



PENNSYLVANIA SPECIALTY PATHOLOGY L.L.C.  
A PERSON · NOT JUST A LAB TEST

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# CLINICAL LABORATORY REQUISITION

**PATIENT INFORMATION**

Last \_\_\_\_\_ First \_\_\_\_\_ M \_\_\_\_\_

SSN \_\_\_\_\_

Date of Birth \_\_\_\_\_ Sex (circle one)  
M \_\_\_\_\_ F \_\_\_\_\_

Address \_\_\_\_\_

City, State ZIP \_\_\_\_\_

Phone \_\_\_\_\_

**PHYSICIAN INFORMATION**

Collected Date: \_\_\_\_\_ Time: \_\_\_\_\_ AM/PM

Office site \_\_\_\_\_

Ordering physician \_\_\_\_\_

Copies to \_\_\_\_\_

FASTING (circle) YES NO

Bill Insurance  
Please attach photocopy of  
patient's insurance card

Self pay

Dx Code: \_\_\_\_\_

Physician's Signature \_\_\_\_\_  
(Required for Medicare/Medicaid)

ORGAN/DISEASE PANELS	CHEMISTRY	URINE	HORMONES
<input type="checkbox"/> <b>ELECTROLYTE PANEL</b> (NA, K, CL, CO2 AGAP) <input type="checkbox"/> <b>BASIC METABOLIC PANEL</b> BUN, CA, Creat, Gluc, NA, K, CL, CO2, AGAP, GFR <input type="checkbox"/> <b>COMPREHENSIVE METABOLIC PANEL</b> ALB, Alk Phos., ALT, AST, BUN, CA, Creat, Gluc, TBIL, TP, NA, K, CL, CO2, AGAP, GFR <input type="checkbox"/> <b>RENAL FUNCTION PANEL</b> ALB, BUN, CA, Creat, Gluc, Phos, NA, K, CL, CO2, AGAP, GFR <input type="checkbox"/> <b>HEPATIC FUNCTION PANEL</b> ALB, Alk Phos., ALT, AST, TBIL, TP <input type="checkbox"/> <b>LIPID PROFILE</b> Chol, Trig, HDL, LDL <input type="checkbox"/> <b>IRON PROFILE</b> Iron, TIBC, % Saturation <input type="checkbox"/> <b>SYNOVIAL FLUID PROFILE</b> Cell count, Crystals <input type="checkbox"/> <b>THYROID PANEL</b> TSH, FT4, FT3  <b>PSP Profiles</b> Any profile component may be ordered separately & billed by component listed.  <input type="checkbox"/> <b>WELLNESS PANEL</b> CMP, CBC, TSH w/reflex FT4, Lipid Profile <input type="checkbox"/> <b>CELIAC SCREEN</b> Total IgA, anti-TTG (IgA) <input type="checkbox"/> <b>ANEMIA PROFILE</b> Iron, Transf., Ferritin, Folic Acid, Vit B12 <input type="checkbox"/> <b>HEPATITIS PROFILE, ACUTE</b> Hepatitis A Ab, IgM, Hep B core Ab, IgM, HBsAg, HCV Ab <input type="checkbox"/> <b>HEPATITIS PROFILE, COMPREHENSIVE</b> HCV Ab, HBsAg, HBsAb, Hep B core Ab, HBeAg, HBeAB, Hep A Ab/total <input type="checkbox"/> <b>OBSTETRIC PANEL</b> CBC w/diff, RPR, ABO/Rh, Antibody Screen, HBsAg, Rubella (IgG & IgM) <input type="checkbox"/> <b>BONE HEALTH PANEL</b> Total CA, Vit D, 25-OH, Phos, Alb, Alk Phos	<input type="checkbox"/> Albumin <input type="checkbox"/> Alk Phos <input type="checkbox"/> ALT <input type="checkbox"/> Amylase <input type="checkbox"/> ANA <input type="checkbox"/> AST <input type="checkbox"/> Bilirubin, Total <input type="checkbox"/> Bilirubin, Direct <input type="checkbox"/> BUN <input type="checkbox"/> Calcium <input type="checkbox"/> Cholesterol <input type="checkbox"/> CK, total <input type="checkbox"/> Cortisol <input type="checkbox"/> Creatinine, serum <input type="checkbox"/> C-Reactive Protein <input type="checkbox"/> DHEA Sulfate <input type="checkbox"/> Ferritin <input type="checkbox"/> Folic Acid <input type="checkbox"/> GGT <input type="checkbox"/> Glucose <input type="checkbox"/> Fasting <input type="checkbox"/> <input type="checkbox"/> Random <input type="checkbox"/> 1 Hour <input type="checkbox"/> 2 Hour <input type="checkbox"/> 3 Hour  <input type="checkbox"/> HDL <input type="checkbox"/> Hemoglobin