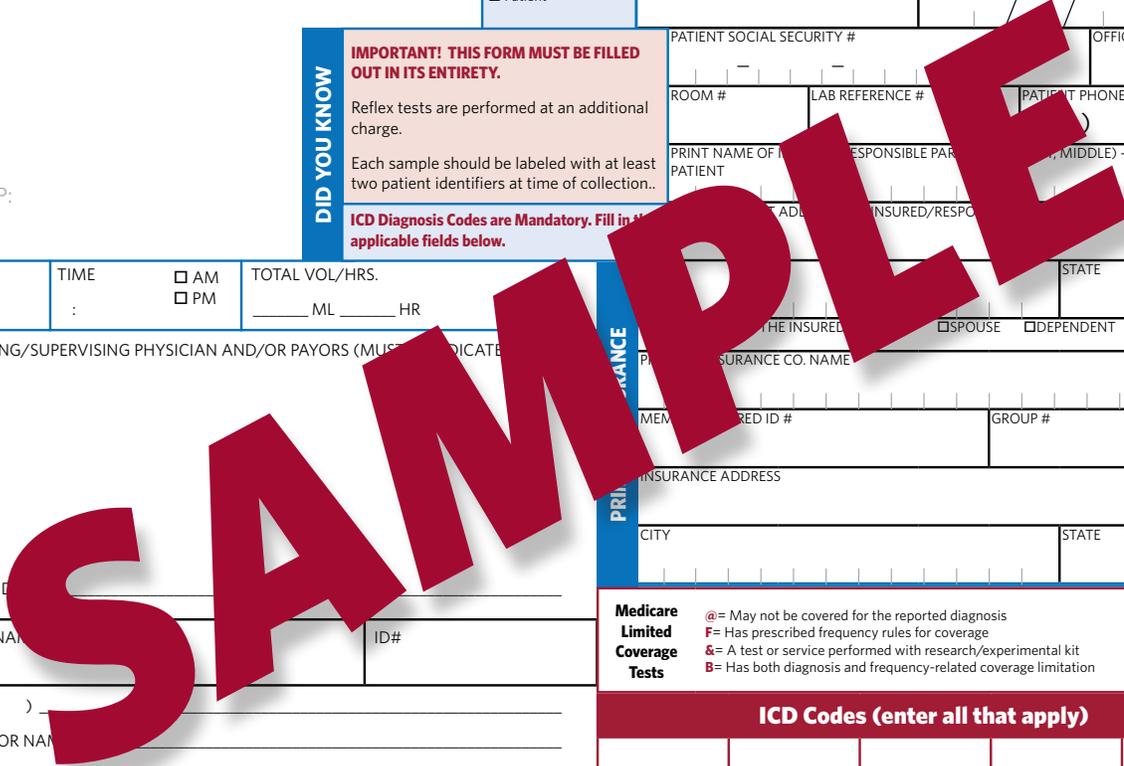
IMPORTANT! THIS FORM MUST BE FILLED OUT IN ITS ENTIRETY.

Reflex tests are performed at an additional charge.

Each sample should be labeled with at least two patient identifiers at time of collection..

ICD Diagnosis Codes are Mandatory. Fill in the applicable fields below.

DATE COLLECTED TIME AM PM TOTAL VOL/HR. _____ ML _____ HR STATE ZIP
 NPI/UPIN ORDERING/SUPERVISING PHYSICIAN AND/OR PAYORS (MUST INDICATE) _____
 MEMBERSHIP ADDRESS CITY STATE ZIP



ADDIT'L PHYS: D _____
 NON-PHYSICIAN PROVIDER: NAME ID#
 Fax Results to: () _____
 Send Duplicate Report to: Client # OR NAME Address: _____
 City STATE ZIP:

Medicare Limited Coverage Tests @= May not be covered for the reported diagnosis
 F= Has prescribed frequency rules for coverage
 &= A test or service performed with research/experimental kit
 B= Has both diagnosis and frequency-related coverage limitation
Provide signed ABN when necessary
ICD Codes (enter all that apply)

Special Instructions: One Specimen and One Panel per Requisition.

Panels for Women and Men*

Acceptable Specimen PLEASE CIRCLE SPECIMEN TYPE

@95198	<input type="checkbox"/>	*Women's Health Panel - 15:1 <i>Atopobium vaginae, Candida albicans, Candida glabrata, Candida krusei, Candida parapsilosis, Candida tropicalis, Chlamydia trachomatis, Gardnerella vaginalis, Herpes Simplex Virus Types 1 & 2, Mycoplasma genitalium, Mycoplasma hominis, Neisseria gonorrhoeae, Trichomonas vaginalis, Ureaplasma urealyticum</i>	Endocervical Swab Vaginal Swab	Urethral Swab Urine (STD)
@95621	<input type="checkbox"/>	*Candidiasis Panel <i>Candida albicans, Candida glabrata, Candida krusei, Candida parapsilosis, Candida tropicalis</i>	Endocervical Swab Vaginal Swab	Urethral Swab <i>Men Only</i> Urine (STD)
@95848	<input type="checkbox"/>	*STD 5 Panel <i>Chlamydia trachomatis, Herpes Simplex Virus Types 1 & 2, Neisseria gonorrhoeae, Trichomonas vaginalis</i>	Endocervical Swab Vaginal Swab	Urethral Swab <i>Men Only</i> Urine (STD)
@ 95176	<input type="checkbox"/>	*Bacterial Vaginosis Panel <i>Atopobium vaginae, Gardnerella vaginalis, Mycoplasma hominis, Mycoplasma genitalium, Ureaplasma urealyticum</i>	Urine (STD)	Vaginal Swab
95618	<input type="checkbox"/>	Group B <i>Streptococcus</i> (GBS) <i>Streptococcus agalactiae</i>	Rectal Swab	Vaginal Swab
95619	<input type="checkbox"/>	GBS with sensitivities USE ONLY FOR PATIENTS WITH PENICILLIN ALLERGY		

* Medical Records May Be Requested to Support Diagnosis Code for Test(s) Ordered

COMMENTS, CLINICAL INFORMATION:

Many payers (including Medicare and Medicaid) have medical necessity requirements. You should only order those tests which are medically necessary for the diagnosis and treatment of the patient.

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DIAGNOSTIC
LABORATORY
OF OKLAHOMA

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**TEM-PCR® DIAGNOSTIC
DIFFERENTIAL PANELS**

BILL TO:

- My Account
- Insurance Provided
- Labcard Select
- Patient

PRINT PATIENT NAME (LAST, FIRST, MIDDLE)

REGISTRATION # (IF APPLICABLE)

BIRTH MM/DD/Year

SEX

ACCOUNT #:

NAME:

ADDRESS:

CITY, STATE, ZIP:

TELEPHONE #:

DID YOU KNOW

**IMPORTANT! THIS FORM MUST BE FILLED
OUT IN ITS ENTIRETY.**

Reflex tests are performed at an additional charge.

Each sample should be labeled with two patient identifiers at time of collection.

ICD Diagnosis Codes are Mandatory in the applicable fields.

PATIENT SOCIAL SECURITY #

OFFICE/PATIENT ID #

ROOM

LAB REFERENCE

PATIENT PHONE #

PATIENT NAME (LAST, FIRST, MIDDLE) - IF OTHER THAN

STREET ADDRESS (OR BUSINESS ADDRESS IF RESPONSIBLE PARTY)

APT. #

KEY #

DATE COLLECTED

TIME

- AM
- PM

TOTAL VOL/HR

HR

STATE

ZIP

NPI/UPIN ORDERING/SUPERVISING PHYSICIAN AND/OR PA

RELATIONSHIP TO THE INSURED: SELF SPOUSE DEPENDENT

PRIMARY INSURANCE CO. NAME

MEMBER/INSURED ID #

GROUP #

INSURANCE ADDRESS

CITY

STATE

ZIP

ADD'L P

NPI/UPIN

NON-PHYSICIAN PROVIDER:

NAME

ID#

Fax Results to:

Send Duplicate Report to: Client # OR NAME: _____

Address: _____

City: _____ STATE _____ ZIP: _____

Medicare Limited Coverage Tests

- @= May not be covered for the reported diagnosis
- F= Has prescribed frequency rules for coverage
- &= A test or service performed with research/experimental kit
- B= Has both diagnosis and frequency-related coverage limitation

Provide signed ABN when necessary

ICD Codes (enter all that apply)

Special Instructions: One Specimen and One Panel per Requisition.

