NOVALAB
Reference Medical Lab

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

Practice Name: _____ Provider Name: _____

Address: _____ NPI: _____

_____ Provider Signature: _____

Phone \ Fax: _____ Date: _____

PATIENT INFORMATION:

First Name: **Last Name:** **MI:** **Date of Birth:** **Sex:**

Address: **City:** **State:** **ZIP Code:** **Phone:**

SPECIMEN INFORMATION

Date Collected: **Time Collected:** **Fasting:** Y N **STAT:** Y N **Timed Urine Collection:** **hrs** **vol**

BILLING INFORMATION: ☐ **Bill Insurance** ☐ **Bill Patient** ☐ **Physician Account**

PRIMARY INSURANCE INFORMATION:

Insured's Name: _____

Insurance Name: _____

ID: **Group:**

Patient Relationship to Insured: ☐ **Self** ☐ **Spouse** ☐ **Dependent**

SECONDARY INSURANCE INFORMATION:

Insured's Name: _____

Insurance Name: _____

ID: **Group:**

Patient Relationship to Insured: ☐ **Self** ☐ **Spouse** ☐ **Dependent**

I hereby authroize the release of medical information related to the service described herein and authorize payment directly to Novalab.
I agree to assume responsibility fo payment of charges for laboratory services that are noe covered by my healthcare insurance.

Patient Signature: Date:

ICD 10 Diagnosis code(s) for Tests Ordered:

INFECTIOUS DISEASE

12158	CYTOMEGALOVIRUS/CMV,IGG	*(SST)*
12159	CYTOMEGALOVIRUS/CMV,IGM	*(SST)*
11262	CHLAMYDIA TRACHOMATIS	*(APT URN)*
11433	GONORRHOEAE NEISSERIA	*(APT URN)*
10081	HIV COMBO AG/AB 4TH GEN	*(SST)*
13144	HTLV Types I/II AB w/r to conf	*(SST)*
10440	RPR	*(SST)*
13273	TRICHOMONAS VAGINALIS	*(APT URN)*
10466	HEPATITIS B CORE AB	*(SST)*
10460	HEPATITIS B CORE AB IGM	*(SST)*
10464	HEPATITIS B SURF.AB	*(SST)*
10462	HEPATITIS B SURF. AG	*(SST)*
11105	HEPATITIS C AB	*(SST)*

ROUTINE SCREENING

13167	ABO GROUP & RH TYPE	*(LAV)*
10350	CBC	*(SST)*
10165	COMPREHENSIVE METABOLIC PNL	*(SST)*
10417	HEPATIC FUNCTION PANEL	*(SST)*
10157	GLUCOSE FASTING, PLASMA	*(GRY)*
10161	HEMOGLOBIN A1c	*(LAV)*
1016	INSULIN TOTAL	*(SST)*
10516	LIPID PANEL	*(SST)*
11784	MEASLES/MUMPS/RUBELLA/VARICELLA	*(SST)*
10449	RUBELLA AB IGG	*(SST)*
12157	VARICELLA ZOSTER AB IGG	*(SST)*
10074	VITAMIN B1	*(GRN)*
10560	VITAMIN B2	*(GRN)*
10090	VITAMIN B6	*(GRN)*
10083	VITAMIN C	*(GRN)*
1036	VITAMIN D 25 HYDROXY	*(SST)*

HORMONAL PANEL

1022	PROLACTIN	*(SST)*
1038	ACTH	*(LAV)*
1000	CORTISOL	*(SST)*
13142	DEHYDROEPIANDROSTERONE, EIA	*(SST)*
1002	DHEA-S	*(SST)*
1014	FSH	*(SST)*
1018	LH	*(SST)*
1004	ESTRADIOL TOTAL	*(SST)*
10572	ESTROGEN, TOTAL (E1+E2)	*(SST)*
13213	HCG QUANT SERUM	*(SST)*
13141	AMH (Anti-Mullerian Hormone)	*(SST)*
1020	PROGESTERONE	*(SST)*
13166	PROGESTERONE 17 OH	*(SST)*
1024	SHBG	*(SST)*
3030	TESTOSTERONE FREE & TOTAL	*(SST)*
1012	T4 FREE	*(SST)*
1032	TSH	*(SST)*

IMMUNE WORK UP

13101	ANA SCREEN	*(SST)*
3010	CARDIOLIPIN IGA/IGG/IGM	*(SST)*
10274	CRP QUANTITATIVE	*(SST)*
10111	DS-DNA	*(SST)*
3014	GLYCOPROTEIN BETA-2 IGA/G/M	*(SST)*
1039	IGF-1	*(SST)*
3021	IMMUNOGLOBULINS (A,E,G,M)	*(SST)*
13143	INTERLEUKIN 6	*(SST FRZ)*
13145	LUPUS ANTI-COAGULANT	*(L.BL FRZ)*
13146	PHOSPHATEIDYLSERINE IGA/G/M	*(SST)*
1028	THYROGLOBULIN AB	*(SST)*
1030	THYROID PEROXIDASE AB	*(SST)*