

# Lab Order

<b>Anticipated Date of Blood Draw:</b>	
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<b>Name:</b>		<b>Date:</b>		<b>Sex:</b>	
<b>Address:</b>					
<b>Phone:</b>			<b>DOB:</b>		

**Rx** Diagnosis: \_\_\_\_\_

**Rank 3 Biology of Functions** *(12 hour fast required, all results must come from the same sample)*

TEST	TEST CODE	CPT	PROCEDURE AND TUBES
<b>CBC w Diff. w Platelets</b> <i>(CBC with white cell differential &amp; platelets)</i>	005009	85025	LAV
<b>TSH</b>	004259	84443	SST
<b>LDH</b> <i>(Lactic dehydrogenase)</i>	001115	83615	SST
<b>Creatine Kinase, Total, Serum</b> <i>(CPK, Total)</i>	001362	82550	SST
<b>Comp. Metabolic Panel (14)</b> <i>(CMP including calcium &amp; potassium)</i>	322000	80053	SST
<b>Osteocalcin, Serum</b> <i>(12-14hr fast)</i>	010249	93837	SST/Frozen serum 12-14hr fast
<b>Alk Phos Isoenzyme</b> <i>(Alkaline Phosphatase with hepatic, bone, intestinal isoenzyme percentages)</i>	001612	84075 & 84080	SST
<b>Sedimentation Rate-Westergren (ESR)</b>	005215	85651	LAV
<b>Lipid Panel</b> <i>(8-12 hr fast)</i>	303756	80061	SST 8-12 hr fast
<b>Other:</b>			

**Please fax results to EIMC at: 208-232-6018**

DEA No. \_\_\_\_\_ Prescriber \_\_\_\_\_