Specimens for TEM-PCR® testing must be collected using **TEM-PCR® Swab Kit, #9001285**. Specimens submitted using any other swab will not be processed. Please contact DLO Client Supply to order collection kit.

Diagnostic Differential Panels
(Components on Back)

Acceptable Specimen
PLEASE CIRCLE SPECIMEN SOURCE

@ 95052	<input type="checkbox"/>	Bacterial Pneumonia Panel	Bronchial Aspirate Sputum Specimen Swab	Nasopharyngeal Aspirate/Wash Other:	Nasopharyngeal Swab
95045	<input type="checkbox"/>	Gastrointestinal Panel	Rectal Swab	Stool Specimen	Other:
@ 95048	<input type="checkbox"/>	Infectious Disease Panel	General Swab	Synovial Fluid	Other:
@ 96411	<input type="checkbox"/>	Necrosis Panel	General Swab	Other:	Source:
@ 95049	<input type="checkbox"/>	Respiratory Infection Panel	Bronchial Aspirate Sputum Specimen Swab	Nasopharyngeal Aspirate/Wash Other:	Nasopharyngeal Swab
@ 95852	<input type="checkbox"/>	Skin and Soft Tissue Panel	General Swab	Other:	Source:
@ 95047	<input type="checkbox"/>	Staphylococcus Differentiation Panel	General Swab Source:	Nasal Swab Synovial Fluid	Other:
58753	<input type="checkbox"/>	Viral Respiratory Panel	Bronchial Aspirate Sputum Specimen Swab	Nasopharyngeal Aspirate/Wash Throat Swab	Nasopharyngeal Swab Other:

COMMENTS, CLINICAL INFORMATION:

For any patient of any payor (including Medicare and Medicaid), only order those tests which are medically necessary for the diagnosis and treatment of the patient.

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DIAGNOSTIC
LABORATORY
OF OKLAHOMA

Non-Invasive Prenatal Screening
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BILL TO:

- My Account
- Insurance Provided
- Lab Card/Select
- Patient

PRINT PATIENT NAME (LAST, FIRST, MIDDLE)

REGISTRATION # (IF APPLICABLE)

MONTH

YEAR

SEX

DATE
OF
BIRTH

PATIENT SOCIAL SECURITY #

PATIENT ID #

ROOM

LAB RE

HOM

(NAME) (MED/PHYSICIAN) (PARTY) (ST. FIR) (IF OTHER THAN PATIENT)

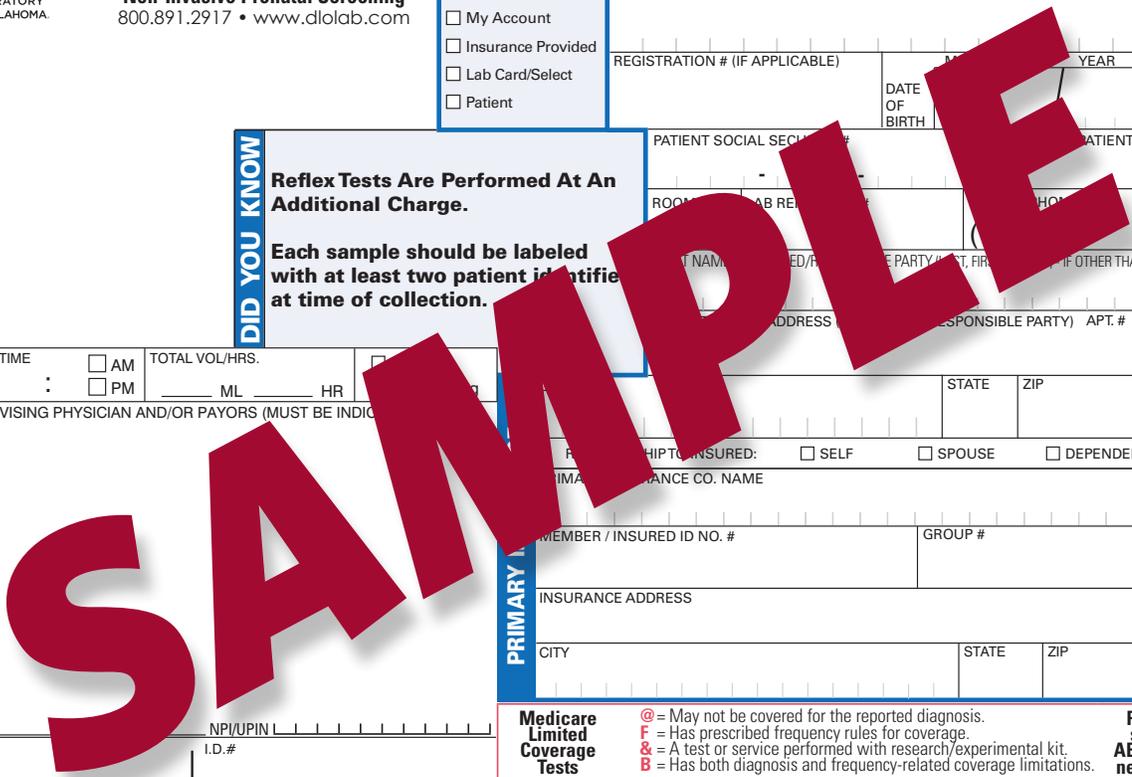
ADDRESS (RESPONSIBLE PARTY) APT. # KEY #

ACCOUNT #:
NAME:
ADDRESS:
CITY, STATE, ZIP
TELEPHONE #:

DID YOU KNOW

Reflex Tests Are Performed At An Additional Charge.

Each sample should be labeled with at least two patient identifiers at time of collection.



DATE COLLECTED TIME AM PM TOTAL VOL./HRS. ML HR

NPI/UPIN ORDERING/SUPERVISING PHYSICIAN AND/OR PAYORS (MUST BE INDICATED)

RELATIONSHIP TO INSURED: SELF SPOUSE DEPENDENT

INSURANCE CO. NAME

MEMBER / INSURED ID NO. #

GROUP #

INSURANCE ADDRESS

CITY

STATE

ZIP

ADD'L PHYS.: Dr. NPI/UPIN I.D.#

NON-PHYSICIAN NAME PROVIDER:

Fax Results to: ()

Send Client # OR NAME:

Duplicate ADDRESS:

Report to: CITY:

STATE

ZIP

Medicare Limited Coverage Tests

- @ = May not be covered for the reported diagnosis.
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- R = A test or service performed with research/experimental kit.
- B = Has both diagnosis and frequency-related coverage limitations.

