



# RDL REFERENCE LABORATORY

Creative Solutions for Complex Medicine

10755 Venice Boulevard Los Angeles CA 90034  
800.338.1918 | fax 310.253.5466 | www.rdlinc.com

A.M.

P.M.

Lab Control Lab Use Only Time Specimen Drawn Date of Collection

## PATIENT INFORMATION

PATIENT LAST NAME FIRST NAME INITIAL

SEX (M/F) MONTH DAY 4 DIGIT BIRTHDAY Social Security Number PATIENT ID

STREET ADDRESS OF RESPONSIBLE PARTY Apt #

CITY STATE ZIP CODE

AREA CODE HOME PHONE NUMBER AREA CODE OFFICE PHONE NUMBER

IDENTIFICATION # MEDICARE OR MEDICAID

**DX:**

Physician/  
Institution

Address

Telephone  
#

Referring Physician

CHOOSE ONE: BILL PATIENT HMO/MANAGED CARE PPO PRIVATE INSURANCE

Bill Client WORKER'S COMP MEDICARE MEDI-CAL/MEDICAID

INSURANCE NAME Please attach a copy of front & back of insurance cards.

INSURANCE ADDRESS

SUBSCRIBER NAME & RELATIONSHIP

Please be advised that when ordering tests that will be reimbursed by Medicare, only order testing that is medically necessary for the dx of the patient.

IF APPROPRIATE, PLEASE HAVE MEDICARE PATIENTS SIGN THE ABN (ADVANCED BENEFICIARY NOTICE) OR HMO/INS. WAIVER STATEMENT ON BACK OF FORM.

By ordering a Profile or Panel, you are acknowledging you are ordering & will receive results for specified components.

A listing of all tests not on the front of the form is on the back. Look in our Test Catalog or refer to the Test Methodology & Specimen Requirement Sheets for a complete listing of instructions. Look on back of form for special test tubes and instructions.

### ALL REFLEXIVE TESTING IS DESIGNATED IN RED PRINT

All ANA Profiles are reflexive. If the ANA is negative, only an Anti-Ro (SS-A) will be performed (unless a "DO ALL" Profile is checked). If the ANA is positive, all the tests specified under the profile will be performed.

SEE BACK OF FORM FOR COMPONENTS OF PANELS & PROFILES.

\*If any profiles or panels have an asterisk after them, refer to the back of the form for special tubes, handling and requirements.

### PANELS & PROFILES (ALPHABETICAL ORDER)

4 mL Serum or if an asterisk (\*) after the profile, see back of form for special tubes and handling.

- ▷ 817 ANA 12 PLUS Profile
- ▷ 830 ANA 12 PLUS Profile - Do All
- ▷ 812 ANA 12 Profile
- ▷ 814 ANA 12 Profile - Do All
- ▷ 805 ANA Profile II
- ▷ 808 ANA Profile II - Do All
- ▷ 801 ANA Profile I
- ▷ 807 ANA Profile I - Do All
- ▷ 994 ANCA Panel
- ▷ 183 Antiphospholipid Panel Ab III\*
- ▷ 909 Arthritis Panel
- ▷ 265 Autoimmune Inner Ear Disease Panel (AIED)
- ▷ 1212 Autoimmune Liver Disease Panel, Comprehensive
- ▷ 838 Celiac Disease Abs Panel
- ▷ 139 Cryoglobulin Panel\*-If positive, Reflexes to: QIG, IFE & RH Factor
- ▷ 564 Epstein Barr Viral Panel
- ▷ 979 Glomerulonephritis Panel (GNP)
- ▷ 705 Hepatitis Panel II
- ▷ 605 Helper/Suppressor Panel\*
- ▷ 960 Inflammatory Bowel Disease Panel
- ▷ 904 Lupus Activity Panel
- ▷ 840 Managed Care/Uninsured Pt. ANA Panel
- ▷ 217 Myositis Panel\*
- ▷ 245 Myositis Panel, Comprehensive\*
- ▷ 1600 Primary Biliary Cirrhosis Panel (PBC)
- ▷ 899 Recurrent Pregnancy Loss Panel
- ▷ 541 Reflexive Systemic Vasculitis Panel I\*(RSVP I)
- ▷ 630 Rheumatoid Arthritis Ab Panel
- ▷ 636 Rheumatoid Arthritis Ab Panel, Comprehensive
- ▷ 286 Scleroderma Panel, Comprehensive
- ▷ 257 Seronegative Arthritis Panel I\*
- ▷ 608 T, B & NK Panel - Comprehensive\*
- ▷ 917 Thyroid Antibody Panel
- ▷ 1651 Thyroid Function Panel
- ▷ 370 Vasculitis Panel I\*

