

SIMPLE LABORATORIES

5960 N. Milwaukee Ave P 773.775.6697 Simple@SimpleLaboratories.com
Chicago, IL 60646 F 773.775.6829 SimpleLaboratories.com

REQUISITION #

SMP REQUISITION - REV. 1015

BILLING INFORMATION	PATIENT NAME - LAST		FIRST	MIDDLE INITIAL			
	PATIENT IDENTIFICATION		SOCIAL SECURITY NO.	DATE OF BIRTH	SEX		
	NAME OF INSURED		SS# OF INSURED	RELATIONSHIP TO PATIENT			
	PATIENT / INSURED ADDRESS			PHONE NUMBER			
	CITY		STATE	ZIP CODE			
	BILL TO	<input type="checkbox"/> PHYSICIAN ACCOUNT	<input type="checkbox"/> PATIENT	<input type="checkbox"/> MEDICARE	<input type="checkbox"/> MEDICAID	<input type="checkbox"/> INSURANCE	(ATTACH COPY OF BOTH SIDES OF CARD)
DIAGNOSIS: (ICD-9 OR ICD-10 CODE(S)) (REQUIRED FOR 3 RD PARTY BILLING)							MEDICAID NO.
							REASON FOR ORDERING TEST

PLEASE WRITE PATIENT'S NAME ON ALL SPECIMENS	DATE COLLECTED	COLLECTED BY	AM	MD NAME	MD SIGNATURE
			PM		

TUBE Key: B -LT Blue L -Lavender R -Red/Tiger Top/SST U -Urine SW -Culture Swab	
PROFILES: THESE PROFILES MADE FOR PHYSICIAN CONVENIENCE, BUT PHYSICIAN COULD ORDER INDIVIDUAL TESTS OR REQUEST CUSTOM PROFILES.	
ALCHIL	PROFILE CHILDHOOD ALLERGY - A. ALTERNATA MOLD, C. HERBARUM MOLD, CAT DANDER, COCKROACH, COD FISH, D. FARINAE MITE, D. PTERONYSSINUS MITE, DOG DANDER, EGG WHITE, MILK, MOUSE, PEANUT, SHRIMP, SOYBEAN, TOTAL IGE, WALNUT FOOD, WHEAT R(2)
ALFOOD	PROFILE FOOD ALLERGY - CLAM, COD FISH, CORN, EGG WHITE, MILK, PEANUT, SCALLOP, SESAME SEED, SHRIMP, SOYBEAN, WALNUT FOOD, WHEAT R(2)
ALPR10	PROFILE ENVIRONMENT ALLERGY - A. ALTERNATA MOLD, A. FUMIGATUS MOLD, C. HERBARUM MOLD, CAT DANDER, D. FARINAE MITE, D. PTERONYSSINUS MITE, DOG DANDER, FEATHER MIX, HOUSE DUST, P. NOTATUM MOLD R(2)
ALRES	PROFILE RESPIRATORY ALLERGY - A. ALTERNATA MOLD, A. FUMIGATUS MOLD, BERMUDA GRASS, C. HERBARUM MOLD, CAT DANDER, COCKROACH, COMMON RAGWEED, COTTONWOOD TREE, D. FARINAE MITE, D. PTERONYSSINUS MITE, DOG DANDER, ELM TREE, M. RACEMOSUS MOLD, MAPLE LEAF SYCAMORE, MAPLE TREE, MOUNTAIN CEDER, MOUSE, MULBERRY TREE, OAK TREE, P. NOTATUM MOLD, PECAN/HICKORY TREE, ROUGH MARSH ELDER, ROUGH PIGWEED, RUSSIAN THISTLE, TIMOTHY GRASS, TOTAL IGE, WALNUT TREE, WHITE ASH TREE R(2)
ANAPAN	PROFILE ANA 7 - CENTROMERE, JO-1, LA, RNP, RO, SCL-70, SM R(2)
FATIGU	PROFILE UNEXPLAINED FATIGUE - ANTI CCP, GLIADIN IGA, GLIADIN IGG, PROFILE ANA WITH REFLEX TO ANA 7, RF (RHEUMATOID FACTOR) IGA, RF (RHEUMATOID FACTOR) IGM, THYROGLOBULIN AB, TPO, TTG IGA, TTG IGG R(2)
GIDIST	PROFILE GASTROINTESTINAL DISTRESS - COD FISH, EGG WHITE, GLIADIN IGA, GLIADIN IGG, GLUTEN, HAZELNUT, MILK, PEANUT, SCALLOP, SESAME SEED, SHRIMP, SOYBEAN, TTG IGA, TTG IGG, WALNUT FOOD, WHEAT R(2)

