



CBS Labs of Tampa  
 1916 W Dr Martin Luther King Jr Blvd  
 Tampa, FL 33607  
 Phone: (813)304-0073 Fax: (813)856-4866  
 www.cbslabstampa.com



DATE: / /	FOR LAB USE ONLY	
TIME: <input type="checkbox"/> AM <input type="checkbox"/> PM	PLACE LABEL HERE	
<input type="checkbox"/> SST	<input type="checkbox"/> GY - GRAY	<input type="checkbox"/> SL - SLIDE
<input type="checkbox"/> L - LAVENDER	<input type="checkbox"/> C - CULTURETTE	<input type="checkbox"/> STOOL
<input type="checkbox"/> B - BLUE	<input type="checkbox"/> UA - URINE	<input type="checkbox"/> RY ROYAL BLUE
<input type="checkbox"/> GN - GREEN	<input type="checkbox"/> PE - PEARL	<input type="checkbox"/> BIOPSY
<input type="checkbox"/> Y - YELLOW	<input type="checkbox"/> 24H-24 HR URINE	<input type="checkbox"/> R - RED

**ACCOUNT INFORMATION**

**PATIENT DATA (PLEASE PRINT CLEARLY)**

LAST NAME		FIRST NAME		SSN
M <input type="checkbox"/> F <input type="checkbox"/>	AGE	BIRTH DATE (M / D / Y)		PHONE (REQUIRED)
PATIENT ADDRESS				
CITY		STATE	ZIP CODE	

<input type="checkbox"/> BILL MEDICARE	PREFIX	MEDICARE (INCLUDE PREFIX OR SUFFIX)	SUFFIX	ICD-10 DIAGNOSIS CODE
<input type="checkbox"/> BILL MEDICAID	MEDICAID NUMBER			ICD-10 DIAGNOSIS CODE
<input type="checkbox"/> BILL INSURANCE	INSURANCE GROUP	INSURANCE POLICY NO.	ICD-10 DIAGNOSIS CODE	
<input type="checkbox"/> BILL ACCOUNT	INSURANCE PHONE NO.	INSURANCE ADDRESS	REFERRING PHYSICIANS NAME AND SIGNATURE	

AUTHORIZATION I hereby authorize the release of information to the services described here and hereby assign any benefits to which I am entitled to CBS Lab. I HAVE READ AND ACKNOWLEDGE THE BENEFICIARY AGREEMENT AS IT APPEARS ON THE REVERSE OF THIS FORM. I HAVE READ THE ABN ON THE REVERSE. IF MEDICARE DENIES PAYMENT, I AGREE TO PAY FOR THE IDENTIFIED TEST(S).

NPI # \_\_\_\_\_ MEDIPASS AUTH# \_\_\_\_\_

PATIENT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

NOTE: WHEN ORDERING TESTS FOR WHICH MEDICARE OR MEDICAID REIMBURSEMENT WILL BE SOUGHT, PHYSICIAN SHOULD ONLY ORDER TESTS THAT ARE MEDICALLY NECESSARY FOR THE DIAGNOSIS OR TREATMENT OF THE PATIENT.