### TESTS (ALPHABETICAL ORDER)

2 mL Serum or if an asterisk (\*) after the test, see back of form for special tubes and handling.

- ▷ 272 Aldolase
- ▷ 147 Angiotensin Converting Enzyme, ACE
- ▷ 105 Anti-Actin Ab
- ▷ 6 Anti-Beta-2-GPI Ab, IgG, IgA & IgM
- ▷ 9 Anticardiolipin Ab, IgG, IgA & IgM Isotypes
- ▷ 12 Anti-Centromere Ab
- ▷ 78 Anti-Chromatin Ab, IgG
- ▷ 165 Anti-Cyclic Citrullinated Peptide Ab 2 (Anti-CCP)
- ▷ 283 Anti-Cyclic Citrullinated Peptide Ab 3
- ▷ 38 Anti-dsDNA Ab (Crithidia Assay)
- ▷ 13 Anti-dsDNA Ab (FARR Assay)
- ▷ 136 Anti-dsDNA Ab by Elisa
- ▷ 514 Anti-ENA Abs (SM/RNP)
- ▷ 52 Anti-Endomysial Ab, IgA
- ▷ 956 Anti-Glomerular Basement Membrane Ab (GBM)
- ▷ 15 Anti-Histone Ab
- ▷ 434 Anti-Jo-1 Ab
- ▷ 428 Anti-Mitochondrial Ab M2 EP (MIT3) by EIA
- ▷ 88 Anti-Myeloperoxidase Ab (Anti-MPO)
- ▷ 156 Anti-Neuronal Ab
- ▷ 990 Antineutrophil Cytoplasmic Ab (ANCA)
- ▷ 20 Anti-Nuclear Ab (FANA)
- ▷ 73 Anti-PCNA (Proliferating Cell Nuclear Ab)
- ▷ 8 Anti-Phosphatidylserine Ab, IgG & IgM
- ▷ 89 Anti-Proteinase 3 Ab (Anti-PR-3)
- ▷ 72 Anti-Ribosomal P Protein Ab
- ▷ 149 Anti-RNA Polymerase I/III IgG Abs
- ▷ 515 Anti-Ro (SS-A) & Anti-La (SS-B) Abs
- ▷ 527 Anti-Scl-70 Ab
- ▷ 30 Anti-Smooth Muscle Ab
- ▷ 31 Anti-Streptolysin Ab (ASO)
- ▷ 32 Anti-Thyroglobulin Ab
- ▷ 33 Anti-Thyroid Microsomal Peroxidase Ab (TPO)
- ▷ 145 C1Q Circulating Immune Complex (C1Q CIC)
- ▷ 35 C3 Complement
- ▷ 36 C4 Complement
- ▷ 601 CD4 - Helper/Inducer Count\*
- ▷ 37 CH50 (Total Hemolytic Complement)\*
- ▷ 324 CPK (Creatine Kinase)\* (Note date & time of collection)
- ▷ 51 C-Reactive Protein, Quantitative (CRP)
- ▷ 716 Cryoglobulins\*
- ▷ 276 EJ (EDTA plasma can be used.)
- ▷ 326 Ferritin, Serum
- ▷ 232 Fibrillarlin (U3 RNP)
- ▷ 726 Hepatitis B Surface Ag (HBsAg)-If positive, reflexes to HBsAG Neutralization, Confirm.
- ▷ 730 Hepatitis C Virus Ab, IgG