Provide signed ABN when necessary

ICD Codes (enter all that apply)

Aneuploidy Screening

92777 QNatal™ Advanced for fetal Chromosomal abnormalities (as early as 10.0 weeks gestation) Two 10mL Cell Free DNA StreckTubes

Collection Date: ___/___/___

Estimated Date of Delivery (EDD): ___/___/___

Number of Fetuses: One Two Three More than 3

Maternal Height: ___ ft. ___ in. Maternal Weight: ___ lbs

Increased risk due to (Must respond to all):

- | | |
|--------------------------|--------------------------|
| Yes | No |
| <input type="checkbox"/> | <input type="checkbox"/> |

Other

Opt-Out for subchromosomal copy variant (microdeletions)

Opt-Out for fetal sex

Additional Comments

Neural Tube Defect Screening

@5059 Maternal Serum AFP (MSAFP) (15.0 – 22.9 weeks gestation) 1 mL Red Top SST

Date of Birth: ___/___/___ Collection Date: ___/___/___ Maternal Weight: ___ lbs

Estimated Date of Delivery (EDD): ___/___/___

Determined by: Ultrasound Last Menstrual Period (LMP) Physical Exam

Mother's Ethnic Origin: African American Asian Caucasian Hispanic Other: _____

Number of Fetuses: One Two More than 2 How many fetuses? _____

- Yes No
- Patient is an insulin-dependent diabetic prior to pregnancy
- This is a repeat specimen for this pregnancy
- History of neural tube defect If yes, explain: _____

Other Relevant Clinical Information:

Informed Consent for Maternal Serum AFP

- Maternal Serum AFP (MSAFP) is offered to screen for open neural tube defects and may lead to the detection of 95% of fetuses with anencephaly and 65-80% of fetuses with open spina bifida.
- Neural tube defects (such as spina bifida and anencephaly) occur when the spine and brain do not develop completely.
- Some open neural tube defects and those covered with skin may not be detected. Most other birth defects and mental retardation are NOT detected by MSAFP screening.
- Screen positive results mean further testing may be necessary to determine if the fetus has a neural tube defect. Such testing may include a repeat MSAFP test, ultrasound, or removal and testing of a small amount of amniotic fluid (amniocentesis).
- Screen positive results may occur for reasons such as: miscalculation of due date, twin pregnancy, vaginal bleeding, or the presence of other rare birth defects. Sometimes the results are screen positive for no apparent reason.
- At the request of your physician, screen positive results will be given to a diagnostic center for follow-up.

I certify that I have read the above consent and understand its content, including the BENEFITS and LIMITATIONS of Maternal Serum AFP Screening and request that it be performed. I have discussed the test with my physician.

Patient Signature (required for New York residents only)

Date

Physician Signature (required for New York residents only)

Date

Call 866-GENE-INFO with any questions

For any patient of any payor (including Medicare and Medicaid) that has a medical necessity requirement, you should only order those tests which are medically necessary for the diagnosis and treatment of the patient.

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AmeriPath
Oklahoma City

405-841-7875
800-281-8077

- BILL TO:**
- MY ACCOUNT
 - PATIENT
 - MEDICARE
 - RAILROAD MEDICARE
 - MEDICAID
 - Lab Card/Select
 - OTHER INSURANCE

PRINT PATIENT NAME (LAST, FIRST, MIDDLE) _____

REGISTRATION # (IF APPLICABLE) _____ M D D YEAR _____ SEX _____

PATIENT SOCIAL SECURITY # _____ OFFICE / PATIENT ID # _____

RACE (Required) _____ GENDER _____ PATIENT PHONE # _____

PRINT NAME OF RESPONSIBLE PARTY (LAST, FIRST, MIDDLE) OTHER THAN PATIENT _____

MEET (OR INSURED) _____ APT. # _____ KEY# _____

CITY _____ STATE _____ ZIP _____

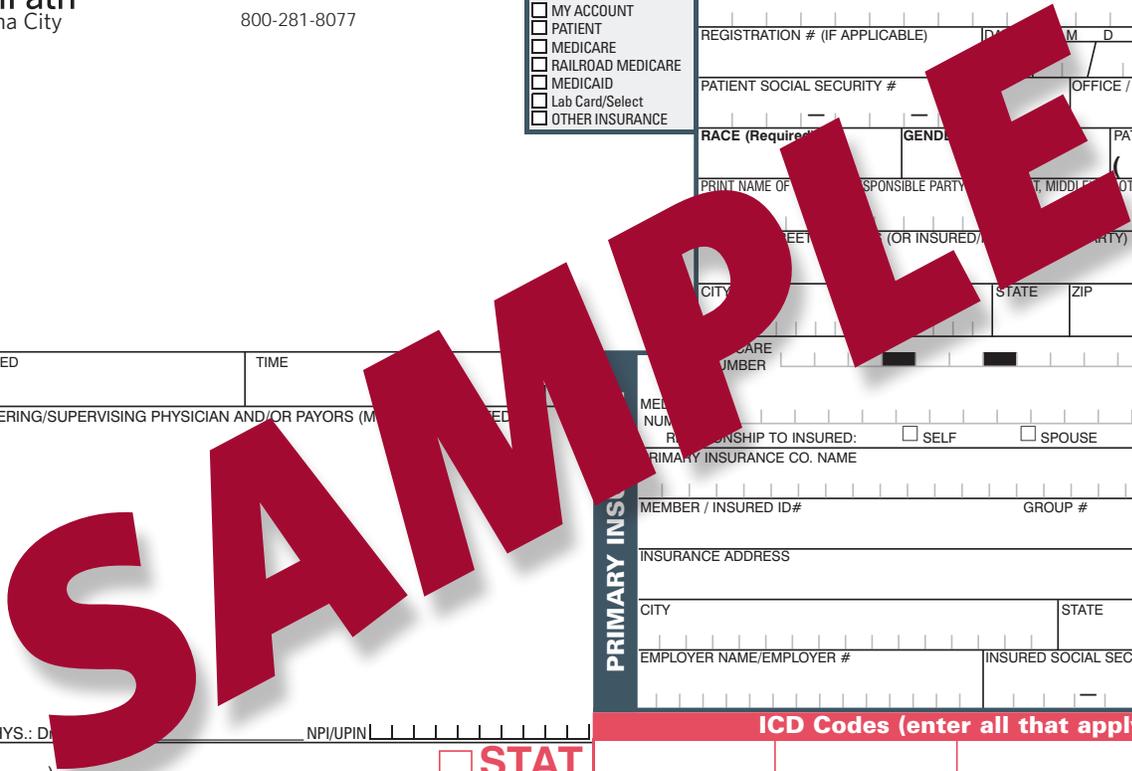
ACCOUNT #:
NAME:
ADDRESS:
CITY, STATE, ZIP
TELEPHONE #:

DATE COLLECTED _____ TIME _____ CARE NUMBER _____ SUFFIX _____

NPI/UPIN ORDERING/SUPERVISING PHYSICIAN AND/OR PAYORS (MUST BE LICENSED IN STATE) _____ MEDICAL NUMBER _____ STATE _____

RELATIONSHIP TO INSURED: SELF SPOUSE DEPENDENT

PRIMARY INSURANCE CO. NAME _____



PRIMARY INS

MEMBER / INSURED ID# _____ GROUP # _____

INSURANCE ADDRESS _____

CITY _____ STATE _____ ZIP _____

EMPLOYER NAME/EMPLOYER # _____ INSURED SOCIAL SECURITY # (if not patient) _____

ADDIT'L PHYS.: D _____ NPI/UPIN _____

Fax Results to: () STAT

Send Duplicate Report to:
NAME: _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____

ICD Codes (enter all that apply)

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§ These offerings may require special studies, markers, or stains as deemed appropriate for proper evaluation by the AmeriPath Pathologist. These additional tests may result in additional charges.

