



1 PATIENT INFORMATION

LAST NAME / FIRST NAME / M.I. _____

ADDRESS / SUITE # _____

CITY / STATE / ZIP _____

PHONE # _____ EMAIL _____

DOB _____ MALE FEMALE

WEIGHT _____ PAYMENT OPTIONS: MEDICARE MEDICAID
 COMMERCIAL HSA SELF-PAY (SEE BOX 3)

3 PAYMENT AUTHORIZATION (SELF-PAY ONLY)

NAME ON CARD: _____

BILLING ADDRESS: _____

CITY/STATE/ZIP: _____

CARD TYPE: VISA MASTERCARD DISCOVER AMEX

CARD #: _____ EXPIRES: ____/____/____

SECURITY CODE: _____ (3 DIGITS ON BACK OF CARD, 4 ON FRONT FOR AMEX)

AMOUNT TO CHARGE: \$ _____ USD (REFER TO APOLLO LABS BLOOD TEST FEE SCHEDULE FOR AMOUNT)

I AUTHORIZE APOLLO LABS TO CHARGE THE AMOUNT LISTED ABOVE TO THE CREDIT CARD PROVIDED HEREIN. I AGREE TO PAY FOR THIS PURCHASE IN ACCORDANCE WITH THE ISSUING BANK CARD HOLDER AGREEMENT.

SIGNATURE: _____

PRINTED NAME: _____

DATE: _____

2 PROVIDER / SPECIMEN INFORMATION

CLIENT NAME / ACCOUNT # _____

ADDRESS / SUITE # _____

CITY / STATE / ZIP _____

PHONE # _____

ORDERING PHYSICIAN _____ DATE OF SERVICE ____/____/____
 _____ : _____ AM PM

COLLECTION DATE _____ TIME _____ FASTING NON-FASTING

PHLEBOTOMIST: _____

PLEASE CHECK OFF INCLUSION OF THE FOLLOWING FOR ALL BLOOD WORK ORDERS:

DRIVER'S LICENSE

INSURANCE CARD (AS APPLICABLE)