PANELS	CHEMISTRY CONT.	CHEMISTRY CONT.	SPECIAL TEST
<input type="checkbox"/> 100 COMP. METABOLIC PANEL (14) SST	<input type="checkbox"/> 213 CK (CPK) SST	<input type="checkbox"/> 262 URINALYSIS <small>MICROSCOPIC ON POSITIVES</small> UA	<input type="checkbox"/> 663 QuantiFERON TB Gol dPlus OFT+
<input type="checkbox"/> 101 BASIC METABOLIC PANEL (8) SST	<input type="checkbox"/> 215 CREATININE SST	<input type="checkbox"/> 299 UA REFLEX C&S UA	<input type="checkbox"/> 502 DRUG SCREEN 5 UA
<input type="checkbox"/> 102 CMP + CBC SST-L	<input type="checkbox"/> 125 CORTISOL SST	<input type="checkbox"/> 205A VITAMIN D. HYDROXY R	<input type="checkbox"/> 503 DRUG SCREEN 10 UA
<input type="checkbox"/> 103 CARDIAC PANEL SST	<input type="checkbox"/> 216 ESTRADIOL SST	<input type="checkbox"/> 905 HOMOCYSTEINE SST	<input type="checkbox"/> 513 PROTEIN - 24 HR. URINE 24H
<input type="checkbox"/> 104 DIABETIC PANEL R-L-GY	<input type="checkbox"/> 217 FERRITIN SST	<input type="checkbox"/> 267 MAGNESIUM R	<input type="checkbox"/> 990B CREATININE 24 HR URINE
<input type="checkbox"/> 105 ELECTROLYTE PANEL SST	<input type="checkbox"/> 218 FOLICACID SST	<input type="checkbox"/> 268 T4 FREE SST	<input type="checkbox"/> 992B MICROALBUMIN 24 HR URINE
<input type="checkbox"/> 106 HEPATIC FUNCTION PANEL SST	<input type="checkbox"/> 219 FSH SST	<input type="checkbox"/> 269 T3. FREE SST	<input type="checkbox"/> 992C CREATININE CLEARANCE SST & 24HR
<input type="checkbox"/> 107 ACUTE HEPATITIS PANEL SST	<input type="checkbox"/> 220 LH SST	<input type="checkbox"/> 308 ANTISTREPTOLYSIN O, SCREEN SST	<b>MICROBIOLOGY</b>
<input type="checkbox"/> 108 IMMUNE DEFICIENCY PANEL SST	<input type="checkbox"/> 601 GLUCOSE TOLERANCE 3 HRS 4GY	<input type="checkbox"/> 308A ANTISTREPTOLYSIN O, TITER SST	700 <input type="checkbox"/> CULTURE & SENSITIVITY
<input type="checkbox"/> 109 LIPID PANEL SST	<input type="checkbox"/> 222 GGT SST	<input type="checkbox"/> 380B CRPHS CARDIAC SST	701 <input type="checkbox"/> URINE CULTURE
<input type="checkbox"/> 110 OBSTETRICAL PANEL P-L-SST	<input type="checkbox"/> 223 GLUCOSE (PLASMA) FBS GY	<input type="checkbox"/> 931 SHBG SST	702 <input type="checkbox"/> EAR CULTURE
<input type="checkbox"/> 111 OVARIAN PANEL SST	<input type="checkbox"/> 224 GLUCOSE 2-PP GY	<input type="checkbox"/> 319 HIV, 1&2, AgAb, 4TH GEN R	703 <input type="checkbox"/> EYE CULTURE
<input type="checkbox"/> 112 DIABETIC URINE PANEL UA	<input type="checkbox"/> 410 GLYCOHEMOGLOBIN A1C L	<input type="checkbox"/> 606 LDH- SST	704 <input type="checkbox"/> THROAT CULTURE
<input type="checkbox"/> 113 TESTICULAR FUNCTION SST	<input type="checkbox"/> 226 HBsAg SST	<input type="checkbox"/> 300 CBC W/DIFF L	705 <input type="checkbox"/> OVA & PARASITES-(STOOL)
<input type="checkbox"/> 114 THYROID PANEL (T3U + T4 + T7) SST	<input type="checkbox"/> 226A HBsAb SST	<input type="checkbox"/> 300B PATHOLOGIST REVIEW L	706 <input type="checkbox"/> OCCULT BLOOD