HISTOLOGY REQUEST

TISSUE PATHOLOGY AND NON GYN CYTOLOGY TEST OFFERINGS §

Specimen (Sources)	Procedure (excision, cone, punch, shave, etc.)	Specific Anatomic Site	Pre-Op Dx (duration, size, impression, etc.)
1			
2			
3			
4			
5			
6			

GYNECOLOGIC TISSUE BIOPSY HISTORY

NON-GYNECOLOGIC TISSUE BIOPSY HISTORY

LMP: _____ PREVIOUS BIOPSY NO. _____ DATE: _____

PREVIOUS PAP ACCESSION NO. _____ ACCESSION NO. _____

Clinical History:

Affixed Label

QD90042-XO (Rev. 8/12)
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ICD-10 Common Codes

ICD-10 Code	Diagnoses
A63.8	Other Specified Predominantly Sexually Transmitted Diseases
A64	Unspecified Sexually Transmitted Disease
A69.20	Lyme Disease, Unspecified
B00.9	Herpesviral Infection, Unspecified
B17.10	Acute Hepatitis C Without Hepatic Coma
B18.1	Chronic Viral Hepatitis B Without Delta-Agent
B18.2	Chronic Viral Hepatitis C
B19.20	Unspecified Viral Hepatitis C Without Hepatic Coma
B20	Human Immunodeficiency Virus (HIV) Disease
B34.9	Viral Infection, Unspecified
B35.1	Tinea Unguium
B37.3	Candidiasis Of Vulva And Vagina
B89	Unspecified Parasitic Disease
B96.81	Helicobacter Pylori (H. Pylori) As The Cause Of Diseases Classified Elsewhere
B97.7	Papillomavirus As The Cause Of Diseases Specified Elsewhere
B99.9	Unspecified Infectious Disease
C18.9	Malignant Neoplasm Of Colon, Unspecified
C20	Malignant Neoplasm Of Rectum
C34.90	Malignant Neoplasm Of Unspecified Part Of Unspecified Bronchus Or Lung
C50.419	Malignant Neoplasm Of Upper-Outer Quadrant Of Unspecified Female Breast
C50.911	Malignant Neoplasm Of Unspecified Site Of Right Female Breast
C50.912	Malignant Neoplasm Of Unspecified Site Of Left Female Breast
C50.919	Malignant Neoplasm Of Unspecified Site Of Unspecified Female Breast
C50.919	Malignant Neoplasm Of Unspecified Site Of Unspecified Female Breast
C54.9	Malignant Neoplasm Of Corpus Uteri, Unspecified
C56.1	Malignant Neoplasm Of Right Ovary
C56.2	Malignant Neoplasm Of Left Ovary
C56.9	Malignant Neoplasm Of Unspecified Ovary
C61	Malignant Neoplasm Of Prostate
C67.9	Malignant Neoplasm Of Bladder, Unspecified
C73	Malignant Neoplasm Of Thyroid Gland
C79.51	Secondary Malignant Neoplasm Of Bone
C79.52	Secondary Malignant Neoplasm Of Bone Marrow

ICD-10 Code	Diagnoses
C85.80	Other Specified Types Of Non-Hodgkins Lymphoma, Unspecified Site
C90.00	Multiple Myeloma Not Having Achieved Remission
C91.10	Chronic Lymphocytic Leukemia Of B-Cell Type Not Having Achieved Remission
C91.11	Chronic Lymphocytic Leukemia Of B-Cell Type In Remission
C91.12	Chronic Lymphocytic Leukemia Of B-Cell Type In Relapse
D12.6	Benign Neoplasm Of Colon, Unspecified
D25.9	Leiomyoma Of Uterus, Unspecified
D47.2	Monoclonal Gammopathy
D48.5	Neoplasm Of Uncertain Behavior Of Skin
D49.2	Neoplasm Of Unspecified Behavior Of Bone, Soft Tissue, And Skin
D50.0	Iron Deficiency Anemia Secondary To Blood Loss (Chronic)
D50.8	Other Iron Deficiency Anemias
D50.9	Iron Deficiency Anemia, Unspecified
D51.0	Vitamin B12 Deficiency Anemia Due To Intrinsic Factor Deficiency
D51.1	Vitamin B12 Deficiency Anemia Due To Selective Vitamin B12 Malabsorption With Proteinuria
D51.2	Transcobalamin 2 Deficiency
D51.3	Other Dietary Vitamin B12 Deficiency Anemia
D51.8	Other Vitamin B12 Deficiency Anemia
D51.9	Vitamin B12 Deficiency Anemia, Unspecified
D53.9	Nutritional Anemia, Unspecified
D63.1	Anemia In Chronic Kidney Disease
D63.8	Anemia In Other Chronic Diseases Classified Elsewhere
D64.89	Other Specified Anemias
D64.9	Anemia, Unspecified
D68.318	Other Hemorrhagic Disorder Due To Intrinsic Circulating Anticoagulants, Antibodies, Or Inhibitors
D68.59	Other Primary Thrombophilia
D68.9	Coagulation Defect, Unspecified
D69.6	Thrombocytopenia, Unspecified
D70.9	Neutropenia, Unspecified
D72.819	Decreased White Blood Cell Count, Unspecified
D72.829	Elevated White Blood Cell Count, Unspecified





ICD-10 Common Codes

ICD-10 Code	Diagnoses
D72.89	Other Specified Disorders Of White Blood Cells
E03.8	Other Specified Hypothyroidism
E03.9	Hypothyroidism, Unspecified
E04.1	Nontoxic Single Thyroid Nodule
E04.2	Nontoxic Multinodular Goiter
E04.9	Nontoxic Goiter, Unspecified
E05.00	Thyrotoxicosis With Diffuse Goiter Without Thyrotoxic Crisis Or Storm
E05.90	Thyrotoxicosis, Unspecified Without Thyrotoxic Crisis Or Storm
E06.3	Autoimmune Thyroiditis
E07.9	Disorder Of Thyroid, Unspecified
E10.9	Type 1 Diabetes Mellitus Without Complications
E11.21	Type 2 Diabetes Mellitus With Diabetic Nephropathy
E11.22	Type 2 Diabetes Mellitus With Diabetic Chronic Kidney Disease
E11.29	Type 2 Diabetes Mellitus With Other Diabetic Kidney Complication
E11.40	Type 2 Diabetes Mellitus With Other Diabetic Neuropathy Unspecified
E11.41	Type 2 Diabetes Mellitus With Other Diabetic Mononeuropathy
E11.42	Type 2 Diabetes Mellitus With Other Diabetic Polyneuropathy
E11.43	Type 2 Diabetes Mellitus With Other Diabetic Autonomic (Poly) Neuropathy
E11.44	Type 2 Diabetes Mellitus With Other Diabetic Amyotrophy
E11.49	Type 2 Diabetes Mellitus With Other Diabetic Neurological Complication
E11.8	Type 2 Diabetes Mellitus With Unspecified Complications
E11.9	Type 2 Diabetes Mellitus Without Complications
E16.2	Hypoglycemia, Unspecified
E21.3	Hyperparathyroidism, Unspecified
E28.2	Polycystic Ovarian Syndrome
E29.1	Testicular Hypofunction
E34.9	Endocrine Disorder, Unspecified
E53.9	Vitamin B Deficiencies, Unspecified
E55.9	Vitamin D Deficiency, Unspecified
E56.9	Vitamin Deficiency, Unspecified
E66.01	Morbid (Severe) Obesity Due To Excess Calories

ICD-10 Code	Diagnoses
E66.2	Morbid (Severe) Obesity Due To Alveolar Hypoventilation
E66.3	Overweight
E66.9	Obesity, Unspecified
E73.0	Congenital Lactase Deficiency
E73.1	Secondary Lactase Deficiency
E73.8	Other Lactose Intolerance
E73.9	Lactose Intolerance, Unspecified
E74.31	Sucrose-Isomaltase Deficiency
E74.39	Other Disorders Of Intestinal Carbohydrate Absorption
E78.0	Pure Hypercholesterolemia
E78.1	Pure Hyperglyceridemia
E78.2	Mixed Hyperlipidemia
E78.5	Hyperlipidemia, Unspecified
E78.9	Disorder Of Lipoprotein Metabolism, Unspecified
E83.10	Disorder Of Iron Metabolism, Unspecified
E83.40	Disorders Of Magnesium Metabolism, Unspecified
E83.51	Hypocalcemia
E83.52	Hypercalcemia
E86.0	Dehydration
E87.1	Hypo osmolality And Hyponatremia
E87.5	Hyperkalemia
E87.6	Hypokalemia
E87.8	Other Disorders Of Electrolyte And Fluid Balance, Not Elsewhere Classified
E88.81	Metabolic Syndrome
E89.0	Postprocedural Hypothyroidism
F11.20	Opioid Dependence, Uncomplicated
F17.200	Nicotine Dependence, Unspecified, Uncomplicated
F25.9	Schizoaffective Disorder, Unspecified
F31.9	Bipolar Disorder, Unspecified
F32.9	Major Depressive Disorder, Single Episode, Unspecified
F34.1	Dysthymic Disorder
F41.1	Generalized Anxiety Disorder
F41.9	Anxiety Disorder, Unspecified
F52.21	Male Erectile Disorder
F52.22	Female Sexual Arousal Disorder