INDIVIDUAL TESTS (✓)											
504	ABO+RH	L	DHEAS	DHEAS	R	ANAPRO	PROFILE ANA W/ REFLEX TO ANA 7	R	FT3	T3 FREE	R
110	AMYLASE	R	408	ESR (SED RATE)	L	8050	PROFILE 8050 - INCLUDES	R,L	601	T3-UPTAKE	R
701	ASO QUANTITATIVE	R	555	ESTRADIOL	R		CBCD, CMP, TSH		606	T4 FREE	R
BMP	BASIC MET. PANEL	R	301	FOLIC ACID	R	TESTOP	PROFILE TESTOSTERONE - INCLUDES	R	602	T4 TOTAL	R
961	BETA-HCG QUANTITATIVE	R	976	FSH	R		FREE TESTOSTERONE INDEX		604	TSH	R
971	BNP	L	127	GLYCO HGB A1C	L		SEX HORMONE BINDING GLOBULIN		911	URETHRAL CULTURE	SW
112	BUN	R	707	H PYLORI	R		TESTOSTERONE TOTAL		159	URIC ACID	R
402	CBC DIFF	L	72	HIV 1/2 PLUS O WITH REFLEX	R	982	PROLACTIN	R	801	URINALYSIS	U
921	CEA	R	HSVIGG	HSVIGG W/ REFLEX TO TYPE 1& 2	R	46	PSA	R	805	URINE CULTURE	U
200	CHEMSCAN - INCLUDES	R	988	LEAD	L	307	PT WITH INR	B	910	VAGINAL CULTURE	SW
	CMP,CPK,FE,GGTP, LDH,		709	LH	R	605	PTT	B	910B	VAGINAL GRP B SCREEN	SW
	LIPID PANEL, PHOS, URIC ACID		156	LIPID PANEL - INCLUDES	R	703	RF (RHEUMATOID FACTOR) QNT	R	910D	VAGINAL SCREEN DNA TEST -	SW
22SW	CHLAMYDIA/GC (AMPLIFIED DNA)	SW		CHOL, HDL, LDL, TRIG		705	RPR WITH REFLEX TO TITER	R		INCLUDES CANDIDA SPS	
22UR	CHLAMYDIA/GC (AMPLIFIED DNA)	U	144	MAGNESIUM	R	973	RUBELLA IGG	R		GARDNERELLA VAGINALIS	
54	COMPREHENSIVE MET. PANEL	R	146	MICROALBUMIN	U	895	SICKLE CELL	L		TRICHOMONAS VAGINALIS	
120	CREATININE	R	MMR	MMR	R	808	STREPTOCOCCUS, GROUP A,	SW	4343	VARICELLA IGG	R
804	CRP	R	962	PREGNANCY SERUM	R		WITH REFLEX TO CULTURE		303	VITAMIN B12	R
955	CRP HIGH SENSITIVE	R	802	PREGNANCY URINE	U	18	TESTOSTERONE TOTAL	R	VITADH	VITAMIN D	R

OTHER TESTS :