<input type="checkbox"/> 115 THYROID PANEL II(T3U + T4 + TSH) SST	<input type="checkbox"/> 227 HAV IgM SST	<input type="checkbox"/> 301 PT / INR B	707 <input type="checkbox"/> VAGINAL CULTURE
<input type="checkbox"/> 116 RENAL FUNCTION PANEL SST	<input type="checkbox"/> 228 HBc IgM SST	<input type="checkbox"/> 302 PTT B	708 <input type="checkbox"/> URETHRAL CULTURE
<input type="checkbox"/> 117 ANEMIA PANEL L-SST	<input type="checkbox"/> 229 HEPATITIS C AB SST	<input type="checkbox"/> 303 SED RATE L	709 <input type="checkbox"/> WOUND CULTURE, AEROBIC
<input type="checkbox"/> 118 CMP+CBC+LIPID+UA SST, L, UA	<input type="checkbox"/> 230 HCG, S. (QUANT) SST	<input type="checkbox"/> 304 RETIC COUNT L	709A <input type="checkbox"/> WOUND CULTURE, ANAEROBIC
<input type="checkbox"/> 119 CMP+CBC+LIPID+(T3 T4 TSH, T7, UA) SST, L, UA	<input type="checkbox"/> 231 HDL SST	<input type="checkbox"/> 305 ds DNA R	710A <input type="checkbox"/> BLOOD CULTURE, AEROBIC
<input type="checkbox"/> 120 CORONARY RISK PROFILE SST-L	<input type="checkbox"/> 918 H. PYLORI IgG (QUANT) SST	<input type="checkbox"/> 307 ANA R	710 <input type="checkbox"/> BLOOD CULTURE, ANAEROBIC
<input type="checkbox"/> 122 RHEUMATOID ARTHRITIS PANEL SST, L	<input type="checkbox"/> 233 IgA SST	<input type="checkbox"/> 308 ASO R	715 <input type="checkbox"/> GRAM STAIN
<input type="checkbox"/> 123 PRENATAL PANEL SST, L, UA	<input type="checkbox"/> 234 IgE SST	<input type="checkbox"/> 309 CRP R	716 <input type="checkbox"/> WET MOUNT FUNGUS & TRICH
<input type="checkbox"/> 126 COAGULATION PROFILE (PT, PTT, PLATELETS) L, B	<input type="checkbox"/> 235 IgG SST	<input type="checkbox"/> 311 HERPES I IgG R	719 <input type="checkbox"/> KOH (FUNGUS STAIN)
<input type="checkbox"/> 130 FEMALE ENDOCRINE PROFILE SST	<input type="checkbox"/> 236 IgM SST	<input type="checkbox"/> 312 HERPES II IgG R	721 <input type="checkbox"/> NOSE CULTURE
<input type="checkbox"/> 131 MALE ENDOCRINE PROFILE SST	<input type="checkbox"/> 237 IRON L	<input type="checkbox"/> 313 HERPES I & II IgM R	723 <input type="checkbox"/> SEMEN CULTURE
<input type="checkbox"/> 140A TESTOSTERONE WORK UP SST	<input type="checkbox"/> 096 LDL, DIRECT SST	<input type="checkbox"/> 317 RHEUMATOID FACTOR R	917 <input type="checkbox"/> SPUTUM CULTURE
<input type="checkbox"/> 140 HORMONAL WORK UP SST	<input type="checkbox"/> 240 LIPASE SST	<input type="checkbox"/> 318 SYPHILLIS B	921 <input type="checkbox"/> STOOL CULTURE
<input type="checkbox"/> 142 INFERTILITY WORK UP SST-L	<input type="checkbox"/> 241 POTASSIUM SST	<input type="checkbox"/> 319 CT/GC by PCR R	922 <input type="checkbox"/> H PYLORI, STOOL
<input type="checkbox"/> 724 RESPIRATORY PATHOGEN PANEL UTM	<input type="checkbox"/> 242 PREGNANCY, S. (QUAL.) UA	<input type="checkbox"/> 320 Sm/RNP Ab SST	920 <input type="checkbox"/> OTHER
<b>CHEMISTRY</b>		<input type="checkbox"/> 243 PREGNANCY, U. (QUAL.) SST	<b>ALPHA FETO PROTEIN - MATERNAL</b>
<input type="checkbox"/> 200 ALK. PHOS., TOTAL SST	<input type="checkbox"/> 244 PROGESTERONE SST	<input type="checkbox"/> 311 HERPES I & II IgM R	800 <input type="checkbox"/> AFP SST