ICD-10 Common Codes

ICD-10 Code	Diagnoses
F90.0	Attention Deficit Hyperactivity Disorder, Predominantly Inattentive Type
F90.9	Attention-Deficit Hyperactivity Disorder, Unspecified Type
G35	Multiple Sclerosis
G40.909	Epilepsy, Unspecified, Not Intractable, Without Status Epilepticus
G43.909	Migraine, Unspecified, Not Intractable, Without Status Migrainosus
G45.9	Transient Cerebral Ischemic Attack, Unspecified
G47.00	Insomnia, Unspecified
G47.30	Sleep Apnea, Unspecified
G60.9	Hereditary And Idiopathic Neuropathy, Unspecified
G89.29	Other Chronic Pain
I10	Essential (Primary) Hypertension
I11.9	Hypertensive Heart Disease Without Heart Failure
I12.9	Hypertensive Chronic Kidney Disease With Stage I Through Stage 4 Chronic Kidney Disease, Or Unspecified Chronic Kidney Disease
I20.9	Angina Pectoris, Unspecified
I25.10	Atherosclerotic Heart Disease Of Native Coronary Artery Without Angina Pectoris
I25.10	Atherosclerotic Heart Disease Of Native Coronary Artery
I25.9	Chronic Ischemic Heart Disease, Unspecified
I26.09	Other Pulmonary Embolism With Acute Cor Pulmonale
I26.99	Other Pulmonary Embolism Without Acute Cor Pulmonale
I34.8	Other Nonrheumatic Mitral Valve Disorders
I35.9	Nonrheumatic Aortic Valve Disorder, Unspecified
I42.8	Other Cardiomyopathy
I48.91	Unspecified Atrial Fibrillation
I49.8	Other Specified Cardiac Arrhythmias
I49.9	Cardiac Arrhythmia, Unspecified
I50.9	Heart Failure, Unspecified
I51.9	Heart Disease, Unspecified
I63.50	Cerebral Infarction Due To Unspecified Occlusion Or Stenosis Of Unspecified Cerebral Artery
I65.29	Occlusion And Stenosis Of Unspecified Carotid Artery, Not Resulting In Cerebral Infarction
I67.89	Other Cerebrovascular Disease
I73.9	Peripheral Vascular Disease, Unspecified

ICD-10 Code	Diagnoses
I80.299	Phlebitis And Thrombophlebitis Of Other Deep Vessels Of Unspecified Lower Extremities
I82.409	Acute Embolism And Thrombosis Of Unspecified Deep Veins Of Unspecified Lower Extremity
I82.90	Acute Embolism And Thrombosis Of Unspecified Vein
I82.91	Chronic Embolism And Thrombosis Of Unspecified Vein
J00	Acute Nasopharyngitis (Common Cold)
J01.90	Acute Sinusitis, Unspecified
J02.0	Streptococcal Pharyngitis
J02.9	Acute Pharyngitis, Unspecified
J03.90	Acute Tonsillitis, Unspecified
J06.9	Acute Upper Respiratory Infection, Unspecified
J18.9	Pneumonia, Unspecified Organism
J20.9	Acute Bronchitis, Unspecified
J30.1	Allergic Rhinitis Due To Pollen
J30.89	Other Allergic Rhinitis
J30.9	Allergic Rhinitis, Unspecified
J31.0	Chronic Rhinitis
J32.9	Chronic Sinusitis, Unspecified
J44.9	Chronic Obstructive Pulmonary Disease, Unspecified
J45.909	Unspecified Asthma, Uncomplicated
K21.0	Gastro-Esophageal Reflux Disease With Esophagitis
K21.9	Gastro-Esophageal Reflux Disease Without Esophagitis
K29.00	Acute Gastritis Without Bleeding
K29.70	Gastritis, Unspecified Without Bleeding
K29.9	Gastroduodenitis, Unspecified Without Bleeding
K30	Functional Dyspepsia
K31.9	Other Diseases Of Stomach And Duodenum
K50.90	Crohn's Disease, Unspecified, Without Complications
K50.911	Crohn's Disease, Unspecified, With Rectal Bleeding
K50.912	Crohn's Disease, Unspecified, With Intestinal Obstruction
K50.913	Crohn's Disease, Unspecified, With Fistula
K50.914	Crohn's Disease, Unspecified, With Abscess
K50.918	Crohn's Disease, Unspecified, With Other Complications



ICD-10 Common Codes

ICD-10 Code	Diagnoses
K50.919	Crohn's Disease, Unspecified, With Unspecified Complications
K51.90	Ulcerative Colitis, Unspecified, Without Complications
K52.9	Noninfective Gastroenteritis And Colitis, Unspecified
K57.30	Diverticulosis Of Large Intestine Without Perforation Or Abscess Without Bleeding
K58.0	Irritable Bowel Syndrome With Diarrhea
K58.9	Irritable Bowel Syndrome Without Diarrhea
K59.00	Constipation, Unspecified
K62.5	Hemorrhage Of Anus And Rectum
K63.5	Polyp Of Colon
K72.10	Chronic Hepatic Failure Without Coma
K72.11	Chronic Hepatic Failure With Coma
K74.60	Unspecified Cirrhosis Of Liver
K75.9	Inflammatory Liver Disease, Unspecified
K76.0	Fatty (Change Of) Liver, Not Elsewhere Classified
K76.9	Liver Disease, Unspecified
K85.9	Acute Pancreatitis, Unspecified
K92.1	Melena
K92.2	Gastrointestinal Hemorrhage, Unspecified
L02.419	Abscess Of Lower Limb
L02.91	Cutaneous Abscess, Unspecified
L03.119	Cellulitis Of Lower Limb
L03.90	Cellulitis, Unspecified
L08.9	Local Infection Of The Skin And Subcutaneous Tissue, Unspecified
L20.89	Other Atopic Dermatitis
L25.9	Unspecified Contact Dermatitis, Unspecified Cause
L30.9	Dermatitis, Unspecified
L40.50	Arthropathic Psoriasis, Unspecified
L40.8	Other Psoriasis
L50.9	Urticaria, Unspecified
L65.9	Nonscarring Hair Loss, Unspecified
L68.0	Hirsutism
L70.8	Other Acne
L72.3	Sebaceous Cyst
L98.9	Disorder Of The Skin And Subcutaneous Tissue, Unspecified

ICD-10 Code	Diagnoses
M06.4	Inflammatory Polyarthropathy
M06.9	Rheumatoid Arthritis, Unspecified
M10.00	Idiopathic Gout, Unspecified Site
M10.9	Gout, Unspecified
M12.9	Arthropathy, Unspecified
M13.0	Polyarthritits, Unspecified
M15.9	Polyosteoarthritis, Unspecified
M19.90	Unspecified Osteoarthritis, Unspecified Site
M25.50	Pain In Unspecified Joint
M25.519	Pain In Unspecified Shoulder
M25.559	Pain In Unspecified Hip
M25.561	Pain In Right Knee
M25.562	Pain In Left Knee
M25.569	Pain In Unspecified Knee
M25.571	Pain In Right Ankle And Joints Of Right Foot
M25.572	Pain In Left Ankle And Joints Of Left Foot
M25.579	Pain In Unspecified Ankle And Joints Of Unspecified Foot
M32.9	Systemic Lupus Erythematosus, Unspecified
M35.00	Sicca Syndrome, Unspecified
M35.3	Polymyalgia Rheumatica
M35.9	Systemic Involvement Of Connective Tissue, Unspecified
M54.2	Cervicalgia
M54.5	Low Back Pain
M54.9	Dorsalgia, Unspecified
M60.9	Myositis
M62.81	Muscle Weakness (Generalized)
M62.838	Other Muscle Spasm
M79.1	Myalgia
M79.609	Pain In Unspecified Limb
M80.00	Age-Related Osteoporosis With Current Pathological Fracture, Unspecified Site
M81.0	Age-Related Osteoporosis Without Current Pathological Fracture
M89.9	Disorder Of Bone, Unspecified
M94.9	Disorder Of Cartilage, Unspecified
N17.9	Acute Kidney Failure, Unspecified
N18.1	Chronic Kidney Disease, Stage 1
N18.2	Chronic Kidney Disease, Stage 2 (Mild)



