NEXT GEN LABS

Phone: (904) 775-9994 | CLIA: 10D2333552
4401 Emerson St. Suite 3 Jacksonville, FL 32207

FULL BLOOD REQUISITION FORM

PATIENT INFORMATION

FIRST NAME | LAST NAME | PHONE | SEX (M/F/X)

DOB (MM/DD/YYYY) | EMAIL | MRN / CHART # | DATE OF DEATH

STREET ADDRESS | CITY

STATE | ZIP | COUNTY

Ethnicity: ☐ Hispanic/Latino ☐ Not Hispanic ☐ Unknown

Race: ☐ Am Ind/AK ☐ Asian ☐ Black ☐ Multi ☐ Nat HI/PI ☐ White ☐ Other

SPECIMEN INFORMATION

DATE COLLECTED | TIME (HH:MM) | COLLECTOR INITIALS

INSURANCE / ORDERING PROVIDER

ORDERING PROVIDER

PROVIDER NPI # | CLIENT / ACCOUNT #

CLIENT / FACILITY NAME

Payer: ☐ Medicare ☐ Medicaid ☐ Comm ☐ Self-Pay ☐ Client Bill ☐ ABN

PRIMARY INSURANCE

MEMBER / POLICY ID | GROUP #

SUBSCRIBER (IF NOT PT) | SUBSCRIBER DOB

CHEMISTRY & METABOLIC

Specimen: SST (Gold/Red Top)

TEST NAME	TAT
☐ Basic Metabolic Panel (BMP)	24 hrs
☐ Comprehensive Metabolic Panel (CMP)	24 hrs
☐ Albumin	24 hrs
☐ ALT (Alanine Aminotransferase)	24 hrs
☐ AST (Aspartate Aminotransferase)	24 hrs
☐ Alkaline Phosphatase	24 hrs
☐ Amylase	24 hrs
☐ Bilirubin, Direct	24 hrs
☐ Bilirubin, Indirect	24 hrs
☐ Bilirubin, Total	24 hrs
☐ BUN (Blood Urea Nitrogen)	24 hrs
☐ Carbon Dioxide (CO2)	24 hrs
☐ Calcium, Serum	24 hrs
☐ Chloride	24 hrs
☐ CK, Total (Creatine Kinase)	24 hrs
☐ Creatinine	24 hrs
☐ Electrolyte Panel	24 hrs
☐ GGT (Gamma-Glutamyltransferase)	24 hrs
☐ Glucose, Serum	24 hrs
☐ Glucose, Fasting, Plasma (Grey)	24 hrs
☐ Glucose, Gestational, 1 Hr	24 hrs
☐ Fructosamine	24 hrs
☐ Hepatic Function Panel	24 hrs
☐ Insulin, Fasting	24 hrs
☐ LD (Lactate Dehydrogenase)	24 hrs
☐ Lipase	24 hrs
☐ Magnesium	24 hrs
☐ Phosphorus, Serum	24 hrs
☐ Potassium, Serum	24 hrs
☐ Pre-Albumin	24 hrs
☐ Protein, Total	24 hrs
☐ Renal Function Panel	24 hrs
☐ Sodium	24 hrs
☐ Uric Acid, Serum	24 hrs
☐ Myoglobin	24 hrs
☐ Lithium (Eskalith)	24 hrs
☐ Haptoglobin	24 hrs
☐ PTH, Intact (Lavender - Spun)	24 hrs
☐ Potassium, Plasma (Green - Spun)	24 hrs

HEMATOLOGY

Specimen: LAVENDER (EDTA)

