

# Lab Order

		<b>Anticipated Date of Blood Draw:</b>			
<b>Name:</b>		<b>Date:</b>		<b>Sex:</b>	Female
<b>Address:</b>		<b>City, State, &amp; ZIP:</b>			
<b>Phone:</b>		<b>DOB:</b>			

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

**Rank 4 Female 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>CEA</b>	002139	82378	SST
<b>CA 19-9 (Carbohydrate Antigen 19-9)</b>	002261	86301	SST
<b>Cancer Antigen (CA) 15-3 (CA 15-3)</b>	143404	86300	SST
<b>Cancer Antigen (CA) 125 (CA 125)</b>	002303	86304	SST
<b>FREE T-3 (Triiodothyronine, Free, Serum)</b>	010389	84481	SST
<b>FREE T-4 (Thyroxine (T4) Free, Direct, S)</b>	001974	84439	SST
<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 \_\_\_\_\_