ICD-10 Common Codes

ICD-10 Code	Diagnoses
N18.3	Chronic Kidney Disease, Stage 3 (Moderate)
N18.4	Chronic Kidney Disease, Stage 4 (Severe)
N18.9	Chronic Kidney Disease, Unspecified
N19	Unspecified Kidney Failure
N20.0	Calculus Of Kidney
N25.81	Secondary Hyperparathyroidism Of Renal Origin
N28.9	Disorder Of Kidney And Ureter, Unspecified
N30.00	Acute Cystitis Without Hematuria
N30.01	Acute Cystitis With Hematuria
N30.90	Cystitis, Unspecified Without Hematuria
N30.91	Cystitis, Unspecified With Hematuria
N36.9	Urethral Disorder
N39.0	Urinary Tract Infection, Site Not Specified
N39.9	Urinary System Disorder
N40.0	Enlarged Prostate Without Lower Urinary Tract Symptoms (LUTS)
N40.1	Enlarged Prostate With Lower Urinary Tract
N41.9	Inflammatory Disease Of Prostate, Unspecified
N42.9	Disorder Of Prostate, Unspecified
N52.9	Male Erectile Dysfunction, Unspecified
N72	Inflammatory Disease Of Cervix Uteri
N76.0	Acute Vaginitis
N76.89	Other Specified Inflammation Of Vagina And Vulva
N83.20	Unspecified Ovarian Cyst
N83.29	Other Ovarian Cyst
N87.0	Mild Cervical Dysplasia
N89.8	Other Specified Noninflammatory Disorders Of Vagina
N91.2	Amenorrhea, Unspecified
N92.0	Excessive And Frequent Menstruation With Regular Cycle
N92.1	Excessive And Frequent Menstruation Without Regular Cycle
N92.1	Excessive And Frequent Menstruation With Irregular Cycle
N92.6	Irregular Menstruation, Unspecified
N94.6	Dysmenorrhea, Unspecified
N94.89	Other Specified Conditions Associated With Female Genital Organs And Menstrual Cycle
N94.9	Unspecified Condition Associated With Female Genital Organs And Menstrual Cycle

ICD-10 Code	Diagnoses
N94.9	Unspecified Condition Associated With Female Genital Organs And Menstrual Cycle
N95.0	Postmenopausal Bleeding
N95.1	Menopausal And Female Climacteric States
N95.2	Postmenopausal Atrophic Vaginitis
N95.9	Unspecified Menopausal And Perimenopausal Disorder
N97.9	Female Infertility, Unspecified
O02.1	Missed Abortion
O09.891	Supervision Of Other High-Risk Pregnancies, First Trimester
O09.892	Supervision Of Other High-Risk Pregnancies, Second Trimester
O09.893	Supervision Of Other High-Risk Pregnancies, Third Trimester
O09.899	Supervision Of Other High-Risk Pregnancies, Unspecified Trimester
O09.90	Supervision Of High-Risk Pregnancy, Unspecified, Unspecified Trimester
O09.91	Supervision Of High-Risk Pregnancy, Unspecified, First Trimester
O09.92	Supervision Of High-Risk Pregnancy, Unspecified, Second Trimester
O09.93	Supervision Of Pregnancy, Unspecified, Third Trimester
O20.0	Threatened Abortion
O99.810	Abnormal Glucose Complicating Pregnancy
P59.9	Neonatal Jaundice, Unspecified
R00.0	Tachycardia, Unspecified
R00.2	Palpitations
R03.0	Elevated Blood Pressure Reading, Without Diagnosis Of Hypertension
R05	Cough
R06.02	Shortness Of Breath
R06.89	Other Abnormalities Of Breathing
R07.89	Other Chest Pain
R07.9	Chest Pain, Unspecified
R10.11	Right Upper Quadrant Pain
R10.13	Epigastric Pain
R10.31	Right Lower Quadrant Pain
R10.32	Left Lower Quadrant Pain
R10.84	Generalized Abdominal Pain
R10.9	Unspecified Abdominal Pain



ICD-10 Common Codes

ICD-10 Code	Diagnoses
R11.0	Nausea
R11.10	Vomiting, Unspecified
R11.2	Nausea With Vomiting, Unspecified
R14.0	Abdominal Distention (Gaseous)
R14.1	Gas Pain
R14.2	Eructation
R14.3	Flatulence
R17	Unspecified Jaundice
R19.7	Diarrhea, Unspecified
R19.8	Other Specified Symptoms And Signs Involving The Digestive System And Abdomen
R20.0	Anesthesia Of Skin
R20.1	Hypoesthesia Of Skin
R20.2	Paresthesia Of Skin
R20.3	Hyperesthesia
R20.8	Other Disturbances Of Skin Sensation
R20.9	Unspecified Disturbances Of Skin Sensation
R21	Rash And Other Nonspecific Skin Eruption
R25.2	Cramp And Spasm
R30.0	Dysuria
R31.0	Gross Hematuria
R31.2	Other Microscopic Hematuria
R31.9	Hematuria, Unspecified
R32	Unspecified Urinary Incontinence
R35.0	Frequency Of Micturition
R35.1	Nocturia
R35.8	Other Polyuria
R39.15	Urgency Of Urination
R41.3	Other Amnesia
R42	Dizziness And Giddiness
R50.9	Fever, Unspecified
R51	Headache
R53.81	Other Malaise
R53.82	Chronic Fatigue, Unspecified
R53.83	Other Fatigue
R55	Syncope And Collapse
R56.9	Unspecified Convulsions
R59.9	Enlarged Lymph Nodes, Unspecified

ICD-10 Code	Diagnoses
R60.9	Edema, Unspecified
R63.4	Abnormal Weight Loss
R63.5	Abnormal Weight Gain
R68.82	Decreased Libido
R68.89	Other General Symptoms And Signs
R73.01	Impaired Fasting Glucose
R73.02	Impaired Glucose Tolerance (Oral)
R73.09	Other Abnormal Glucose
R73.9	Hyperglycemia, Unspecified
R74.0	Nonspecific Elevation Of Levels Of Transaminase And Lactic Acid Dehydrogenase (LDH)
R74.8	Abnormal Levels Of Other Serum Enzymes
R76.9	Abnormal Immunological Finding In Serum, Unspecified
R79.89	Other Specified Abnormal Findings Of Blood Chemistry
R79.9	Abnormal Finding Of Blood Chemistry, Unspecified
R80.9	Proteinuria, Unspecified
R82.99	Other Abnormal Findings In Urine
R87.610	Atypical Squamous Cells Of Undetermined Significance On Cytologic Smear Of Cervix (ASC-US)
R87.611	Atypical Squamous Cells Cannot Exclude High Grade Squamous Intraepithelial Lesion On Cytologic Smear Of Cervix (ASC-H)
R87.612	Low Grade Squamous Intraepithelial Lesion On Cytologic Smear Of Cervix (LGSIL)
R87.619	Unspecified Abnormal Cytological Findings In Specimens From Cervix Uteri
R87.810	Cervical High-Risk Human Papillomavirus (HPV) DNA Test Positive
R89.4	Abnormal Immunological Finding In Specimens From Other Organs, Systems, And Tissues
R94.31	Abnormal Electrocardiogram (ECG) (EKG)
R94.5	Abnormal Results Of Liver Function Studies
R94.6	Abnormal Results Of Thyroid Function Studies
R97.2	Elevated Prostate Specific Antigen (PSA)
T78.40XA	Allergy, Unspecified, Initial Encounter
T78.40XD	Allergy, Unspecified, Subsequent Encounter
T78.40XS	Allergy, Unspecified, Sequela
T88.7XXA	Unspecified Adverse Effect Of Drug Or Medicament, Initial Encounter



