NOVALAB | Reference Medical Lab

87 Berdan Ave #2A, Wayne NJ 07470
Phone: (973) 832-7902, Fax: (973) 832-7980

Rev 1.21e

PATIENT:

Last Name: ____________________________ Fasting: ☐Yes ☐No
First Name: ____________________________ DOB:________ Gender: ___
Address: ____
City: ______________________________ State: ______ ZIP:__________
Phone: ______________________Email: ___________________________
Insurance Name: ________________________________
Insurance ID: ______________________________ GRP #: ____________

ORDERING PROVIDER:

Practice Name: ___________________________ NPI: _____________
Provider Name: ____
Mailing Address: ____
City: _______________________________ State: _____ ZIP:_________
Phone: ______________________ Fax: ________________________
Provider Signature: __________________________ Date: ___________

BONE HEALTH TESTS PANEL

	Test	Tube	Code
☐	ALKALINE PHOSPHATASE, BONE SPECIFIC (BAP)	*(SST)*	84080
☐	CALCIUM IONIZED,SERUM	*(SST)*	82330
☐	CBC	*(LAV)*	85025
☐	CELIAC PANEL	*(SST)*	P936
	GLIADIN IGA / IGG		86258
	TISSUE TRANSGLUTAMASE, IGA/IGG		86364
	ENDOMYSIAL AB IGA		86231
	IMMUNOGLOBULIN A		82784
☐	COMPREHENSIVE METABOLIC PANEL	*(SST)*	80053
☐	COPPER RBC	*(R.BL EDTA)*	82525
☐	CORTISOL, TOTAL	*(RED / SST)*	82533
☐	C-TELOPEPTIDE B-CROSS-LNK	*(SST)*	82523
☐	DHEA-S	*(RED / SST)*	82627
☐	ESTRADIOL, TOTAL	*(RED / SST)*	82670
☐	HOMOCYSTEINE	*(SST)*	83090
☐	HS-CRP	*(SST)*	86141
☐	IGF-1	*(SST)*	84305
☐	MAGNESIUM RBC	*(R.BL EDTA)*	83735
☐	N-TELOPEPTIDE, CROSS-LINKED, SERUM (NTx)		82523
☐	OMEGA-3/OMEGA-6 FATTY ACIDS	*(LAV)*	82542
☐	OSTEOCALCIN	*(SST)*	83937
☐	P1NP (Procollagen Type 1 Intact N-Terminal Propeptide)		83519
☐	PHOSPHORUS	*(SST)*	84100
☐	PROGESTERONE	*(RED)*	84144
☐	PROTEIN ELECTROPHORESIS (SPEP)	*(SST)*	84155
☐	PTH, INTACT	*(SST)*	83970
☐	SHBG	*(SST)*	84270
☐	T3 FREE	*(RED / SST)*	84481
☐	T4 FREE	*(RED / SST)*	84439
☐	TESTOSTERONE, TOTAL	*(RED)*	84403
☐	TSH	*(SST)*	84443
☐	VITAMIN C, HPLC, PLASMA	*(GN)*	82180
☐	VITAMIN D 25 HYDROXY	*(SST)*	82306
☐	ZINC RBC	*(R.BL EDTA)*	84630

DIAGNOSIS

	Diagnosis	Code
☐	Abnormal level of hormones in specimens	R89.1
☐	Age-related osteoporosis without current pathological fracture	M81.0
☐	Amenorrhea	N91.2
☐	Celiac Disease	K90.0
☐	Dysmenorrhea, unspecified	N94.6
☐	Low prolactin	Z89.1
☐	Low Testosterone	E29.1
☐	Menopausal and female climacteric states	N95.1
☐	Other specified menopausal and perimenopausal disorders	N95.8
☐	Testicular hypofunction	E29.1
☐	Vitamin D deficiency, unspecified	E55.9

Phleb / Tech:

Signature: ____________________________

Date: ____________ Time: _____________

SST: ____ **RED TOP:** ____ **OTHER:** ____