

GENCARE / Certified HealthCare Mobile Request Form

Address: 571 Abbott Drive, Broomall Pa 19008

Fax: 866-446-8819

Tel: 610-955-7421



Client: _____

CLEAR FORM

Start Date: _____ Frequency: _____

Patient Information - Please Print Clearly

Name (Last, First)		Date of Birth	If Infant, Mother's Full Name mother's Date of Birth		Sex: Male/Female
Patient Soc. Security #	Guarantor's Address:		City	State	Zip Code
Primary Insurance:	Policy ID Number :	Patient Phone #	Other Insurance	ID Number	

Specimen Information

Type of Specimen: <input type="checkbox"/> Blood <input type="checkbox"/> Urine <input type="checkbox"/> Stool <input type="checkbox"/> Sputum <input type="checkbox"/> Culture <input type="checkbox"/> Other	Date Collected: / /	Time Collected	oAM oPM	o Fasting o Non-Fasting	Priority o ROUTINE o STAT
--	------------------------	----------------	------------	----------------------------	---------------------------------

Physician Information

Ordering MD Name:	NPI:	Office Phone #:	Office Fax #:
MD #2 Name:	NPI:	Office Phone #:	Office Fax #:
Ordering Physician's Signature (or designee & employee ID #)		ICD9 Diagnosis Codes : (enter all that apply)	

Additional Tests/Comments:

TOTAL # TESTS ORDERED:

X	Chemistry	Tube Type	X		Tube Type	X		Tube Type
	Panels:			Hep. B surface antigen			Hematology/Coag.	
	Comp. Metabolic Panel			Hep. B core antibody, IgM			CBC with Diff	
	Basic Metabolic Panel			Hep. A antibody, IgM			Hemogram	
	Hepatic Panel			Hep. C antibody			Platelet count	
	Electrolytes Panel			Hep. B surface antibody			ESR (sed rate)	
	Lipid Panel			Sodium			Reticulocyte count	
	Acute Hepatitis Panel			Potassium			Sickle Cell Screen	
				Chloride			Fibrinogen	
	Analytes:			T3 Uptake			PT w/INR	
	ALK Phosphatase			T4			APTT	
	AST/SGOT			TSH			Microbiology	
	ALT/SGPT			Total Protein			Culture: Blood	
	Ammonia	Ice		Albumin			Culture – Sputum	
	Amylase			Serum Osmolarity			Culture – specify:	
	Bilirubin, total							
	Bilirubin, direct			Ther. Drugs			Urine:	
	Bilirubin, Micro			Carbamazepine			Creatinine Clearance	
	BNP	Lavendar on Ice		Digoxin			Eosinophil count	
	BUN			Gentamycin			Urinalysis	
	Calcium			Phenobarbital			Culture – Urine	
	Creatinine			Phenytoin			Urine Osmolarity	
	Glucose			Theophylline			24 Hr Urine-Specify:	
	Hgb-A1c			Vancomycin				
	Lead			Valproic Acid			Stool:	
	Cholesterol			Immunoassays:			Culture - Stool	
	Triglyceride			ANA			C. Diff	
	HDL			CEA			Stool Osmolarity	
	LDL (calculated)			PSA			Ova & Parasite	

LABORATORY (QUEST or LABCORP)

ACCT #