ICD-10 Code	Diagnoses
T88.7XXA	Unspecified Adverse Effect Of Drug Or Medicament, Sequela
T88.7XXD	Unspecified Adverse Effect Of Drug Or Medicament, Subsequent Encounter
Z00.00	Encounter For General Adult Medical Examination Without Abnormal Findings
Z00.129	Encounter For Routine Child Health Examination Without Abnormal Findings
Z01.419	Encounter For Gynecological Examination (General) (Routine) Without Abnormal Findings
Z01.810	Encounter For Preprocedural Cardiovascular Examination
Z01.818	Encounter For Other Preprocedural Examination
Z02.0	Encounter Examination For Admission To Educational Institution
Z02.1	Encounter For Pre-Employment Examination
Z02.2	Encounter For Examination For Admission To Residential Institution
Z02.3	Encounter For Examination For Recruitment To Armed Forces
Z02.4	Encounter For Examination For Driving License
Z02.5	Encounter For Examination For Participation In Sport
Z02.6	Encounter For Examination For Insurance Purposes
Z02.71	Encounter For Disability Determination
Z02.79	Encounter For Issue Of Other Medical Certificate
Z02.81	Encounter For Paternity Testing
Z02.82	Encounter For Adoption Services
Z02.83	Encounter For Blood-Alcohol And Blood-Drug Test
Z02.89	Encounter For Other Administrative Examinations
Z08	Encounter For Follow-Up Examination After Completed Treatment For Malignant Neoplasm
Z09	Encounter For Follow-Up Examination After Completed Treatment For Conditions Other Than Malignant Neoplasm
Z11.3	Encounter For Screening For Infections With A Predominantly Sexual Mode Of Transmission
Z11.51	Encounter For Screening For Human Papillomavirus (HPV)
Z11.59	Encounter For Screening For Other Viral Diseases
Z11.8	Encounter For Screening For Other Infectious And Parasitic Diseases
Z11.9	Encounter For Screening For Infectious And Parasitic Diseases, Unspecified
Z12.11	Encounter For Screening For Malignant Neoplasm Of Colon

ICD-10 Code	Diagnoses
Z12.12	Encounter For Screening For Malignant Neoplasm Of Rectum
Z12.4	Encounter For Screening For Malignant Neoplasm Of Cervix
Z12.5	Encounter For Screening For Malignant Neoplasm Of Prostate
Z12.72	Encounter For Screening For Malignant Neoplasm Of Vagina
Z13.0	Encounter For Screening For Diseases Of The Blood And Blood-Forming Organs And Certain Disorders Involving The Immune Mechanism
Z13.1	Encounter For Screening For Diabetes Mellitus
Z13.21	Encounter For Screening For Nutritional Disorders
Z13.220	Encounter For Screening For Lipoid Disorders
Z13.228	Encounter For Screening For Other Metabolic Disorders
Z13.29	Encounter For Screening For Other Suspected Endocrine Disorder
Z13.6	Encounter For Screening For Cardiovascular Disorders
Z13.88	Encounter For Screening For Disorder Due To Exposure To Contaminants
Z13.89	Encounter For Screening For Other Disorder
Z13.9	Encounter For Screening, Unspecified
Z20.2	Contact With And (Suspected) Exposure To Infections With A Predominantly Sexual Mode Of Transmission
Z20.828	Contact With And (Suspected) Exposure To Other Viral Communicable Diseases
Z20.9	Contact With And (Suspected) Exposure To Unspecified Communicable Disease
Z30.09	Encounter For Other General Counseling And Advice On Contraception
Z32.00	Encounter For Pregnancy Test, Result Unknown
Z32.01	Encounter For Pregnancy Test, Result Positive
Z33.1	Pregnant State, Incidental
Z34.00	Encounter For Supervision Of Normal First Pregnancy, Unspecified Trimester
Z34.80	Encounter For Supervision Of Other Normal Pregnancy, Unspecified Trimester
Z36	Encounter For Antenatal Screening Of Mother
Z39.2	Encounter For Routine Postpartum Follow-Up
Z51.11	Encounter For Antineoplastic Chemotherapy
Z51.81	Encounter For Therapeutic Drug Level Monitoring
Z72.0	Tobacco Use



ICD-10 Code	Diagnoses
Z72.51	High-Risk Heterosexual Behavior
Z72.52	High-Risk Homosexual Behavior
Z72.53	High-Risk Bisexual Behavior
Z77.011	Contact With And (Suspected) Exposure To Lead
Z77.21	Contact With And (Suspected) Exposure To Potentially Hazardous Body Fluids
Z79.01	Long-Term (Current) Use Of Anticoagulants

ICD-10 Code	Diagnoses
Z79.899	Other Long-Term (Current) Drug Therapy
Z82.49	Family History Of Ischemic Heart Disease And Other Diseases Of The Circulatory System
Z83.3	Family History Of Diabetes Mellitus
Z94.0	Kidney Transplant Status
Z94.4	Liver Transplant Status
Z95.2	Presence Of Prosthetic Heart Valve

* The CPT codes provided are based on AMA guidelines and are for informational purposes only. CPT coding is the sole responsibility of the billing party. Please direct any questions regarding coding to the payer being billed.

This list is intended to assist ordering physicians in providing ICD-10 Diagnosis Codes as required by Medicare and other Insurers. It includes the most commonly found out-patient diagnoses (generally without complications), but is not complete.

This list was compiled from the ICD-10-CM 2015, as well as the Medicare Regulations and Manuals issued or authorized by the Centers for Medicaid and Medicare Services. An ICD-10-CM book should be used as a complete reference. The ultimate responsibility for correct coding belongs to the ordering physician.

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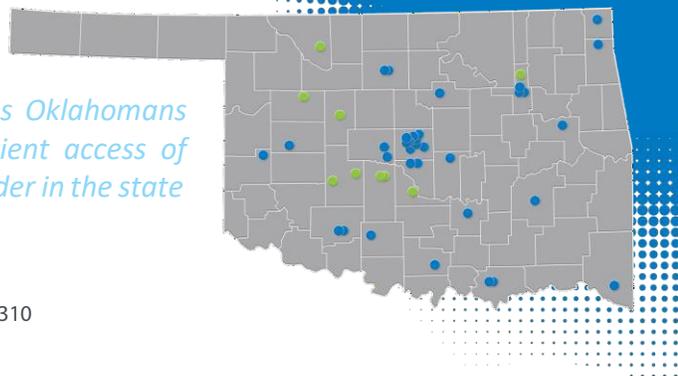


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Hillcrest South*
8803 S. 101st East Ave. Suite 375
M-F: 7:30 AM-1PM & 2-4:30PM
Fax: 918.459.9287

Utica*

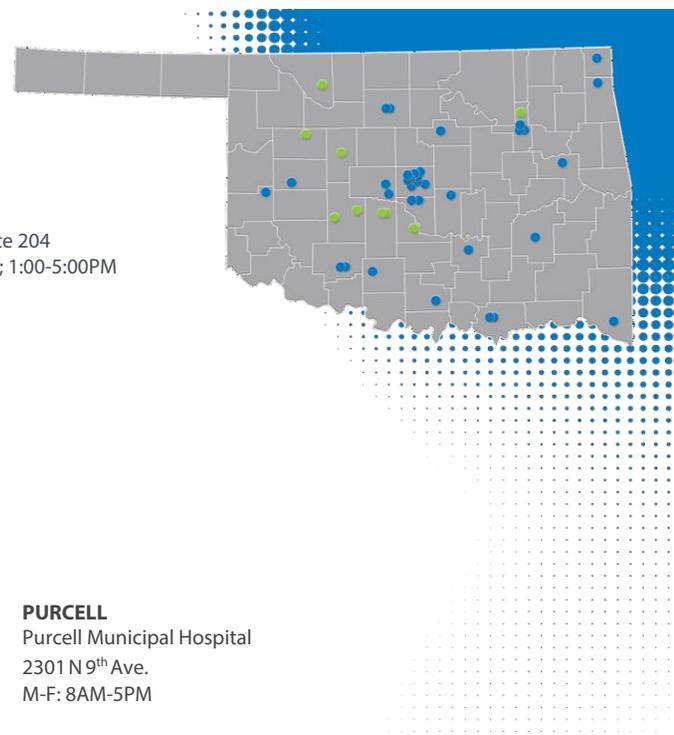
1145 S. Utica Ave., Suite 16
M-F: 7AM-12:30 PM & 1:30-4PM
Fax: 918.294.5397