TEST NAME	TAT
☐ CBC (Complete Blood Count)	24 hrs
☐ CBC w/Differential	24 hrs
☐ Hemoglobin A1C	24 hrs
☐ Platelet Count	24 hrs
☐ Reticulocyte Count	24 hrs
☐ Sed Rate / ESR (Westergren)	24 hrs
☐ Sickle Cell Screen	24 hrs
☐ Blood Parasite Smear	24 hrs
☐ Malaria Smear	24 hrs
☐ ABO Group & RH Type	24 hrs
☐ Antibody Screen	24 hrs
☐ Obstetric Panel (1 SST, 2 Lavender)	48 hrs
☐ Anemia Panel (1 SST, 1 Lavender)	48 hrs
☐ BNP (Lavender –Spun/Frozen)	24 hrs
☐ Magnesium, Packed RBC	48 hrs
☐ G6PD, Quant. (2 Whole Lavenders)	5-7 Days
☐ Omega Check (1 Whole Lavender)	5-7 Days
☐ MTHFR (1 Whole Lavender)	5-7 Days
☐ Apo E Genotype (1 Whole Lavender)	5-7 Days
☐ Lymphocyte Subset Panel (EDTA)	5-7 Days
☐ Glutathione (ACD Tube)	5-7 Days

THYROID

Specimen: SST (Gold/Red Top)

TEST NAME	TAT
☐ TSH (Thyroid Stimulating Hormone)	24 hrs
☐ T3, Free	24 hrs
☐ T3, Total	24 hrs
☐ T4, Free	24 hrs
☐ T4, Total	24 hrs
☐ Free Thyroxine Index	24 hrs
☐ T-Uptake	24 hrs
☐ Thyroid Binding Globulin	24 hrs
☐ Thyroid Panel (FT3, FT4, TSH)	24 hrs
☐ Thyroglobulin Abs	48 hrs
☐ Thyroid Peroxidase Abs (TPO)	48 hrs
☐ Thyroid Panel Comprehensive	72 hrs
☐ Reverse T3 LC/MS/MS	72 hrs

VITAMINS & NUTRITIONAL

Specimen: SST (unless noted)

TEST NAME	TAT
☐ Vitamin D, 25-OH, Total	48 hrs
☐ Vitamin B12	24 hrs
☐ Vitamin B12 & Folate	24 hrs
☐ Folate	24 hrs
☐ Ferritin	24 hrs
☐ Iron, Total	24 hrs
☐ Iron Total Binding Capacity (TIBC)	24 hrs
☐ Transferrin	24 hrs
☐ Selenium, Packed RBC (Royal Blue EDTA)	5-7 Days
☐ Copper (Royal Blue / Plasma Trace Metal)	5-7 Days
☐ Copper, Packed RBC (Lav/Royal Blue)	5-7 Days
☐ CoQ10 LC/MS/MS	5-7 Days
☐ Heavy Metals Screening, Urine (As/Pb/Hg)	5-7 Days
☐ Arsenic, Lead, Mercury, Random Urine	5-7 Days
☐ Heavy Metals, 21 Toxic, Urine	5-7 Days
☐ Heavy Metals, 21 Toxic / 16 Nutritional, Urine	5-7 Days
☐ Heavy Metals Screening, Whole Blood (EDT...	5-7 Days

STOOL, SWAB & CULTURES

STOOL / SWAB / CULTURE VIALS

TEST NAME	TAT
☐ C. Difficile Toxin A&B (Stool)	24-48 hrs
☐ H. Pylori Antigen, Stool	48 hrs
☐ Cryptosporidium, Stool	3-5 Days
☐ Cyclospora, Stool	3-5 Days
☐ Diarrhea Panel (Stool)	24-48 hrs
☐ E. Coli Shiga Toxins (Stool)	48 hrs
☐ Fecal Fat Stain, Qualitative (Stool)	3-5 Days
☐ Fecal Leukocytes Stain (Stool)	3-5 Days
☐ Giardia Ag w/Reflex to O&P (Stool)	3-5 Days
☐ O&P w/Permanent Stain (Stool)	5-7 Days
☐ O&P x3 + Giardia Ag w/PS (Stool)	5-7 Days
☐ Occult Blood, Stool	24 hrs
☐ Occult Blood, 3 Specimens	24 hrs
☐ Culture, Camp./Salm./Shig. (Stool)	3-5 Days
☐ Culture, Salmonella/Shigella (Stool)	3-5 Days
☐ Culture, General (Swab)	3-5 Days
☐ Culture, Throat (Swab)	3-5 Days
☐ Culture, Gp. A Strep (Swab)	3-5 Days
☐ Culture, Gp. B Strep (Swab)	3-5 Days
☐ Culture, Genital (Swab)	3-5 Days
☐ Culture, Wound, Superficial (Swab)	3-5 Days
☐ Culture, Wound, Deep (Swab)	3-5 Days
☐ Culture, Urine, Void	3-5 Days
☐ Culture, Urine, Catheterized	3-5 Days
☐ Culture, Sputum/Lower Resp. (Cup)	3-5 Days
☐ Culture, Anaerobic (Swab/Cup)	3-5 Days
☐ Culture, Fungus (Swab/Cup)	7-14 Days
☐ Fungal Direct Exam (KOH) (Swab/Cup)	3-5 Days
☐ Culture, Mycobacteria AFB (Cup)	14-21 Days
☐ Culture, Blood (2 Vials per Arm)	5-7 Days