- ▷ 90 HLA-B27\*
- ▷ 115 Immunofixation Electrophoresis (IFE)
- ▷ 279 Ku (EDTA plasma can be used.)
- ▷ 116 Lupus Anticoagulant\*
- ▷ 710 Lyme (EIA), Reflexive to Western Blot
- ▷ 237 Mi-2 (EDTA plasma can be used.)
- ▷ 244 N-Telopeptide (NTx), Serum\*
- ▷ 277 OJ (EDTA plasma can be used.)
- ▷ 797 Parvovirus B-19 Ab, IgG & IgM
- ▷ 238 PL-7 (EDTA plasma can be used.)
- ▷ 239 PL-12 (EDTA plasma can be used.)
- ▷ 464 Platelet Glycoproteins, Direct & Indirect Abs\*
- ▷ 965 Prostate Specific Ag (PSA)
- ▷ 343 PTH (Parathyroid Hormone), Intact\*
- ▷ 42 QIG (Quantitative Immunoglobulins), IgG, IgA & IgM
- ▷ 555 Rheumatoid Factor, IgG, IgA, IgM by EIA
- ▷ 49 Rheumatoid Factor by Nephelometry
- ▷ 48 Rheumatoid Factor, SSC (Rose Waaler)
- ▷ 7 RPR (Rapid Plasma Reagin)
- ▷ 104 Sedimentation Rate-Westergren\*
- ▷ 113 Serum Protein Electrophoresis (Reflexes to: 1. Monoclonal Spike -> IFE & QIG 2. Hypogammaglobulin -> QIG)
- ▷ 196 SRP (EDTA plasma can be used.)
- ▷ 200 Synovial Fluid Analysis\*
- ▷ 201 Cell count only (1 EDTA tube.)
- ▷ 202 Crystal examination only(1 Red top tube.)
- ▷ 203 Mucin clot (1 Red top tube.)
- ▷ 204 Viscosity (1 Red top tube.)
- ▷ 328 T3, Free
- ▷ 325 T3 Uptake
- ▷ 303 T4, Free
- ▷ 315 T4, Thyroxine (Total)
- ▷ 311 Testosterone, Total
- ▷ 233 Th/To Ab
- ▷ 37 Total Hemolytic Complement (CH50)\*
- ▷ 112 Total Protein, Serum
- ▷ 316 TSH, 3rd Generation-Thyroid Stimulating Hormone (Please note date & time/collect)
- ▷ 114 Uric Acid
- ▷ 148 Vitamin D, 25-Hydroxy (Calcifediol)\*