WOODWARD*

1611 Main Street, Suite 204
M-F: 8:00 AM-12:00PM; 1:00-5:00PM
Fax: 580.254.0147

YUKON*

1607 Professional Cir.
M-F: 6:30 AM-4:30 PM
Fax: 405.354.3220



DLO Contracted Draw Sites

ALTUS

Reed Chiropractic Clinic
1204 N. Grady St.
M-Th: 9AM-2PM

ANADARKO

RuralWellness Inc.
1002 E. Central Blvd.
M-F: 8AM-5PM

CHICKASHA

Grady Memorial Hospital
Five Oaks Medical Clinic
2200 W. Iowa Ave.
M-F: 8AM-5PM

CareFirst Wellness Associates
2222 W. Iowa Ave.
M-F: 7:45AM-5PM

CLEVELAND

Cleveland Area Hospital
1401 W. Pawnee St.
M-F: 8AM-5PM

PURCELL

Purcell Municipal Hospital
2301 N 9th Ave.
M-F: 8AM-5PM

DLO Contracted Draw Sites only accept paper requisitions from healthcare providers only and cannot perform Quest Health™ testing.

Preparing for your Patient Service Center (PSC) visit, lab results and billing:

- While appointments aren't required, you do have the ability to make an appointment by visiting dlolab.com/locations and click the "Make an Appointment" link on the PSC you plan to use. Keep in mind, DLO PSCs are busiest early in the morning.
- Test results will be delivered directly to your physician and through MyQuest™, DLO's online patient portal. To learn more about MyQuest and to create an account, visit dlolab.com/myquest. If you wish to have a copy sent directly to you, call DLO Client Services at 800-891-2917 option #2 and ask for a Request for Access Form or contact your healthcare provider.
- Most test results are reported to your ordering healthcare provider and MyQuest within 24 hours, although certain tests can take several days to weeks.
- Test costs vary by several factors including insurance coverage, age, and your health care provider's agreement with DLO. For billing questions, contact us at 800-891-2917.
- DLO files all insurance claims to the payer. Some insurance plans may result in a patient bill. Visit dlolab.com/insurance for a complete list of preferred and in-network health plans accepted by DLO. For any questions, contact us at 800-891-2917.

What happens when you get your blood tested:

A blood test is a very simple procedure. Usually you do not need to prepare for your blood test. However, for some tests, you might need to stop eating or drinking beforehand. You might also need to stop taking medication. Be sure to contact your healthcare provider about requirements for your specific test. Here are the steps in a blood test:

- You are pricked with a small needle, usually on your arm.
- A sample of your blood goes into a specimen tube.
- The laboratory examines your blood using special instruments.
- The laboratory sends the test results to MyQuest and your healthcare provider so they can explain the test results to you.

DLO Insurance/Payer List

DLO will file all insurance claims to the contracted payers shown below. If you have any questions regarding DLO's participation with a specific product or health plan, contact us at (405) 608-6100 or (800) 891-2917, option 5, or contact your health plan provider. Other insurance plans not listed may be considered as out-of-network resulting in a patient bill. Please be aware this list is subject to change. For the most up-to-date list please visit dlolab.com/insurance.

Preferred Provider for Select Private Health Plans

- Aetna (All plans and products)
- Alieria
- America's Choice Provider Network
- Central States Team Care
- Cigna (All plans and products)
- Coventry Health Care
- GEHA (Government Employee Health Assoc.)
- HealthPass USA
- Humana (All Plans and Products)
- QuestSelect (Formerly **Lab Card**®)
- United Healthcare (All plans and products)

Key Employer and Health Care Relationships

Costco Home Depot MinuteClinic National Rural Electric Cooperative Association (NRECA) United Airlines

Health Plans, Health Products and Other Payers

- Access HealthNet
- Aetna (All plans and products)
- Alieria
- America's Choice Provider Network
- American Choice ACO
- AMSUHC (American Medical Security)
- Beech Street (A Multiplan Network)
- BlueCross BlueShield of Oklahoma (BCBSOK)
 - Blue Advantage PPOSM
 - Blue Card BlueCross BlueShield
 - Blue Choice PPOSM
 - Blue Cross Group Medicare Advantage (PPO)SM
 - Blue Cross Group Medicare Advantage HMOSM
 - Blue Cross Medicare Advantage Dual Care Plus (HMO SNP)
 - Blue Cross Medicare Advantage Flex PPOSM
 - Blue Cross Medicare Advantage HMO
 - Blue Cross Medicare Advantage PPO
 - Blue High Performance NetworkSM
 - Blue High Performance Network with TierSM
 - BlueLincs HMO
 - BlueOptions HSASM
 - BlueOptions PPOSM
 - BlueOptions Select PPOSM
 - Blue Plan65 Select
 - Blue Preferred Care PPO
 - Blue Preferred PPOSM
 - Blue TraditionalSM
 - Caring Program
 - Federal Employee Program (FEP)
 - HSA Blue
 - MyBlueSM
 - NativeBlueSM
 - Preferred Care BlueSM
- CapRock
- CapStar PPO (administered by CapRock TPA)
- Care ImprovementPlus
- Centene
 - Oklahoma Complete Health
 - WellCare of Oklahoma
 - WellCare Health Insurance Co. of Oklahoma
- Central States Team Care
- CHAMPVA (Civilian Health and Medical Program of Department of Veteran Affairs)
- ChoiceCare (Humana)
- Cigna (All plans and products)
- Cigna-HealthSpring
- Clover ACO
- CommunityCare HMO (excludes St. Francis, ValuMed St. John and OMNI Networks)
- Community Care HMO State Employees
- Community Care Life and Health Insurance
- Connect Health
- CoreCivic
- Coventry Health Care
- Emblem Health
- FedMed
- First Health Corp Health System
- Frates Benefit Administrators
- GEHA (Government Employee Health Assoc.)
- Generations Health
- GlobalHealth
- Health Choice (aka Oklahoma State and Education Employees Group and Insurance Board)
- Healthcare Highways (formerly Oklahoma Health Network)
- HealthPass USA
- HealthSmart Preferred Care
- Hooray Health
- Horizon BCBS
- Humana (All Plans and Products)
- MDVIP
- Medica Harmony (via Healthcare Highways)
- Medica Quest[®] (administered by first Health)
- Medical Mutual of Ohio
- MSLA (Medical Support Los Angeles)
- MultiPlan (All Groups) Mutual Assurance Administrators
- National Association of Letter Carriers (NALC)
- OSMA Health (formerly PLICO)
- Physician Partners ACO
- Preferred CommunityChoice PPO
- Private HealthCare System (PHCS)
- Providence Health Plan
- Pyramid Life Insurance
- QuestSelect (Formerly **Lab Card**®)
- SAMBA Health Plans
- Secure Horizons
- Sterling Life Insurance Company (Medicare Supplement)
- Stillwater Collaborative Care
- Teddy Health
- United Healthcare (All plans and products)
- Urgent Care Travel
- Web TPA
- WellNet
- Yale University Health Services

State and Federal Government Program Provider

- Medicaid/SoonerCare
- Managed Medicaid
- Medicare Traditional (Oklahoma) Medicare
- Railroad Medicare
- TRICARE East
- TRICARE West Patient-Centered Community Care
- Veterans Choice Program (VA/VHA)
- Supplement Insurance
 - (Medigap) e.g. AARP