DEMOGRAPHICS SHEET

SEE REVERSE FOR TEST MENU SELECTION

4 ICD10 - COMMONLY SELECTED CODES

COMMON VITAMIN CODES (COVERS VIT D, B12, HOMOCYSTEINE, & PLAC		COMMONLY SELECTED CODES	
<input type="checkbox"/> Vitamin D deficiency, unspecified	E55.9	<input type="checkbox"/> Pre-Op or Post-op Visit	Z01.812
<input type="checkbox"/> Vit B12 deficiency anemia due to intrinsic factor def	D51.0	<input type="checkbox"/> Disorder of thyroid, unspecified	E07.9
<input type="checkbox"/> Other Long Term (current) drug Therapy	Z79.899	<input type="checkbox"/> Long-term use of opioid analgesic	Z79.891
<input type="checkbox"/> Age-Related Osteoporosis w/o current path fracture	M81.0	<input type="checkbox"/> Osteoarthritis, unspecified	M19.90
<input type="checkbox"/> Myalgia	M79.1	<input type="checkbox"/> Other long-term drug therapy	Z79.899
<input type="checkbox"/> Fibromyalgia	M79.7	<input type="checkbox"/> Pain, Acute	G89.11
<input type="checkbox"/> Bariatric surgery status	Z98.84	<input type="checkbox"/> Pain, unspecified	R52
<input type="checkbox"/> Intestinal malabsorption, unspecified	K90.9	<input type="checkbox"/> Rheumatoid arthritis	M06.9
<input type="checkbox"/> Hypercalcemia	N18.3	<input type="checkbox"/> Essential Primary Hypertension	I10
<input type="checkbox"/> Chronic kidney disease, stage 3 (moderate)	E83.52	<input type="checkbox"/> Mixed hyperlipidemia	E78.2
<input type="checkbox"/> alcoholic cirrhosis of liver without ascites	K70.3	<input type="checkbox"/> Encounter for screening for cardiovascular disorders	Z13.6
<input type="checkbox"/> Rickets, active	E55.0	<input type="checkbox"/> Type 2 Diabetes mellitus without complications	E11.9
<input type="checkbox"/> Myositis, unspecified	M60.9	<input type="checkbox"/> Acute pain due to trauma/injury	G89.11
<input type="checkbox"/> Primary parathyroidism	E21.0	<input type="checkbox"/> Elevated BP reading w/o diagnosis of hypertension	R03.0
<input type="checkbox"/> Other Myositis, multiple sites	M60.89	<input type="checkbox"/> Hyperlipidemia, unspecified	E78.5
<input type="checkbox"/> Chronic Kidney Disease, Stage 4 (severe)	N18.4	<input type="checkbox"/> Low Back Pain, lumbago, lumbar region etc.	M54.5
<input type="checkbox"/> Chronic Kidney disease, stage 5	N18.5	<input type="checkbox"/> Type 2 diabetes mellitus w/ hyperglycemia	E11.65
<input type="checkbox"/> BMI 30.0-42.9, adult - BMI 70+, adult	Z68.30 -	<input type="checkbox"/> Other fatigue	R53.83
<input type="checkbox"/> Please enter appropriate BMI code in the box below	Z68.42		
		<input type="checkbox"/> Type 2 diabetes mellitus w/ diabetic amyotrophy	E11.40
		<input type="checkbox"/> Radiculopathy, lumbosacral region	M54.17
		<input type="checkbox"/> Syncope and collapse	R55
		<input type="checkbox"/> Age-related osteoporosis w/ out current patho fracture	M81.0
		<input type="checkbox"/> Shortness of breath	R06.02
		<input type="checkbox"/> Other chest pain	R07.89
		<input type="checkbox"/> Encounter for therapeutic drug level monitoring	Z51.81
		<input type="checkbox"/> Rheumatoid arthritis w/out RF, multiple sites	M06.09
		<input type="checkbox"/> Major depressive disorder, single episode, unspecified	F32.9
		<input type="checkbox"/> Presence of insulin pump (external) (internal)	Z96.41
		<input type="checkbox"/> Post-laminectomy syndrome, not elsewhere classified	M96.1
		<input type="checkbox"/> Type 2 diabetes mellitus with diabetic polyneuropathy	E11.42
		<input type="checkbox"/> Testicular hypofunction	E29.1
		<input type="checkbox"/> Cervicalgia	M54.2
		<input type="checkbox"/> other specified symptoms & signs involving the circulatory & respiratory systems	R09.89
		<input type="checkbox"/> Migraine with aura, intractable, w/out status migrainosus	G43.119

ADDITIONAL CODES (ADD ALL APPLICABLE): _____

5 ASSIGNMENT OF BENEFITS AND FINANCIAL RESPONSIBILITY

I PROVIDE FULL CONSENT THAT APOLLO LABORATORY OR IT'S REFERENCE PARTNER(S) TO PERFORM LAB TESTING ON MY SPECIMEN. BY SIGNING THIS DOCUMENT, I CERTIFY THAT I HAVE PROVIDED THE SPECIMEN MYSELF FOR ANALYSIS AND IT IS FRESH, MY OWN , AND UNADULTERATED AND THAT THE INFORMATION ON THIS FORM IS ACCURATE. I AUTHORIZE APOLLO LABORATORY TO BILL MY INSURANCE FOR THE SERVICES ORDERED ON THIS FORM, TO BE PAID DIRECTLY TO APOLLO LABORATORY. I AUTHORIZE APOLLO LABORATORY TO RELEASE ANY NECESSARY INFORMATION ON THIS FOR BILLING PURPOSES. I ADDITIONALLY RELEASE APOLLO LABORATORY TO OBTAIN ANY INFORMATION NECESSARY FOR BILLING FROM MY HEALTH CARE PROVIDER. I UNDERSTAND THAT APOLLO LABORATORY MAY BE OUT-OF-NETWORK WITH MY INSURANCE PROVIDER. IF MY HEALTH INSURANCE PROVIDER RELEASES PAYMENT DIRECTLY TO ME, I WILL BE RESPONSIBLE FOR THE FULL PAYMENT TO APOLLO LABORATORY.