### SPECIAL REQUESTS

# SPECIAL HANDLING AND INSTRUCTIONS

- 812 ANA 12 PROFILE**  
 Anti-Nuclear Ab (FANA) Anti-Centromere Ab  
 Anti-dsDNA Ab (FARR Assay) Anti-Sm Ab Anti-RNP Ab  
 Anti-Ro (SS-A) Ab Anti-La (SS-B) Ab  
 Anti-Sci-70 Ab C3 & C4 Complement  
 Anti-Chromatin Ab Anti-Thyroid Microsomal Ab  
 Anticardiolipin Ab, IgG, IgA & IgM Isotypes
- 817 ANA 12 PLUS PROFILE**  
 ANA 12 Profile Tests And:  
 Rheumatoid Factor by Nephelometry & Anti-Citrulline Ab
- 805 ANA PROFILE II**  
 Anti-Nuclear Ab (FANA) Anti-dsDNA Ab (FARR Assay)  
 Anti-Sm Ab Anti-RNP Ab Anti-Ro (SS-A) Anti-La (SS-B) Abs  
 Anti-Sci-70 Ab Anti-Centromere Ab  
 C3 & C4 Complement RPR
- 801 ANA PROFILE I**  
 Anti-Nuclear Ab (FANA) Anti-dsDNA Ab (FARR Assay)  
 Anti-ENA Abs (Anti-Sm & Anti-RNP)  
 Anti-Centromere Ab C3 & C4 Complement
- 994 ANCA PANEL**  
 ANCA Anti-Proteinase 3 Ab (PR-3)  
 Anti-MPO Ab Anti-Nuclear Ab (If ANCA Positive)
- 183 ANTIPHOSPHOLIPID PANEL III**  
 (2 mL serum & 2 frozen citrated plasma vials [blue], 1 mL each.  
 See lupus anticoagulant, #116.)  
 Anticardiolipin Ab, IgG, IgA & IgM Isotypes  
 Lupus Anticoagulant Anti-Phosphatidylserine Ab, IgG & IgM  
 Anti-Beta-2 GPI Ab, IgG, IgA & IgM
- 909 ARTHRITIS PANEL** (2 mL serum & 1 red top tube)  
 Rheumatoid Factor (NEPH) Anti-Nuclear Ab (FANA) Uric Acid
- 265 AUTOIMMUNE INNER EAR DISEASE PANEL**  
 Anti-Inner Ear Membrane Ab, IgG  
 Anti-Heat Shock Protein 70-kd (HSP-70) Ab, IgG
- 1212 AUTOIMMUNE LIVER DISEASE PANEL, COMPREHENSIVE**  
 Anti-Mitochondrial M2 EP (MIT3) Ab by EIA  
 Anti-Nuclear Ab Anti-Actin Ab Anti-Soluble Liver Ag  
 P-ANCA Anti-Liver/Kidney Microsomal Ab by EIA
- 838 CELIAC DISEASE ABS PANEL**  
 Anti-Gliadin Ab, IgG & IgA Tissue Transglutaminase Ab  
 Anti-Endomysial Ab, IgA IgA, Total Anti-Reticulin Ab, IgA & IgG
- 139 CRYOGLOBULINS CHARACTERIZATION PANEL**  
 (1 red top tube. Allow specimen to clot at 37 degrees C for one (1)  
 hour. Centrifuge & separate immediately. Do not refrigerate.) **If Positive, Reflexes To: QIG, IFE & Rheumatoid Factor by Neph**
- 564 EPSTEIN BARR VIRAL PANEL**  
 Epstein Barr Nuclear Ag (EBNA), IgG  
 Epstein Barr Viral Capsid Ag (VCA) Ab, IgG & IgM  
 Epstein Barr Virus Abs, Early Antigen (EA)
- 979 GLOMERULONEPHRITIS PANEL (GNP PANEL)**  
 ANCA Anti-MPO Ab Anti-Proteinase 3 Ab (PR-3)  
 Anti-GBM Ab Anti-Nuclear Ab  
 Anti-dsDNA Ab (FARR Assay) C3 & C4 Complement
- 605 HELPER/SUPPRESSOR PANEL**  
 (One EDTA tube [lavender] at room temperature. Do not spin,  
 separate or refrigerate. Send overnight express mail.)  
 CD4, CD8, CD4/CD8 RATIO, CD3
- 705 HEPATITIS PANEL II**  
 Hepatitis A Virus Ab, Total & IgM Hepatitis B Surface Ag  
 Hepatitis B Surface Ab Hepatitis C Virus, IgG  
 Hepatitis B Core Ab, Total & IgM
- 960 INFLAMMATORY BOWEL DISEASE PANEL**  
 Anti-Saccharomyces Cerevisiae Ab, IgG & IgA  
 Atypical P-ANCA Anti-Nuclear Ab (If P-ANCA is positive)
- 904 LUPUS ACTIVITY PANEL**  
 Anti-dsDNA Ab (FARR Assay) C3 & C4 Complement
- 840 MANAGED CARE/UNINSURED PATIENT PANEL**  
 Anti-Nuclear Ab Anti-dsDNA Ab Anti-Ro (SS-A) Ab  
 Anti-La (SS-B) Ab Anti-SM Ab Anti-RNP Ab Anti-Sci-70 Ab
- 217 MYOSITIS AB PANEL** (3 mL serum, ambient, refrigerated or  
 frozen - EDTA plasma can be used.) Mi-2 PL-12 PL-7  
 EJ OJ Ku SRP U2 snRNP
- 245 MYOSITIS AB PANEL, COMPREHENSIVE** (3 mL serum,  
 ambient, refrigerated or frozen - EDTA plasma can be used.)  
 Mi-2 PL-12 PL-7 EJ OJ  
 Ku U2 snRNP SRP PM/Sci Jo-1
- 1600 PRIMARY BILIARY CIRRHOSIS PANEL (PBC)**  
 Anti-Nuclear Ab Anti-Mitochondrial Ab by IFA  
 Anti-Mitochondrial M2 EP (MIT3) Ab Sp-100 Gp-210

