



AMERICAN PHYSICIAN'S  
LABORATORY, INC.

Accession #:	Client ID #:	Custom SQ
Accession #:	Patient Name:	Social Security #:

Laboratory Director: Sean M. Kaufman, M.D. 6465 Overseas Hwy Ste 8 Marathon, FL 33050 (305) 289-0248 Office (305) 289-5461 Fax	Address:	DOB:
		Phone:

<b>Physician / Client Information</b>	Responsible Party (If other than patient)	Relation to patient
	<b>Bill Type:</b> <input type="checkbox"/> Client <input type="checkbox"/> Patient <input type="checkbox"/> Medicare _____ <input type="checkbox"/> Insurance <input type="checkbox"/> Cash <input type="checkbox"/> HMO <input type="checkbox"/> Worker's Comp	
	<b><input type="checkbox"/> Billing Information Stapled</b>	

Date Collected:	Time Collected:	Specimen Type / Source:	Diagnosis Codes
<input type="checkbox"/> Fasting <input type="checkbox"/> Random <input type="checkbox"/> 24 hr. Volume			
<input type="checkbox"/> STAT <input type="checkbox"/> Call To: <input type="checkbox"/> Fax To:			

PANELS:	HEMATOLOGY CONT:	INDIVIDUAL TESTS CONT:	INFECTIOUS DISEASE
<input type="checkbox"/> <b>Basic Metabolic Panel</b> (Na, K, Cl, CO2, Glu, Bun, Cr, Ca)	<input type="checkbox"/> Mixing Study PT__ PTT__	<input type="checkbox"/> Haptoglobin	<input type="checkbox"/> Anti-HBs
<input type="checkbox"/> <b>Bone Panel</b> (Ca, ALP, Phos, Alb, Uric Acid)	<input type="checkbox"/> PT/INR	<input type="checkbox"/> HCG, Quant	<input type="checkbox"/> Hep B Surface AB
<input type="checkbox"/> <b>Cardiac Panel</b> (CK, CKMB, RI)	<input type="checkbox"/> aPTT	<input type="checkbox"/> HDL	<input type="checkbox"/> Hep B Surface AG w/Conf
<input type="checkbox"/> <b>Comp Metabolic Panel</b> (Na, K, Cl, CO2, Glu, Bun, Cr, Ca, TP, Alb, Tbili, ALP, AST, ALT)	<input type="checkbox"/> Reticulocyte Count	<input type="checkbox"/> Hemoglobin A1C	<input type="checkbox"/> Hep B Surface AG w/Conf
<input type="checkbox"/> <b>Electrolyte Panel</b> (Na, K, Cl, CO2)	<input type="checkbox"/> Sed Rate	<input type="checkbox"/> Iron	<input type="checkbox"/> Hep B Core AB IgM
<input type="checkbox"/> <b>Hepatic Panel</b> (ALP, Alb, AST, ALT, GGT, Tbili, Dbili)	<input type="checkbox"/> Semen Analysis	<input type="checkbox"/> Lactate	<input type="checkbox"/> Hep A AB IgM
<input type="checkbox"/> <b>Hepatitis Panel</b> (HBsAG, Hep C AB, HEP A AB IGM, HBcAB IgM)	<input type="checkbox"/> Sickle Sell	<input type="checkbox"/> LDH	<input type="checkbox"/> HBeAg
<input type="checkbox"/> <b>Hormone Function Panel</b> (FSH, LH, Estradiol, Prog, Prol)	<input type="checkbox"/> Thrombin Time	<input type="checkbox"/> Lipase	<input type="checkbox"/> Anti-HCV
<input type="checkbox"/> <b>Lipid Panel</b> (Chol, Trig, HDL, CLDL, VLDL)	<b>INDIVIDUAL TESTS:</b>	<input type="checkbox"/> LH	<input type="checkbox"/> Anti-HBc
<input type="checkbox"/> <b>Renal Function Panel</b> (Na, K, Cl, CO2, Glu, Bun, Cr)	<input type="checkbox"/> AFP	<input type="checkbox"/> Lithium	<input type="checkbox"/> Anti-Hbe
<input type="checkbox"/> <b>Vitamin B12/Fol Panel</b> (B12, Fol)	<input type="checkbox"/> Ammonia	<input type="checkbox"/> Magnesium	<input type="checkbox"/> Anti-HAV IgM
<b>BLOOD BANK</b>	<input type="checkbox"/> Amylase	<input type="checkbox"/> Myoglobin	<input type="checkbox"/> Anti-HAV Total