<input type="checkbox"/> 202 ALBUMIN SST	<input type="checkbox"/> 245 PROLACTIN SST	<input type="checkbox"/> 714 CT/GC by PCR R	802 <input type="checkbox"/> AFP TRIPLE SCREEN SST
<input type="checkbox"/> 203 AMMONIA L	<input type="checkbox"/> 246 PROTEIN, TOTAL SST	<input type="checkbox"/> 317 RHEUMATOID FACTOR R	MATERNAL AGE _____
<input type="checkbox"/> 204 AMYLASE SST	<input type="checkbox"/> 247 PSA, TOTAL SST	<input type="checkbox"/> 318 SYPHILLIS B	YRS D.O.B. _____
<input type="checkbox"/> 205 B12 SST	<input type="checkbox"/> 138 FREE PSA REFLEX SSR	<input type="checkbox"/> 666 SSA (Ro) Ab SST	GESTATIONAL AGE _____
<input type="checkbox"/> 206 BILIRUBIN, TOTAL SST	<input type="checkbox"/> 914 PTH, INTACT SST	<input type="checkbox"/> 667 SSB (La) Ab SST	WKS. L.M.P. _____
<input type="checkbox"/> 207 BUN (UREA) SST	<input type="checkbox"/> 249 SGOT (AST) SST	<input type="checkbox"/> 668 Sm/RNP Ab SST	DETERMINED BY ABDOMINAL ULTRASOUND
<input type="checkbox"/> 208 C3 SST	<input type="checkbox"/> 250 SGPT (ALT) SST	<input type="checkbox"/> 669 Sm Ab SST	MATERNAL WEIGHT _____ <input type="checkbox"/> Lbs. <input type="checkbox"/> kg
<input type="checkbox"/> 209 C4 SST	<input type="checkbox"/> 251 SODIUM SST	<input type="checkbox"/> 903 Cyclic Citrullinated Peptide (CCP) Ab (Anti-CCP) SST	RACE _____ PREG <input type="checkbox"/> SINGLE <input type="checkbox"/> MULTIPLE
<input type="checkbox"/> 210 CALCIUM SST	<input type="checkbox"/> 252 T3 TOTAL SST		INSULIN DEPENDENT <input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> 211 CEA SST	<input type="checkbox"/> 253 T UPTAKE SST		<b>PAP 1 GYNECOLOGIC CYTOLOGY</b>
<input type="checkbox"/> 265 TRANSFERRIN SST	<input type="checkbox"/> 254 T4, TOTAL SST		900 <input type="checkbox"/> PAP - 1 SLIDE / 900A <input type="checkbox"/> LIQUID PAP
<input type="checkbox"/> 991 URINE CREATININE UA	<input type="checkbox"/> 255 TESTOSTERONE TOTAL SST	<b>PATIENT CLINICAL HISTORY</b>	
<input type="checkbox"/> 987 MICROALBUMIN UA	<input type="checkbox"/> 146 TESTOSTERONE, BIO AVAILABLE SST	<b>MANDATORY</b>	
<input type="checkbox"/> 987 MICROALBUMIN UA	<input type="checkbox"/> 146A TESTOSTERONE, FREE SST	<input type="checkbox"/> 303 VANCOMYCIN LEVEL R	SPECIMEN SOURCE:
<input type="checkbox"/> 906 ALBUMIN / CREATININE RATIO UA	<input type="checkbox"/> 712 PHOSPHORUS SST	<input type="checkbox"/> 400 DIGOXIN (LANOXIN) R	<input type="checkbox"/> VAGINA <input type="checkbox"/> CERVIX
<input type="checkbox"/> 344 INSULIN LEVEL R	<input type="checkbox"/> 258 TRIGLYCERIDES SST	<input type="checkbox"/> 401 DILANTIN (PHENYTOIN) R	<input type="checkbox"/> ENDOCERVIX <input type="checkbox"/> BRUSH
<input type="checkbox"/> 212 CHOLESTEROL SST	<input type="checkbox"/> 260 TSH SST	<input type="checkbox"/> 402 LITHIUM R	LMP: ___/___/___ DATE OF BIRTH: ___/___/___
	<input type="checkbox"/> 261 URIC ACID SST	<input type="checkbox"/> 404 TEGRETOL (CARBAMAZEPINE) R	<input type="checkbox"/> STAT <input type="checkbox"/> CALL
		<input type="checkbox"/> 406 VALPROIC ACID (DEPAKENE) R	

OTHER TEST