PATIENT SIGNATURE: _____ DATE: ____/____/____

THE ORDERING PHYSICIAN IS RESPONSIBLE FOR DETERMINING MEDICAL NECESSITY OF ALL LABORATORY TESTS AND FOR ASSIGNING AND PROVIDING SPECIFIC ICD-10 CODES TO SUPPORT THE MEDICAL NECESSITY OF EACH.

PROVIDER SIGNATURE: _____



PLEASE CHECK FULL PANELS OR INDIVIDUAL TESTS. IF A TEST WITHIN THE PANEL IS NOT DESIRED, PLEASE CROSS IT OUT.

WELLNESS PROFILE OPTIONS

COMPLETE WELLNESS PROFILE

MEN'S CODE: QMW
WOMEN'S CODE: MQWW

- CBC w/ Differential
- Comp Metabolic Panel
- Cortisol
- DHEA-Sulfate
- ESR (Sed Rate)
- Estradiol
- Ferritin
- Folate (serum)
- FSH
- Hemoglobin A1c w/ eAG
- Insulin
- LH
- Parathyroid Hormone
- Progesterone (female only)
- PSA, Total (male only)
- Thyroglobulin Antibody
- TPO Antibody
- Advanced Cardiovascular Profile (ACAR)**
 - CRP (hs)
 - Lipoprotein (a)
 - APO B/A1 Ratio
 - APOA1
 - APOB

Lipid Profile (LPD)

- Cholesterol
- HDL
- LDL (Calc)
- Triglycerides

Iron Profile (IRON)

- Iron
- TIBC/UIBC

Thyroid Profile (TYRD)

- Free T3
- Free T4
- TSH

Testosterone Profile (TST)

- SHBG
- Albumin
- Testosterone
- Testosterone, Free
- Testosterone, Bio

Specimen Requirements:
2 SST, 1 Lav

VITAMIN ARRAY **(VIT)

- Vitamin B12
- Vitamin D, 25OH

Specimen Requirements
(if selected a la carte): 1 SST

ALTERNATIVE PROFILES

DIABETES PROFILE (DIAB)

- C-Peptide
- Hemoglobin A1c w/eAG*
- Insulin*
- Microalbumin w/ Creatinine Ratio

Specimen Requirements: 1 SST, 1 Lav, Urine

LOW T PROFILE (MLOT)

- CBC w/ Differential*
- Comp Metabolic Panel*
- Cortisol*
- Estradiol*
- Folate (Serum)*
- Vitamin B12
- Vitamin D 25OH
- Advanced Cardiovascular Profile*
- Testosterone Profile*
- Thyroid Profile*

Specimen Requirements: 2 SST, 1 Lav

HORMONE OPTIMIZATION

MEN'S CODE: MHRM
WOMEN'S CODE: FHRM

- Cortisol*
- DHEA-Sulfate*
- Estradiol*
- FSH*
- LH*
- Parathyroid Hormone*
- Progesterone (fem only)*
- Thyroglobulin Antibody*
- TPO Antibody*
- Testosterone Profile*
- Thyroid Profile*

Specimen Requirements: 2 SST

SURGICAL PROFILE (MSUR)

- CBC w/ Differential*
- Complete Metabolic Panel*
- DHEA-Sulfate*
- Estradiol*
- ESR-Sed Rate*
- Ferritin*
- Folate*
- CRP (hs)*
- Iron Profile*
- Rheumatoid Factor
- Testosterone*
- TSH*
- Vitamin B12
- Vitamin D, 25OH

