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DATE OF SERVICE	TIME	FASTING <input type="checkbox"/> PHONE	FACILITY INFORMATION		DATE:		
LAST NAME	FIRST NAME		Complete Test Results Fax:		DRAW ON:		
STREET	CITY/STATE		ZIP	Phone:			
AGE	SEX	DOB	COLLECTED BY	REFERRING PHYSICIANS	NPI		
<b>BILLING INFORMATION MUST BE COMPLETED</b>							
BILL TO: <input type="checkbox"/> AGENCY <input type="checkbox"/> MEDICARE <input type="checkbox"/> PRIVATE INSURANCE <input type="checkbox"/> PRIAVTE PAY <input type="checkbox"/> MEDICAID <input type="checkbox"/> OTHER			PRIVATE INSURANCE INFORMATION (Please send copy of card front and back)		S.S.N.		
<input type="checkbox"/> ID #					ICD 10/DIAGNOSIS:		
<input type="checkbox"/> GROUP#							
<b>PROFILES</b>							
<input type="checkbox"/> <b>GENERAL HEALTH PROFILE</b> CMP, CBC W/ DIFF, ESR (SED RATE), URIC ACID, THYROID PANEL, LIPID PANEL, FERRITIN, IRON, TIBC, MAGNESIUM, C-Reactive Protein (CRP), ASO, ANA, PTH, URINALYSIS, VITAMIN D, HGBA1C		<input type="checkbox"/> <b>ARTHRITIS PROFILE</b> CMP, CBC W/ DIFF, URIC ACID, LIPID PANEL, IRON, PANEL, ESR (SED RATE), RA, ASO, CRP, ANA SCREEN		<input type="checkbox"/> <b>DIABETES PROFILE</b> CMP, CBC W/ DIFF, URIC ACID, LIPID PANEL, IRON, PANEL, ESR (SED RATE), RA, ASO, CRP, ANA SCREEN			
<input type="checkbox"/> <b>HYPERTENSION / CARDIAC PROFILE</b> CMP, CBC W/ DIFF, LIPID PANEL, THYROID, CORTISOL, MAGNESIUM, CRP, ANA, IRON PANEL, ESR (SED RATE), PTH, VITAMIN D		<input type="checkbox"/> <b>BONE DENSITY</b> CMP, CBC W/ DIFF, TSH, FREE T4, FREE T3, PTH, IRON PROFILE, PTH, VITAMIN D		<input type="checkbox"/> <b>LIVER/ALCOHOLISM PROFILE</b> CMP, CBC W/ DIFF, LIPID PANEL, THROID PANEL, AMYLASE, LIPASE, ESR (SED RATE), IRON PANEL, PTH, URINALYSIS, VITAMIN D			
<input type="checkbox"/> <b>ANEMIA PROFILE</b> CMP, CBC W/ DIFF, ESR (SED RATE), THROID, HGBA1C, IRON PANEL, RECTIC CT, SICKLE CELL, VID D, PTH		<input type="checkbox"/> <b>OBESITY/THROID PROFILE</b> CMP, CBC W/ DIFF, LIPID PANEL, THYROID PANEL, CORTISOL, IRON PROFILE, PTH, HGBA1C, VITAMIN D					
<b>REMARKS</b>							
<b>PANELS</b>		<b>INDIVIDUAL TESTS (ALPHABETICAL)</b>			<b>MICROBIOLOGY</b>		
<input type="checkbox"/> BASIC METABOLIC PANEL <input type="checkbox"/> COMPLETE METABOLIC PANEL <input type="checkbox"/> ELECTROLYTE PANEL <input type="checkbox"/> LIPID PANEL <input type="checkbox"/> LIVER FUNCTION PANEL <input type="checkbox"/> RENAL PANEL <input type="checkbox"/> THYROID PANEL <input type="checkbox"/> HEPATIC FUNCTIONAL PANEL ALT, AST, ALP, GGT, PT, INR <input type="checkbox"/> HEPATITIS ACUTE PANEL <input type="checkbox"/> IRON PANLE (STUDIES)		<input type="checkbox"/> ALK PHOSPHATASE <input type="checkbox"/> AMYLASE <input type="checkbox"/> ALBUMIN <input type="checkbox"/> ANA <input type="checkbox"/> ALT (SGPT) <input type="checkbox"/> AST (SGOT) <input type="checkbox"/> BUN <input