HORMONES & ENDOCRINE

Specimen: SST (Gold/Red Top)

TEST NAME	TAT
☐ Testosterone, Total	24 hrs
☐ Testosterone, Total LC/MS/MS	72 hrs
☐ Testosterone, Free & Total w/SHBG	48 hrs
☐ Testosterone, Free/Total/SHBG LCMS	72 hrs
☐ Testosterone, Bioavailable	72 hrs
☐ DHEA-Sulfate	24 hrs
☐ DHT (Dihydrotestosterone) LC/MS/MS	72 hrs
☐ Estradiol (E2)	24 hrs
☐ Estradiol (E2) LC/MS/MS	72 hrs
☐ Estriol (E3) LC/MS/MS	72 hrs
☐ Estrogens, Total LC/MS/MS	72 hrs
☐ Estrone (E1) LC/MS/MS	72 hrs
☐ FSH (Follicle Stimulating Hormone)	24 hrs
☐ LH (Luteinizing Hormone)	24 hrs
☐ FSH & LH	24 hrs
☐ Progesterone	24 hrs
☐ Progesterone LC/MS/MS	72 hrs
☐ Prolactin	24 hrs
☐ Cortisol	24 hrs
☐ SHBG (Sex Hormone Binding Globulin)	24 hrs
☐ IGF-1	48 hrs
☐ IGF-BP3	48 hrs
☐ Growth Hormone	24 hrs
☐ Pregnenolone LC/MS/MS	72 hrs
☐ Androstenedione	48 hrs
☐ Androstenedione LC/MS/MS	72 hrs
☐ Leptin	48 hrs
☐ Serotonin, Serum	48 hrs
☐ Amenorrhea Panel	48 hrs

INFECTIOUS DISEASE & HEPATITIS

Specimen: SST (unless noted)

TEST NAME	TAT
☐ Hep A Ab Total w/Reflex to IgM	48 hrs
☐ Hep A Ab, IgM	48 hrs
☐ Hep A, B, C Ab Panel w/Reflex	48 hrs
☐ Hep B Core Ab, Total w/Reflex IgM	48 hrs
☐ Hep B Core Ab, IgM	48 hrs
☐ Hep B Surface Ab	48 hrs
☐ Hep B Surface Ab Quantitative	48 hrs
☐ Hep B Surface Ag w/Confirmation	48 hrs
☐ Hep C Ab	48 hrs
☐ HIV 5th Gen (Ag-Ab/HIV1/HIV2)	24 hrs
☐ RPR w/Reflex to Syphilis & Titer	48 hrs
☐ H. Pylori Ab., IgG	48 hrs
☐ Herpes I & II IgG	48 hrs
☐ EBV Viral Capsid Ag, IgG	5-7 Days
☐ EBV Viral Capsid Ag, IgM	5-7 Days
☐ EBV Nuclear Ag, IgG	5-7 Days
☐ EBV Early Ag, IgG	5-7 Days
☐ Mono Test (EBV Heterophile Ag IgM)	48 hrs
☐ Cytomegalovirus Ab., IgG	5-7 Days
☐ Cytomegalovirus Ab., IgM	5-7 Days
☐ Toxoplasma Gondi, Quant. IgG	5-7 Days
☐ Measles, Mumps, Rubella (MMR)	5-7 Days
☐ MMRV Evaluation (MSL/MMP/RUB/VZ)	5-7 Days
☐ Rubella Immune Status (IgG)	5-7 Days
☐ Rubella Ab., IgM	5-7 Days
☐ Varicella Zoster Virus Ab., IgG	5-7 Days
☐ Lyme Disease Ab w/Reflex to Blot	5-7 Days
☐ Lyme Disease Ab Immunoblot (IgG/IgM)	5-7 Days
☐ Quantiferon TB Gold Plus 4th Gen (Green)	3-5 Days
☐ Babesia microti (IgG, IgM)	5-7 Days