Specimen Requirements: 2 SST, 1 Lav

A LA CARTE

- Albumin (362)
- ALP (313)
- ALT (SGPT) (316)
- Amylase (333)
- APOA1* (1004)
- APOB* (1005)
- APO B/A1 Ratio* (1003)
 - APOA1*
 - APOB*
- AST (SGOT) (315)
- B-hCG (Female Only) (900)
- Bicarbonate (CO2) (1987)
- Bilirubin, Total (319)
- Bilirubin, Direct (320)
- Calcium (308)
- CBC w/ Differential* (106)
- Chloride (303)
- Comp Metabolic Panel* (4004)
 - Glucose
 - Potassium
 - Carbon Dioxide (CO2)
 - Urea Nitrogen
 - EGFR (Non-AA)
 - BUN/Creatinine Ratio
 - Total Protein
 - A/G Ratio
 - ALT (SGPT)
 - Bilirubin, Total
 - Sodium
 - Chloride
 - Anion Gap
 - Creatinine
 - EGFR (AA)
 - Calcium
 - Albumin
 - AST (SGOT)
 - ALP
 - Magnesium
- Cortisol (714)
- Cholesterol* (326)
- C-Peptide (350)
- Creatine Kinase (306)
- Creatinine (193)
- Creatinine w/ eGFR (CGFR) (1977)
- CRP (hs)* (803)
- DHEA-Sulfate* (767)
- Electrolyte Profile (127)**
 - Sodium
 - Potassium
 - Chloride
 - Bicarbonate (CO2)
- ESR - Sed Rate* (203)
- Estradiol* (30289)
- Ferritin* (337)
- Folate (serum)* (4000)
- Free T3* (734)
- Free T4* (704)
- FSH* (706)
- GGT (317)
- Glucose (347)
- HDL* (328)
- Hemoglobin A1c w/ eAG* (HWAG) (1978)
- Hep B Surface Antigen (810)
- Hep C Ab, IgG (814)
- HIV 1/2 Screen (848)
- HSV 1 Ab IgG (835)
- HSV 2 Ab IgG (836)
- Insulin* (9034)
- Iron* (131)
- LDL (Calc)* (330)
- LH* (707)
- Lipase (348)
- Lipoprotein (a)* (1002)
- Magnesium (336)
- Microalbumin w/ Creatinine Ratio (90161)
- NT-proBNP (7534)
- Parathyroid Hormone (PTH)* (757)
- Phosphorus (309)
- Potassium (302)
- Progesterone (fem only)* (710)
- Rheumatoid Factor *** (4002)
- Rapid Plasma Reagin (RPR) (809)
- SHBG (1048)
- Sodium (301)
- Testosterone* (725)
- Thyroglobulin Antibody* (737)
- TIBC/UIBC (335)
- Total Protein (311)
- Total T4 (702)
- Total T3 (703)
- TPO Antibody* (735)
- Transferrin (351)
- Triglycerides* (327)
- TSH* (9030)
- Vitamin B12*** (712)
- Vitamin D, 25OH*** (860)
- Urea Nitrogen (305)
- Uric Acid (310)

* = CONTAINED IN COMPLETE WELLNESS PANEL
** = DIAGNOSTIC CODES FOR VITAMINS REQUIRED ON FRONT OF REQUISITION
*** = INCLUDED IN AN ALTERNATIVE PROFILE, OR VITAMIN ARRAY

VOYAGER TREATMENT SET

- CMP
- CBC w/ Differential*
- TSH*
- Hep B Surface Antigen
- Hep C Ab, IgG
- HIV 1/2 Screen
- HSV 1 Ab IgG
- HSV 2 Ab IgG
- RPR W/ Reflex

Notice

In some cases, specimens that cannot be analyzed at Apollo Labs are referenced to a partner laboratory. This may include patients that possess In-network coverage or are Insured through Federal programs (e.g., Medicare).

Specimen requirements for partner laboratories are often higher than those performed at Apollo Labs and may exhibit turnaround times longer than expected.