- 899 RECURRENT PREGNANCY LOSS PANEL**  
 (3 mL serum & 2 frozen citrated plasma vials [blue], 1 mL each. See  
 #116, Lupus Anticoagulant.)  
 Anti-Nuclear Ab Anticardiolipin Ab, IgG, IgA & IgM Isotypes  
 Lupus Anticoagulant Anti-Phosphatidylserine Abs, IgG & IgM  
 Anti-Beta-2-GPI, IgG, IgA & IgM  
 TPO Anti-Thyroglobulin Ab
- 541 REFLEXIVE SYSTEMIC VASCULITIS PANEL I (RSVP I)**  
 (For Cryoglobulin, see #139 under profile & panels for instructions)  
 If either Anti-PR3 Ab or Anti-MPO Ab are positive, reflexes to an ANCA  
 by IFA. If both assays are negative, reflexes to:  
 ANCA by IFA Rheumatoid Factor By Neph Hepatitis C Ab  
 Anti-GBM Ab Hepatitis B Surface Ag Cryoglobulins  
 Anti-Nuclear Ab Anti-dsDNA Ab (FARR) Complement C3 & C4
- 630 RHEUMATOID ARTHRITIS AB PANEL**  
 Rheumatoid Factor by Nephelometry Anti-Citrulline Ab (Anti-CCP)
- 636 RHEUMATOID ARTHRITIS AB PANEL, COMPREHENSIVE**  
 IgG, IgA, IgM, Rheumatoid Factor By EIA Anti-Citrulline Ab (Anti-CCP)
- 286 SCLERODERMA PANEL, COMPREHENSIVE**  
 Anti-Nuclear Ab Anti-Th/To Ab Anti-Sci-70 Ab  
 Anti-U1 RNP Ab Anti-RNA Polymerase I/III Anti-PM/Sci Ab  
 Fibrillariln (U3RNP) Anti-Centromere Ab
- 257 SERONEGATIVE ARTHRITIS PANEL I** (4 mL serum, 1 EDTA tube  
 [lavender] at room temperature. Send by overnight express mail.)  
 Anti-Citrulline Ab (anti-CCP) Lyme (EIA), Reflexive To WB  
 Hepatitis C Ab Anti-Parvovirus Ab, IgM & IgG  
 HLA-B27 Anti-Nuclear Ab
- 608 T, B & NK CELLS - COMPREHENSIVE PANEL**  
 (One EDTA tube [lavender] at room temperature. Do not spin, separate  
 or refrigerate. Send overnight express mail.)  
 CD4, CD8, CD4/CD8 RATIO, CD56/16, CD3
- 917 THYROID ANTIBODY PANEL**  
 Anti-Thyroglobulin Ab Anti-Thyroid Microsomal Ab
- 1651 THYROID FUNCTION PANEL**  
 T4, Thyroxine TSH, Third Generation  
 T7 Free Thyroxine Index T3 Uptake
- 370 VASCULITIS PANEL I** (4 mL serum & 1 red top tube. See Cryoglobulin,  
 #138)  
 ANCA Anti-PR3 Ab Anti-MPO Ab Anti-GBM Ab  
 Cryoglobulin Hepatitis C Ab Hepatitis B Surface Ag  
 Anti-dsDNA Ab Rheumatoid Factor Anti-Nuclear Ab C3 & C4