DIAGNOSIS CODES (ICD-9 and ICD-10)												FOR LAB USE ONLY
<input type="checkbox"/> Abdominal Pain	789.00 R10.9	<input type="checkbox"/> Chest, NOS	786.50 R07.9	<input type="checkbox"/> Fever, NOS	780.60 R50.9	<input type="checkbox"/> Irregular Menstruation, NOS	626.4 N92.6	<input type="checkbox"/> Rheumatoid Arthritis	714.0 M06.9			
<input type="checkbox"/> Allergic Rhinitis, NEC	477.8 J30.89	<input type="checkbox"/> Chronic Fatigue	780.71 R53.82	<input type="checkbox"/> Fibromyalgia	729.1 M79.7	<input type="checkbox"/> Kidney Disorder, NOS	593.9 N28.9	<input type="checkbox"/> Routine Adult Exam	V70.0 Z00.00			
<input type="checkbox"/> Anemia, B12 Deficiency	281.1 D51.8	<input type="checkbox"/> Convulsions, NOS	780.39 R56.9	<input type="checkbox"/> Gastroitis w/o Bleeding	535.50 K29.70	<input type="checkbox"/> Long Term Use Anticoagul	V58.61 Z79.01	<input type="checkbox"/> Routine Child Exam	V20.2 Z00129			
<input type="checkbox"/> Anemia, NOS	285.9 D64.9	<input type="checkbox"/> COPD, NOS	496 J44.9	<input type="checkbox"/> Gastro-esophageal Reflux	530.81 K21.9	<input type="checkbox"/> Malign Neopl Prostate	185 C61	<input type="checkbox"/> Sinusitis, NOS	461.9 J01.90			
<input type="checkbox"/> Arthropathy, NOS	716.90 M12.9	<input type="checkbox"/> Cough	786.2 R05	<input type="checkbox"/> Headache	784.0 R51	<input type="checkbox"/> Noninf Gastroenterit, NOS	558.9 K52.9	<input type="checkbox"/> Therapeutic Drug Monitor	V58.83 Z51.81			
<input type="checkbox"/> Asthma, NOS	493.90 J45.998	<input type="checkbox"/> Cystitis	595.0 N30.00	<input type="checkbox"/> Heart Failure, NOS	428.0 I50.9	<input type="checkbox"/> Obesity, NOS	278.00 E66.9	<input type="checkbox"/> Thyroid Disorder, NOS	246.9 E07.9			
<input type="checkbox"/> Atherosclerotic Heart Disease	414.01 I25.10	<input type="checkbox"/> Depressive Disorder	311 F32.9	<input type="checkbox"/> Hematuria, NOS	599.70 R31.9	<input type="checkbox"/> Osteomalacia, NOS	268.2 M83.9	<input type="checkbox"/> Thyrotoxicosis, NOS	242.90 E05.90			
<input type="checkbox"/> Atrial Fibrillation	427.31 I48.91	<input type="checkbox"/> Dermatitis, NOS	692.9 L25.9	<input type="checkbox"/> Hypertension	401.9 I10	<input type="checkbox"/> Osteoporosis, NOS	733.00 M81.0	<input type="checkbox"/> Urethritis, NEC	597.80 N34.2			
<input type="checkbox"/> Back Pain, Lower	724.2 M54.5	<input type="checkbox"/> Diabetes, Type II	250.00 E11.9	<input type="checkbox"/> Hypertension	401.9 I10	<input type="checkbox"/> Osteoporosis, NOS	733.00 M81.0	<input type="checkbox"/> Urinary Frequency	788.41 R35.0			
<input type="checkbox"/> Backache, NOS	724.5 M54.9	<input type="checkbox"/> Diarrhea, NOS	787.91 R19.7	<input type="checkbox"/> Hypertension	401.9 I10	<input type="checkbox"/> Peripheral Vascular Disease, NOS	443.9 I73.9	<input type="checkbox"/> UTI, NOS	599.0 N39.0			
<input type="checkbox"/> BPH w/o Urinary LUTS	600.00 N40.0	<input type="checkbox"/> Dizziness, NOS	780.4 R42	<input type="checkbox"/> Hypertension	401.9 I10	<input type="checkbox"/> Pharyngitis	462 J02.9	<input type="checkbox"/> Vaginitis	616.10 N76.0			
<input type="checkbox"/> Cellulitis, NOS	682.9 L03.90	<input type="checkbox"/> Dysuria	788.1 R30.0	<input type="checkbox"/> Hypertension	401.9 I10	<input type="checkbox"/> Pregnancy	V22.2 Z33.1	<input type="checkbox"/> Venereal Dis Cont	V016 Z20.2			
				<input type="checkbox"/> Insomnia, NOS	780.52 G470.0	<input type="checkbox"/> Preop Exam, NOS	V72.84 Z01.812	<input type="checkbox"/> Weakness	780.79 R53.1			
						<input type="checkbox"/> Prostatitis, NOS	601.9 N41.9	<input type="checkbox"/> Weight Loss	783.21 R63.4			