AUTOIMMUNE & RHEUMATOLOGY

Specimen: SST (Gold/Red Top)

TEST NAME	TAT
☐ ANA Screen	48 hrs
☐ DNA Ab., double-stranded	5-7 Days
☐ Rheumatoid Factor	24 hrs
☐ Cyclic Citrullinated Peptide IgG	5-7 Days
☐ Complement C3	48 hrs
☐ Complement C4	48 hrs
☐ Rheumatoid Arthritis Panel (ANA/RF/CCP)	5-7 Days
☐ AutoImmune Analyzer (2 SST)	5-7 Days
☐ Arthritis Panel (SST/Lavender)	5-7 Days
☐ SS-A (RO) Abs	5-7 Days
☐ SS-B (La) Abs	5-7 Days
☐ Sm (Smith) Abs	5-7 Days
☐ Sm/RNP Abs	5-7 Days
☐ RNP Abs	5-7 Days
☐ Jo-1 Abs	5-7 Days
☐ Scl-70 Abs	5-7 Days
☐ Centromere Abs	5-7 Days
☐ Chromatin	5-7 Days
☐ Ribosomal P Abs	5-7 Days
☐ Myeloperoxidase (Lavender – Spun)	5-7 Days
☐ Celiac Disease Evaluation	5-7 Days
☐ Tissue Transglutaminase IgA	48 hrs
☐ Tissue Transglutaminase IgG	48 hrs
☐ Deamidated Gliadin Peptide IgA	5-7 Days
☐ Deamidated Gliadin Peptide IgG	5-7 Days
☐ Immunoglobulin A (IgA Total)	48 hrs
☐ Immunoglobulin E (IgE Total)	48 hrs
☐ Immunoglobulin G (IgG Total)	48 hrs
☐ Immunoglobulin M (IgM Total)	48 hrs
☐ Immunoglobulins G, A, M	48 hrs

LIPID & CARDIOVASCULAR

Specimen: SST (Gold/Red Top)

TEST NAME	TAT
☐ Lipid Panel	24 hrs
☐ Cholesterol, Total	24 hrs
☐ HDL Cholesterol	24 hrs
☐ LDL Cholesterol, Measured	24 hrs
☐ Triglycerides	24 hrs
☐ CRP (C-Reactive Protein)	24 hrs
☐ CRP, High Sensitivity (hs-CRP)	24 hrs
☐ Homocysteine	24 hrs
☐ Apolipoprotein A-1 (Apo-A)	48 hrs
☐ Apolipoprotein B (Apo-B)	48 hrs
☐ Apolipoprotein Evaluation (A-1,B,Lpa)	48 hrs
☐ Lipoprotein(a) / Lp(a)	48 hrs
☐ PLAC TEST (Lp-PLA2)	48 hrs
☐ sd LDL (Small Dense LDL)	48 hrs
☐ CardioPro Basic (2 SST)	48 hrs
☐ CardioPro Advanced (2 SST)	48 hrs
☐ CardioPro Early Detection (2 SST)	48 hrs
☐ NMR LipoProfile (NMR Tube)	5-7 Days

TUMOR MARKERS & ONCOLOGY

Specimen: SST (Gold/Red Top)