## TESTS

- 601 CD4 - Helper/Inducer Count (One EDTA tube [lavender] at room temp. Do  
 not spin, separate or refrigerate. Send by overnight express mail.)
- 37 CH50, TOTAL HEMOLYTIC COMPLEMENT (Freeze serum immediately.  
 Send by overnight express mail.)
- 324 CPK (Serum must be frozen within 24 hours).
- 138 CRYOGLOBULINS (One red top tube. Allow specimen to clot at 37 degrees C  
 for one (1) hour. Centrifuge & separate immediately. Do not refrigerate.)
- 90 HLA-B27 (1 EDTA tube [lavender] at room temperature. Do not spin,  
 separate or refrigerate. Send by overnight express mail.)
- 46 LE CELL PREPARATION (7 mL red top tube whole blood. No SST tube.  
**Must receive same day.**)
- 116 LUPUS ANTICOAGULANT (Draw in 2 sodium citrate [blue] tubes. Mix by  
 inverting ten times. Check for fibrin clots using wooden applicator sticks  
 [clotted specimen is unsatisfactory], **refrigerate immediately for 15 minutes**  
 at 1,500 G, x 2 times to assure platelet-poor plasma. Do not let whole  
 blood sit at room temperature for more than 20 minutes before centrifuga-  
 tion. Transfer to 2 plastic vials, 1 mL each. Plasma must be separated from  
 the red cells before freezing. Freeze immediately & send on dry ice by  
 overnight express mail.)
- 244 N-TELOPEPTIDE (Ntx), SERUM (Refrigerated 2 days or frozen 6 months.  
 Ship on dry ice by overnight express mail.)
- 464 PLATELET ABS (Whole blood from EDTA (lavender top) or heparin (green  
 top), [do not spin] if performing both direct and indirect abs.
- 343 PTH, INTACT (After the patient has fasted from the night before, collect the  
 specimen in an SST tube early in the morning. Refrigerate immediately [spin  
 and pour serum into a plastic vial] and either keep refrigerated up to eight  
 [8] hours and then freeze, or freeze immediately. Send on dry ice by over-  
 night express mail, or, if in the greater Los Angeles area, call for a pick-up  
 and specify that you have a frozen specimen.)
- 104 SED RATE (1 EDTA tube [lavender] whole blood or black top at room temp.)
- 200 SYNOVIAL FLUID ANALYSIS (1 red top tube & 1 EDTA tube.)
- 148 VITAMIN D, 25-HYDROXY (CALCIFEDIOL) - (1 mL serum [preferred] or  
 plasma from EDTA tube [lavender] or heparinized plasma tube [green],  
 refrigerated or frozen. Send by overnight express mail.)

- 181 Antiphospholipid Panel Ab II  
 182 Antiphospholipid Panel Ab I  
 908 Arthritis/Spondylitis Panel  
 1033 Autoimmune Liver Disease Panel  
 704 Hepatitis Panel I - Acute  
 927 Lupus Pregnancy Panel  
 609 Natural Killer Cell 56/16  
 607 Natural Killer Cell Panel  
 542 Reflexive Systemic Vasculitis Panel II  
 258 Seronegative Arthritis Panel II  
 664 Seronegative Arthritis Panel III  
 606 T & B Cell Panel  
 380 Vasculitis Panel II

## Tests

- 140 Activated Protein C Resistance  
 105 Anti-Actin Ab  
 10 Anti-Adrenal Ab  
 185 Anti-Alpha Fodrin Ab, IgA  
 184 Anti-Alpha Fodrin Ab, IgG  
 158 Anti-C1Q IgG Ab  
 14 Anti-ssDNA Ab (Single Stranded)  
 452 Anti-Gliadin II Peptide Abs, IgG & IgA  
 260 Anti-Human Heat Shock Protein 70-kd Ab, IgG (HSP-70)  
 259 Anti-Inner Ear Membrane Ab, IgG  
 53 Anti-Islet Cell Ab  
 129 Anti-Liver/Kidney Microsomal Ab-EIA  
 18 Anti-Mitochondrial Ab by IFA  
 19 Anti-Mycardial Ab  
 205 Anti-Nuclear Ab (FANA), Body Fluid  
 55 Anti-Ovary Cell Ab  
 21 Anti-Parietal Cell Ab  
 23 Anti-Reticulin, IgG & IgA  
 524 Anti-RNP Ab  
 525 Anti-Ro Ab (SS-A)  
 944 Anti-Saccharomyces Cerevisiae Ab, IgA & IgG (ASCA)  
 57 Anti-Skin Ab, Pemphigus & Pemphigoid  
 529 Anti-SM Ab  
 126 Anti-Soluble Liver Ag  
 28 Anti-Striated Muscle Ab  
 64 Anti-Testes Ab  
 106 Antithrombin III Function (Activity)  
 206 C3 Complement, Body Fluid  
 208 C4 Complement, Body Fluid  
 963 CA-125  
 964 Carcinoembryonic AG (CEA)  
 613 CD19 Detection  
 612 CD20 Detection  
 344 Ceruloplasmin  
 34 Cold Agglutinins\*  
 317 Cortisol  
 550 C-Reactive Protein, Ultrasensitive  
 716 Cytomegalovirus (CMV) Abs, IgG & IgM  
 301 DHEA - S04  
 617 Epstein Barr Nuclear Ag (EBNA) Ab, IgG  
 619 Epstein Barr Viral Capsid Ags (VCA), IgG & IgM  
 620 Epstein Barr Virus, Early Antigen (EA)  
 648 Erythropoietin (EPO)  
 302 Estradiol  
 345 Fibrinogen  
 304 Folicle Stimulating Hormone (FSH)  
 142 Free Protein S  
 241 FTA (Fluorescent Treponemal Ab, Absorbed)\*  
 1601GP-210  
 364 HAMA (Human Anti-Mouse Ab)  
 368 Haptoglobin  
 752 Helicobacter Pylori Ab (H-Pylori), IgG  
 721 Hepatitis A Virus (HAV) Ab, IgM & Total  
 723 Hepatitis B Core (Hbc) Ab, IgM & Total  
 146 Hepatitis B Surface Ab (HBsAb), Quantitative  
 725 Hepatitis B Surface Ab (HBsAb), Total  
 44 IgA  
 751 IgE

