MatriGene LABORATORIES
Phone (818) 658 - 2122 Fax (818) 403 - 3386
www.matrigene.com info@matrigene.com
6618 San Fernando Rd. Glendale, CA 91201
Director: GUOFENG GAO, MD

COLLECTION DATE ----/----/----

TIME ----------

Bill To : ☐ DOCTOR ☐ PATIENT ☐ CASH ☐ INSURANCE #

☐ MEDICARE #

☐ MEDI-CAL #

LAST NAME

FIRST NAME

ID NUMBER

BIRTHDAY SEX PHONE

ADDRESS

CITY STATE ZIP CODE

REFERRED PHYSICIAN

FOR LAB USE ONLY
DO NOT WRITE HERE

BARCODE

ICD10 DIAGNOSIS CODE(S) FOR TESTS ORDERED (MUST BE PROVIDED)

LAB USE ONLY

(LAV) Lavender Tube (B) Blue Tube (GY) Gray Tube
(G) Green Tube (R) Red Tube (U) Urine Cup

ADDITIONAL TESTS

☐ Home ☐ Facility *Drawn by* ----------

☐ GENERAL HEALTH PANEL

83690 LIPASE	85025 CBC	83540 IRON Total	83615 LDH
82607 VB12	80053 CMP	84100 Phosphorus	86140 C-Reactive Protein
84439 Free T4	80061 LIPID	86038 ANA	86430 RA Factor
84480 T3 (Total)	84550 Uric Acid (serum)	85652 ESR	84153 PSA- MALE ONLY
84443 TSH	82746 Folic Acid	82150 Amylase	84002 Testosterone Free - MALE ONLY
82728 Ferritin	82977 GGT	83735 Magnesium	84403 Testosterone Total - MALE ONLY

☐ DRUG SCREENING

○ AMP	○ mAMP/MET	○ PCP
○ BAR	○ MDMA	○ PPX
○ BUP	○ MOP300	○ TCA
○ BZO	○ MTD	○ THC (OX, pH, SG)
○ COC	○ OXY	

PANELS

☐	custom	**Arthritis Panel**	CBC 85025, URIC ACID 84550, ESR 85652, RA 86430, CRP 86140	LAV
☐	custom	**Anemia Panel**	82728 FERRITIN, 83540 TOTAL IRON, 83550 TIBC, 82607 B12, 82746 FOLIC ACID, 85025 CBC	LAV
☐	80074	**Acute Hepatitis Panel**	HAAb (IgM) HBcAb(IgM) HBsAg. Hep C Ab	SST
☐	80048	**Basic Metabolic Panel**	Ca Co2 CL Creat Gluc K Na BUN	SST
☐	80053	**Comp. Metabolic Panel**	Alb. T. Bili Ca Co2 Cl Creat Gluc ALk Phos K TP Na ALT AST BUN	SST
☐	80069	**Renal Function Panel**	ALb Ca Co2 Cl Creat Glucose Phos Na K BUN	SST
☐	80076	**Hepatic Function Panel**	ALb TBili Alk Phos T Prot ALT AST	SST
☐	80051	**Electrolyte Panel**	Co2 Cl K Na	SST
☐	80061	**Lipid Panel**	Cholesterol, Triglycerides, HDL,VLDL	SST

INDIVIDUAL TESTS (Alphabetical Order)

☐	84460	ALT (SGPT)	SST	☐	84481	Free T-3	SST	☐	83002	LH	SST
☐	82150	Amylase	SST	☐	84439	Free T-4	SST	☐	83690	Lipase	SST
☐	86038	ANA	SST	☐	83001	FSH	SST	☐	83735	Magnesium	SST
☐	84450	AST (SGOT)	SST	☐	82947	Glucose	GY	☐	84100	Phosphorus	SST
☐	82247	Bilirubin, Total	SST	☐	82977	GGT	SST	☐	84132	Potassium	SST
☐	86140	C-Reactive Protein	SST	☐	86677	H-Pylori Ab	SST	☐	84144	Progesterone	SST
☐	82310	Calcium	SST	☐	86709	Hep A AB IgM	SST	☐	84146	Prolactin	SST
☐	85025	CBC With AUTO DIFF	LAV	☐	86704	Hep B Core AB IgG & IgM	SST	☐	84155	Protein Total	SST
☐	82378	CEA	SST	☐	86705	Hep B Core AB IgM	SST	☐	84153	PSA	SST
☐	83718	Cholesterol, HDL	SST	☐	87340	Hep B Surf Antigen	SST	☐	83970	PTH Intact	SST
☐	82465	Cholesterol, Total	SST	☐	86803	Hep C Antibody	SST	☐	86430	RA Factor	SST
☐	82533	Cortisol Total	SST	☐	83036	HGB A1C	LAV	☐	85652	Sed Rate (ESR)	LAV
☐	82565	Creatinine	SST	☐	83090	Homocysteine	SST	☐	84270	SHBG	SST
☐	82627	DHEA-S	SST	☐	83540	Iron, Total	SST	☐	84480	T3 (Total)	SST
☐	82670	Estradiol	SST	☐	84305	IGF-1	SST	☐	84436	T4 (Total)	SST
☐	82728	Ferritin	SST	☐	83525	Insulin	SST	☐	83550	TIBC	SST
☐	82746	Folic Acid	SST	☐	83615	LDH	SST	☐	84443	TSH	SST

☐	84402	Testosterone (Free)	SST
☐	84403	Testosterone (Total)	SST
☐	84520	Urea Nitrogen (BUN)	SST
☐	84550	Uric Acid (serum)	SST
☐	82607	Vitamin B12	SST
☐	82306	Vitamin D25 Hydroxy	SST

URINE TESTING

☐	81000	Urinalysis	U
☐	82043	Urine Microalbumin	U
☐	82570	Urine Creatinine	U

CARDIAC TEST

☐	86141	hsCRP	SST
☐	82550	CPK	SST

PATIENT AUTHORIZATION

I authorize my insurance benefits to be paid directly to the Laboratory and its affiliates. If I receive payment from my insurer, I agree to endorse and forward it to the Laboratory within 30 days. I accept full responsibility for any charges not covered by insurance. I authorize the Laboratory and its affiliates to act on my behalf for claims and appeals under Department of Labor Regulations §2560.503-1(b)(4). I understand that Medicare may only cover services deemed medically necessary. If denied, I agree to pay in full. I also authorize my provider or facility to release relevant medical records to support the medical necessity of testing.

Patient Signature ----------

PHYSICIAN AUTHORIZATION

When requesting tests for which medical reimbursement will be sought, physicians (or other authorized individuals) should only order tests that are necessary for diagnosing or treating the patient, not for routine screening. I certify that the tests ordered are medically necessary for this patient.

Above Ordered Tests are Medically Necessary. Physician / Provider's Signature

V.MG91