A1C <input type="checkbox"/> Insulin <input type="checkbox"/> Iron, serum <input type="checkbox"/> Lactic Dehydrogenase <input type="checkbox"/> LDL <input type="checkbox"/> Lipase <input type="checkbox"/> Magnesium <input type="checkbox"/> Phosphorus <input type="checkbox"/> Potassium <input type="checkbox"/> RF <input type="checkbox"/> RPR, Qual <input type="checkbox"/> Sodium <input type="checkbox"/> Total Protein <input type="checkbox"/> Transferrin <input type="checkbox"/> Triglycerides <input type="checkbox"/> Uric Acid <input type="checkbox"/> Vitamin B12 <input type="checkbox"/> Vitamin D, 25-OH  <input type="checkbox"/> Fecal Occult Blood	<b>Specify:</b> <input type="checkbox"/> Void/MSCC <input type="checkbox"/> Catheter  <input type="checkbox"/> 24hour Creatinine Clearance <input type="checkbox"/> 24hour Total Protein <input type="checkbox"/> UA w/ Microscopic <input type="checkbox"/> UA, dipstick <input type="checkbox"/> Urine Calcium <input type="checkbox"/> Urine Creatinine <input type="checkbox"/> Urine Culture <input type="checkbox"/> Urine Protein <input type="checkbox"/> Microalbumin  <b>INFECTIOUS</b> <input type="checkbox"/> Hep A Virus, IgM <input type="checkbox"/> Hep A Virus, Total <input type="checkbox"/> Hep B Core Ab, IgM <input type="checkbox"/> Hep B Core Ab, Total <input type="checkbox"/> Hep B E Antibody <input type="checkbox"/> Hep B E Antigen <input type="checkbox"/> Hep B Surface Ab Qual <input type="checkbox"/> Hep B Surface Ab Quant <input type="checkbox"/> Hep B Surface Ag w/Confirm <input type="checkbox"/> Hep C Virus Ab <input type="checkbox"/> HIV-1, HIV-2 Scr. w/Reflexes <input type="checkbox"/> Parvovirus B19, IgG <input type="checkbox"/> Parvovirus B19, IgM <input type="checkbox"/> RPR w/Reflex Conf <input type="checkbox"/> Rubella, IgG <input type="checkbox"/> Rubella, IgM <input type="checkbox"/> Syphilis, FTA-ABS <input type="checkbox"/> Toxoplasma Ab IgG <input type="checkbox"/> Toxoplasma Ab IgM  <b>HEMATOLOGY &amp; COAGULATION</b> <input type="checkbox"/> CBC <input type="checkbox"/> CBC/Diff <input type="checkbox"/> Hemoglobin/Hematocrit <input type="checkbox"/> Platelet Count <input type="checkbox"/> Reticulocyte Count <input type="checkbox"/> Sed Rate (ESR) <input type="checkbox"/> PT with INR <input type="checkbox"/> PTT (APTT)	<input type="checkbox"/> Anti-Thyroglobulin Ab <input type="checkbox"/> Estradiol <input type="checkbox"/> FSH <input type="checkbox"/> hCG, Serum, Qual <input type="checkbox"/> hCG, Serum, Quant <input type="checkbox"/> LH <input type="checkbox"/> Progesterone <input type="checkbox"/> Prolactin <input type="checkbox"/> T3, Free <input type="checkbox"/> T3, Total <input type="checkbox"/> T4, Free <input type="checkbox"/> T4, Total <input type="checkbox"/> Testosterone (Free, Total) <input type="checkbox"/> Testosterone, Total <input type="checkbox"/> Thyroglobulin, Serum <input type="checkbox"/> Thyroid Peroxidase Ab <input type="checkbox"/> TSH <input type="checkbox"/> TSH w/reflex FT4  <b>TUMOR MARKERS</b> <input type="checkbox"/> AFP Tumor Marker <input type="checkbox"/> CA 125 OV Monitor <input type="checkbox"/> CA 15-3 BR Monitor <input type="checkbox"/> CA 19-9 GI Monitor <input type="checkbox"/> CEA <input type="checkbox"/> PSA  <b>OTHER</b> _____ _____ _____ _____ _____ _____ _____ _____ _____ _____