## ADVANCE BENEFICIARY NOTICE (ABN)

NOTE: You need to make a choice about receiving these laboratory tests. We expect that Medicare will not pay for the laboratory test(s) that are described below. Medicare does not pay for all of your health care costs. Medicare only pays for covered items and services when Medicare rules are met. The fact that Medicare may not pay for a particular item or service does not mean that you should not receive it. There may be a good reason your doctor recommended it. Right now, in your case, **Medicare probably will not pay for the laboratory test(s) indicated below for the following reasons:**

Medicare does not pay for these tests for your condition	Medicare does not pay for these tests as often as this (denied as too frequent)	Medicare does not pay for experimental or research use tests
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The purpose of this form is to help you make an informed choice about whether or not you want to receive these laboratory tests, knowing that you might have to pay for them yourself. Before you make any decision about your options, you should **read this entire notice carefully.**

- Ask us to explain if you don't understand why Medicare probably won't pay.
- Ask us how much these laboratory tests will cost you (Estimated Cost: \$ \_\_\_\_\_), in case you have to pay for them yourself or through other insurance.

PLEASE CHOOSE **ONE** OPTION. CHECK **ONE** BOX. **SIGN & DATE** YOUR CHOICE.

**Option 1. YES. I want to receive these laboratory tests.** I understand that Medicare will not decide whether to pay unless I receive these laboratory tests. Please submit my claim to Medicare. I understand that you may bill me for laboratory tests and that I may have to pay the bill while Medicare is making its decision. If Medicare does pay, you will refund to me any payments I made to you that are due to me. If Medicare denies payment, I agree to be personally and fully responsible for payment. That is, I will pay personally, either out of pocket or through any other insurance that I have. I understand I can appeal Medicare's decision.

**Option 2. NO. I have decided not to receive these laboratory tests.** I will not receive these laboratory tests. I understand that you will not be able to submit a claim to Medicare and that I will not be able to appeal your opinion that Medicare won't pay. I will notify my doctor who ordered these laboratory tests that I did not receive them.

**Date** \_\_\_\_\_ **Signature of patient or person acting on patient's behalf** \_\_\_\_\_

**Note: Your health information will be kept confidential.** Any information that we collect about you on this form will be kept confidential in our offices. If a claim is submitted to Medicare, your health information on this form may be shared with Medicare. Your health information which Medicare sees will be kept confidential by Medicare.

## INSURANCE AND HMO WAIVER STATEMENT

**I understand that my insurance or HMO may deny payment for one or more tests my M.D. is ordering because of existing contracts with other laboratories or coverage may not extend to this particular test(s). If payment is denied, I agree to be personally and fully responsible for payment.**

**Date** \_\_\_\_\_ **Signature of patient or person acting on patient's behalf** \_\_\_\_\_