type="checkbox"/> BNP <input type="checkbox"/> BILIRUBIN, DIRECT <input type="checkbox"/> BILIRUBIN, TOTAL <input type="checkbox"/> B12 & FOLATE <input type="checkbox"/> CALCIUM <input type="checkbox"/> CARBAMAZEPINE/ TEGRETOL <input type="checkbox"/> CEA <input type="checkbox"/> CHOLESTEROL TOTAL <input type="checkbox"/> CPK, TOTAL <input type="checkbox"/> CPK <input type="checkbox"/> CREATININE <input type="checkbox"/> CRP			<input type="checkbox"/> DIGOXIN <input type="checkbox"/> ESTRADIOL <input type="checkbox"/> FERRITIN <input type="checkbox"/> FSH & LH <input type="checkbox"/> GGTP <input type="checkbox"/> GLUCOSE <input type="checkbox"/> HGB A1C <input type="checkbox"/> GENTAMICIN <input type="checkbox"/> HCG QUANT <input type="checkbox"/> HEPATITIS A, IG, M <input type="checkbox"/> HEPATITIS BS AB <input type="checkbox"/> HEPATITIS BS AG <input type="checkbox"/> HEPATITIS C AB <input type="checkbox"/> HIV 1 / HIV 2 <input type="checkbox"/> H PYLORI IG AB <input type="checkbox"/> IRON <input type="checkbox"/> IRON BINDING CAPACITY (TIBC) <input type="checkbox"/> LIPASE <input type="checkbox"/> LITHIUM	<input type="checkbox"/> MAGNESIUM <input type="checkbox"/> PHENTOIN (DILANTIN) <input type="checkbox"/> POTASIUM <input type="checkbox"/> PROTEIN TOTAL <input type="checkbox"/> PSA <input type="checkbox"/> PROLACTIN <input type="checkbox"/> RHEUMATOID FACTOR <input type="checkbox"/> RUBELLA IGG AB <input type="checkbox"/> SODIUM <input type="checkbox"/> TESTOSTERONE <input type="checkbox"/> TOTAL T4 <input type="checkbox"/> TSH T, T3 <input type="checkbox"/> TRIGLYCERIDE <input type="checkbox"/> URIC ACID <input type="checkbox"/> URINALYSIS <input type="checkbox"/> VANCOMYCIN <input type="checkbox"/> VALPROIC ACID (DEPAKOTE) <input type="checkbox"/> VITAMIN D25 HYDROXY	<input type="checkbox"/> BLOOD CULTURE <input type="checkbox"/> C DIFF <input type="checkbox"/> OCCULT BLOOD <input type="checkbox"/> CULTURE, URINE <input type="checkbox"/> CULTURE, STOOL <input type="checkbox"/> CULTURE, WOUND <input type="checkbox"/> OVA & PARASITES <input type="checkbox"/> CULTURE, EAR <input type="checkbox"/> CULTURE, EYE <input type="checkbox"/> CULTURE, GC <input type="checkbox"/> CULTURE, NASAL <input type="checkbox"/> CULTURE, SPUTUM <input type="checkbox"/> GRAM STAIN <input type="checkbox"/> CUTURE, HERPES
<b>HEMATOLOGY</b>		<b>SEROLOGY</b>		<b>URINE TEST</b>			
		<input type="checkbox"/> HIV <input type="checkbox"/> SYPHILIS RPR <input type="checkbox"/> RUBELLA <input type="checkbox"/> RUBEOLA <input type="checkbox"/> VERICELLA ZOSTER <input type="checkbox"/> MUMPS <input type="checkbox"/> RHEUMATOID		<input type="checkbox"/> ROUTINE URINALYSIS <input type="checkbox"/> URINE DRUG SCREEN <input type="checkbox"/> MICRO ALBUMIN <input type="checkbox"/> PRINE PREG			
<b>ADDITIONAL TESTS</b>			<b>DOCTOR OR NURSE SIGNATURE</b>				