TEST NAME	TAT
☐ AFP (Alpha-Fetoprotein)	48 hrs
☐ CA 125	48 hrs
☐ CA 15-3	48 hrs
☐ CA 19-9	48 hrs
☐ CA 27-29	48 hrs
☐ CEA (Carcinoembryonic Antigen)	48 hrs
☐ B-HCG, Qualitative, Serum	24 hrs
☐ HCG (Testicular Tumor Marker)	48 hrs
☐ HCG, Total	24 hrs
☐ PSA, Total	24 hrs
☐ PSA Free and Total	48 hrs
☐ Pregnancy Test, Serum (Qual.)	24 hrs
☐ Pregnancy Test, Serum (Quant.)	24 hrs
☐ Cancer Panel, Female (CA15-3/19-9/125)	48 hrs
☐ Cancer Panel, Female Extended	48 hrs
☐ Cancer Panel, Male (PSA+CA19-9)	48 hrs
☐ Cancer Panel, Male Extended	48 hrs
☐ Torch Panel (TOX/RUB/CMV/HRP1/HRP2)	5-7 Days

URINE TESTS

Specimen: URINE (clean-catch midstream)

TEST NAME	TAT
☐ Microalbumin/Creatinine Ratio	24 hrs
☐ Microalbumin, 24 Hour Urine	48 hrs
☐ Drugs of Abuse Screen, Urine	24 hrs
☐ B-HCG, Qualitative, Urine	24 hrs
☐ Pregnancy Test, Urine (Qual.)	24 hrs
☐ Protein, 24 Hr / Random Urine	48 hrs
☐ Protein, Random Urine	48 hrs
☐ Calcium, 24 Hr / Random Urine	48 hrs
☐ Calcium, Random Urine	48 hrs
☐ Glucose, 24 Hr / Random Urine	48 hrs
☐ Glucose, Random Urine	48 hrs
☐ Magnesium, 24 Hr / Random Urine	48 hrs
☐ Magnesium, Random Urine	48 hrs
☐ Phosphorus, 24 Hr / Random Urine	48 hrs
☐ Phosphorus, Random Urine	48 hrs
☐ Sodium, 24 Hr / Random Urine	48 hrs
☐ Sodium, Random Urine	48 hrs
☐ Potassium, 24 Hr / Random Urine	48 hrs
☐ Potassium, Random Urine	48 hrs
☐ Urea, 24 Hr / Random Urine	48 hrs
☐ Urea, Random Urine	48 hrs
☐ Amylase, 24 Hour Urine	48 hrs
☐ Chloride, 24 Hour Urine	48 hrs

COAGULATION

LIGHT BLUE (Frozen) / Lavender

TEST NAME	TAT
☐ PT with INR (Light Blue –Frozen)	24 hrs
☐ PTT, Activated (Light Blue –Frozen)	24 hrs
☐ Fibrinogen (Light Blue –Frozen)	24 hrs
☐ Catecholamines, Fractionated (Green)	5-7 Days

PROVIDER AUTHORIZATION, CERTIFICATION & SIGNATURE

By signing, I (the ordering provider) certify under applicable federal and state law that: (1) each test ordered is, in my independent clinical judgment, medically necessary for this patient's diagnosis, treatment, or management; (2) a written/electronic order is documented in the patient's record and the patient, insurance, and ICD-10 information provided is accurate and supports medical necessity; (3) this order was not induced by and is not contingent upon any payment, referral, or remuneration, and complies with the Anti-Kickback Statute, EKRA, Stark Law, and all applicable laws; (4) where a payer is not expected to cover a test, a signed ABN/waiver has been delivered and is attached; (5) where I check ORDER ENTIRE PANEL, I am individually ordering each organism listed as medically necessary, and any reflex testing follows the defined sequence only when clinically indicated; and (6) I authorize Next Gen Labs LLC to perform the ordered testing, to bill Medicare, Medicaid, and other payers, and to release records necessary for testing, billing, and payment.

AUTHORIZING PROVIDER SIGNATURE | INITIALS | PROVIDER NPI # | DATE SIGNED