<input type="checkbox"/> ABO/RH	<input type="checkbox"/> ANA	<input type="checkbox"/> Phosphorus	<input type="checkbox"/> Anti-HIV 1+2
<input type="checkbox"/> Antibody SCR	<input type="checkbox"/> AST	<input type="checkbox"/> Potassium	<input type="checkbox"/> CMV IgG
<input type="checkbox"/> Direct Antiglobulin Test	<input type="checkbox"/> BNP	<input type="checkbox"/> Progesterone	<input type="checkbox"/> CMV IgM
<input type="checkbox"/> Prenatal Screen (ABO/RH, Antibody Screen)	<input type="checkbox"/> Bilirubin, Direct	<input type="checkbox"/> Prolactin	<b>CANCER MARKERS</b>
<input type="checkbox"/> Type and Screen	<input type="checkbox"/> Bilirubin, Total	<input type="checkbox"/> Protein, Total	<input type="checkbox"/> CEA
<b>HEMATOLOGY</b>	<input type="checkbox"/> C-Reactive Protein	<input type="checkbox"/> PSA, Free	<input type="checkbox"/> CA - 125
<input type="checkbox"/> CBC Hemogram	<input type="checkbox"/> Calcium	<input type="checkbox"/> PSA, Total	<input type="checkbox"/> CA 15-3
<input type="checkbox"/> CBC w/DIFF	<input type="checkbox"/> Carbon Dioxide	<input type="checkbox"/> Rheumatoid Factor	<input type="checkbox"/> CA 19-9
<input type="checkbox"/> D-Dimer	<input type="checkbox"/> CEA	<input type="checkbox"/> RPR	<b>MICROBIOLOGY</b>
<input type="checkbox"/> Fibrinogen	<input type="checkbox"/> Chloride	<input type="checkbox"/> Rubella	<input type="checkbox"/> Blod Culture
<input type="checkbox"/> Hemoglobin	<input type="checkbox"/> Cholesterol, Total	<input type="checkbox"/> Sodium	<input type="checkbox"/> Fluid Culture
<input type="checkbox"/> Hematocrit	<input type="checkbox"/> Cortisol	<input type="checkbox"/> Tesosterone	<input type="checkbox"/> Fungal Culture
	<input type="checkbox"/> Creatinine	<input type="checkbox"/> Transferrin	<input type="checkbox"/> Genital Culture
	<input type="checkbox"/> Creatome Kinase	<input type="checkbox"/> Triglycerides	<input type="checkbox"/> Gram Stain
	<input type="checkbox"/> Creatine Kinase-MB	<input type="checkbox"/> Troponin	<input type="checkbox"/> Throat Culture
	<input type="checkbox"/> Digoxin	<input type="checkbox"/> TSH	<input type="checkbox"/> Wound Culture
	<input type="checkbox"/> Estradiol	<input type="checkbox"/> T3 Free	<input type="checkbox"/> Urine Culture
	<input type="checkbox"/> Ethanol	<input type="checkbox"/> T3 Total	<input type="checkbox"/> Stool Culture
	<input type="checkbox"/> Ferritin	<input type="checkbox"/> T3 Uptake	<b>GENPROBE</b>
	<input type="checkbox"/> Folic Acid	<input type="checkbox"/> T4, Free	<input type="checkbox"/> Chlamyida
	<input type="checkbox"/> FSH	<input type="checkbox"/> T4, Total	<input type="checkbox"/> Gonorrhea
	<input type="checkbox"/> Gentamicin	<input type="checkbox"/> UA Complete (Macro/Micro	<b>IMMUNOCAP</b>
	<input type="checkbox"/> GGT	<input type="checkbox"/> Urea Nitrogen (BUN)	<input type="checkbox"/> Allergen IgE
	<input type="checkbox"/> Glucose, Gest. Screen	<input type="checkbox"/> Urin Acid	
	<input type="checkbox"/> Glucose	<input type="checkbox"/> Valporic Acid	
	<input type="checkbox"/> Glucose Tolerance Test	<input type="checkbox"/> Vitamin B12	

Additional Tests: