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| Innovative | |
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| | 5 |
| Diagnostic | 1 |
| Diagnostic | П |
| A MD TOX LABORATORIES SERVICE | (|
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CLIA No. 05D2040304 | NPI No. 1174882948

INSTRUCTIONS

The authorized ordering provider must sign and date the requisition.
 Please fill in all of the yellow highlighted areas including the diagnosis code section.
 The patient for which the testing is ordered must sign the Patient Authorization and Consent

3) The patient to winch the testing is ordered misst sign the Patient Authorization and Consent section below.
4) Innovative Health Diagnostic (IHD) will accept Demographic Sheet as substitute for Patient Information, provided it contains all required information. If ICD-10 codes are not part of your demographic sheet, please provide a copy of the Patient Problem List including all ICD-10-CM codes for diagnoses, conditions, or symptoms.

NOTE: Physicians (or other individuals authorized to order tests) must only order tests that are

| First: | First: | First: |
|-----------|-----------|-----------|
| Last: | Last: | Last: |
| #CHM10000 | #CHM10000 | #CHM10000 |
| First: | First: | First: |
| Last: | Last: | Last: |
| #CHM10000 | #CHM10000 | #CHM10000 |

| ٦ | LAB USE ONLY |
|---|-----------------------------------|
| 1 | Received Date: / / |
| . | # Serum SST "Tiger" 7.5-mL Tubes: |
| | Time: am/pm Initials: |
| 1 | # Plasma PPT "Pearl" 5-mL Tubes: |
| | # Whole Blood EDTA 4-mL Tubes: |
| | # Urine 8-mL Tubes: |
| П | # Other: |

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isition Form

| Req. CHM10000 | med | ically necessary an | id reasonable | | _ | |
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| | | | | | | t Reg |
| | P. | ATIENT IN | IFORM. | ATION | | |
| ★Last Name: | 1 1 | First: | 1 1 | | Middle Initial: | 11 1 |
| Patient Street Addre | 00: | | | | | |
| Patient Street Addre | SS: | | | | | |
| City: | | | Stat | e: | Zip Code: | |
| Phone: | | | Social S | Security | #- | |
| T Hone. | | | Coolai | occurry | | |
| ★Sex: ★Date of | of Birth: | | | Heigh | | eight: |
| MO FO | | <u> </u> | | | Ft. In. | lbs |
| SPECIMEN ★ Collectors Initials: | N INFO | ORMATION Fa | (Label S | Specimo | en with 2 Identifie | rs) |
| | | T a | sting: | es | Hrs □No | |
| ★ Collection Time & D | ate: | am/p | Date: | | | ŀ |
| Insulin Dose: | | Date: | 1/1/ | DD | VVVV | |
| Time: | | m/pm | VEO DIV | ATIO | / | |
| FINCUDANCE (2** | | BILLING II | | | | ationt's |
| □ INSURANCE (3rd | a Party O | in | surance c | ard, or co | omplete below: | allenits |
| Insurance Carrie | r Name: | | | | | |
| ID Number: | | | Grou | ıp Numb | oer: | |
| ☐ MEDICARE: Nur | mber: | | | | | |
| ☐ SELF PAY: Inno | vative H | | | | ient. | |
| | | ICD-10 | CODE | S | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| PATI I hereby authorize MD Tox a | ENIA | release my test re | AIION | AND | CONSENT | formed of my |
| privacy rights regarding the | tests perfor | med. Additionally, | I authorize in | surance p | ayments to be made to M | D Tox for the |
| laboratory services provided I am financially responsible f | . I acknowle | edge that MD Tox r | may be an ou | t-ot-netwo | rk provider with my insure | r. I agree that |
| that if my insurer sends payr | ment for the | testing directly to | me, I will en | dorse the b | back of the check, write "N | lade Payable |
| to MD Tox", and forward it to | MD Tox wit | hin 20 days. I auth | orize my phy: | sician and/ | or staff to release to MD To | ox or IHD and |
| its agents, any information n or PDF copy of this form sha | eeded to de Il be valid a | etermine insurance is the original. I furt | coverage to ther agree that | r the labora at this auth | atory services. I agree that orization will cover all labo | ratory testing |
| performed by MD Tox until sideductible, co-insurance or of | such author | ization is revoked | by me. I und | erstand that | at I am responsible for pa | yment of any |
| by MD Tox. I certify that the I | lab specime | en I have provided | is my own ar | id has not | been altered in any way. | II IOI allalysis |
| | | | | | | /VV |
| ★ Patient Signature | | | | Date: | | |
| | CHEN | IISTRY IN | DIVIDU | AL TE | ESTS | |
| Cardiovascula | | Sample Type B: Sod Cit - B | | ıhe | L: EDTA-Lavender 1 | Ton Tube |
| S Apolipoprotein A-1 | | | | | U: Sterile Urine Cup |) |
| S Apolipoprotein B [†] S HDL2 | | | Profiles ¹ | | Other S Amylase | 00450 |
| S hs-CRP | 86141 | S Basic Met | abolic etabolic | 80048 80053 | S Amylase CBC w/ diff.† | 82150 85025 |
| S LDL-C Direct [†] | 83721 | S Electrolyte | | 80051 | CBC w/out diff. | † 85027 |
| S Lp(a) mass | 83695 | | | 80076 | S Creatine Kinase | |
| □ NT-proBNP [†] | 83880 | S Lipid [†] | | 80061 | S Cystatin-C □ ESR | 82610 85651 |
| S sdLDL-C Metabolic | 83520 | | | 80069 | B Fibrinogen | 85384 |
| 3 25-OH-Vitamin D | 82306 | Hormon | e & Thyr | oid | S GGT [†] S IgE, Total | 82977 |
| S ALT | 84460 | ⑤ Cortisol | | 82533 | LDH | 82785 83615 |
| S AST Albumin | 84450 82040 | S DHEA-S | | 82627 | S Lipase [†] | 83690 |
| S BUN | 84520 | S Estradiol | | 82670 | | 82043 83550 |
| Calcium | 82310 | S Estriol | | 82677 83001 | Cancer Mar | |
| S Ferritin† S FFA/NEFA | 82728 82725 | S Growth H | ormone | 83003 | | 84153 |
| S Fructosamine [†] | 82985 | S LH | | 83002 | S PSA, Free | 84154 |
| S Folate (Folic Acid) | | S Progester | one | 84144 | S CEA [†] | 82378 |
| | 82947 83036 | S Prolactin PTH, Inta | ct | 84146 83970 | Rheumatoid A | rthritis |
| ☐ Homocysteine | 83090 | SHBG | Oi. | 84270 | □ CCP IgG □ CCP I | 86200 |
| Insulin 1 | 83525 | T3, Free | | 84481 | SRF IgA | 83520 86431 |
| Intrinsic Factor Ab | 86340 83540 | S T3, Total | | 84480 | SRF IgM | |
| Magnesium | 83735 | T3, Uptak | е | 84479 | Celiac Disea StTG-IGA | ase |
| S Phosphorous | 84100 | \$ T4, Free [†] \$ T4, Total [†] | | 84439 84436 | StTG-IGA | |
| | 84155 82747 | Testoster | | | Deamidated GI | iadin IgA |
| S Sodium | 84295 | | | | Deamidated GI | |

| understand that the Office of Inspector General ("OIG") has cautioned that using a customized profile may result in ordering of tests which |
|--|
| are not covered, reasonable or medically necessary. Additionally, an individual who knowingly causes a false claim to be submitted may be |
| subject to sanctions or remedies under civil, and criminal and administrative law. By signing below, I certify that each of the tests selected |
| on this requisition is medically necessary and appropriate to treat this patient on this date of service. I understand that each of the tests |
| ordered by me will be billed by individual CPT or procedure code. I have reviewed and am aware of the Medicare fee schedule information |
| or each individual test. I certify through the submission or causing the submission of this requisition, whether signed or unsigned, that a |
| copy of this requisition will be retained in the patient's medical record and/or that there is a legibly signed and dated order within the patient's |
| nedical record reflecting both my intent to order each test requested and my determination of the medical necessity for each test. I |
| understand that confirmatory testing should be ordered only when medically necessary. |
| |

REQUESTING PROVIDER/LAB/INSTITUTION

Authorized Ordering Provider's Signature (

MEDICARE LIMITED COVERAGE TESTS

sts with a † symbol and/or with CPT codes printed in RED to the right are designated as Limited overage Tests by Medicare. Medicare National Coverage Determinations (NCDs) and Limited overage Determinations (LCDs) govern which laboratory testing is considered "reasonable and occessary" under specified diagnoses codes. When a NCD or LCD exists for a laboratory test, edicare contractors will only reimburse when specific criteria for test performance is met. If the agnosis provided does not support medical necessity according to NCDs and LCDs but the dering provider still wishes to order the test, an Advance Beneficiary Notice (ABN) must be impleted and signed by the patient in advance of specimen collection and ordering of the testing. an ABN is not adequately secured when required, testing may be subject to cancelation by MD ox. 3

ROVIDER: If you are ordering a test for screening purposes only, be advised that Medicare does on the cover such testing (i.e., screening tests do not meet Medicare's definition of medically ecessary services). In these circumstances, you are required to advise the patient that he/she will financially responsible for the costs of these screening tests, and a signed Advanced Beneficiary bitce (ABN) must accompany the requisition in order to process the testing. On the requisition, to dicate a test is being ordered for screening purposes only (and by definition is not medically ecessary and will not be covered by Medicare). HIGHLIGHT each screening test by either RCLING the individual test or entering the word "SCREENING" in the diagnosis codes section of a form

FAVORITE & ADDITIONAL TESTS

Orders and diagnosis must be established by an Authorized Provider under civil, criminal, and administrative law. Any and all tests to bill federal payers must be medically necessary.

86376 SGliadin IgA

84443/\SGliadin IgG

84550 STPOAb

S Uric Acid

S Vitamin B12

| | Duefiles | | | Alabah | ما اممالت | dividual Tasta | |
|--|--|--|------------------------------------|---|--|---|----------------|
| Basic Metabolic | Profiles CO2, BUN, Calcium, CI-, Creatinine, Gluco | oco K+ No+ | 80048 | Aipnab | eticai in | dividual Tests | |
| Dasic Metabolic | | | | Alanine Aminotransferase (ALT) | 84460 | Homocysteine | 83090 |
| Comp. Metabolic | Albumin, ALP, ALT, AST, Bilirubin (total), E Calcium, Creatinine, Glucose, Na+ CO2, T | otal Protein | 80053 | Albumin | 82040 | hs-CRP | 86141 |
| Electrolyte | CO2 CL K+ No+ | | 80051 | Alkaline Phosphatase (ALP) | 84075 | | 83003 |
| Electrolyte | CO2, Cl-, K+, Na+ | | 00001 | Amphetamines (screen) | ** | lgE, Total | 82785 |
| Hepatic Function | Albumin, ALP, ALT, AST, Bilirubin (direct), (total), Protein Total | Bilirubin | 80076 | Amylase | 82150 | Insulin | 83525 |
| 11.114 | , ,, | | 00004 | ANKK1† APOE† | 81400 81401 | Intrinsic Factor Ab Iron (serum) [†] | 86340 83540 |
| Lipid [†] | Total Cholesterol, HDL-C, Triglycerides | Z. NA. DUN | 80061 | Apolipoprotein A1† | 82172 | LDH | 83615 |
| Renal | Albumin, CO2, Calcium, Creatinine, Glucose, Phosphorus, CI- | X+, INA+, BUIN | , 80069 | Apolipoprotein B [†] | 82172 | LDL Cholesterol Direct (LDL-C Direct)† | 83721 |
| | Clam, Codfish, Corn (Maize), Cow Milk, E | Ega White. | | Aspartate Aminotransferase (AST) | 84450 | Legionella Amp. Probe | 87798 |
| Allergen- Food, IgE† | Peanut, Scallop, Sesame Seed, Shrimp, | | 86003 ×12 | Barbiturates (screen) | ** | Lipase [†] | 83690 |
| | Walnut, Wheat | | | Benzodiazepines (screen) | ** | Lipoprotein (a) | 83695 |
| | Alternaria alternata, Aspergillus fumigatus Grass, Cat Dander, Cladosporium herbar | | | βhCG Quant.† | 84702 | Luteinizing Hormone (LH) | 83002 |
| Allaman Cauthana | Common Ragweed, Cottonwood, D. farin | ae, D. | | Bilirubin, Direct | 82248 | Magnesium | 83735 |
| Allergen– Southern Coastal CA Region, IgE† | pteronyssinus, Dog Dander, Elm, German | | 86003 ×24 | Bilirubin, Total | 82247 | Methadone (screen) | ** |
| | Cockroach, Grey Alder, Johnson Grass, McCedar/Juniper, Mugwort, Mulberry, Oak, | | | BUN | 84520 | Microalbumin | 82043 |
| | Penicillium notatum, Pigweed, Saltwort, Timoth | | | Buprenorphine (screen) | ** | MTHFR† | 81291 |
| | Grass, Walnut Tree Pollen | | | Calcium | 82310 ** | Mycoplasma Amp. Probe | 87581 |
| | Alternaria alternata, Aspergillus fumigatus | | | Cannabinoid (screen) | | Moraxella Catarrhalis Amp. Probe | 87798 |
| Allergen Profile- | Grass, Cat Dander, C. herbarum, Cockro Common Ragweed, D. farinae, D. pteron | | | Carbon Dioxide CBC with Diff† | 82374 85025 | NT-Pro BNP† Non-esterified Fatty Acids (NEFA/FFA) | 83880 82725 |
| Southwestern Grassland | Dog Dander, Elm, Johnson Grass, Meado | | 86003 ×17 | CBC w/out Diff† | 85027 | , , , | ** |
| Region, IgE [†] | Mountain Cedar/Juniper, Oak, Rough Ma | rshelder, | | CEA† | 82378 | OPRM1† | 81400 |
| | Walnut Tree Pollen | | | Chlamydia Species | 87486 | Oxycodone (screen) | ** |
| | Alternaria alternata, Aspergillus fumigatus, Box elder, Cat Dander, Cladosporium herbarum, D. | | | Chloride | 82435 | Phencyclidine (screen) | ** |
| Allergen- Cascade Pacific Northwest | Farinae, D. pteronyssinus, Dog Dander, German Cockroach, Grey Alder, Oak, Pigweed, Russian Thistle Saltwort, Silver Birch, Timothy Grass, Walnut Tree Pollen, Western Ragweed | | 86003 ×17 | Cholesterol, Total | 82465 | Phosphorus | 84100 |
| Region, IgE† | | | 86003 ×17 | Cocaine (screen) | ** | Potassium | 84132 |
| 0 7 0 | | | | COMT† | 81400 | Progesterone | 84144 |
| | Alternaria alternata, Aspergillus fumigatus | s Box | | Cortisol | 82533 | Prolactin | 84146 |
| Allergen Resp | elder, Cat Dander, C. herbarum, Common Ragweed, D. farinae, D. pteronyssinus, Dog Dander, Elm, | | | Creatine Kinase | 82550 | Propoxyphene (screen) | ** |
| Northern Midwest | | | 86003 ×16 | Creatinine (Serum) | 82565 | Protein, Total | 84155 |
| Region, IgE [†] | German Cockroach, Oak, Orchard Grass Bentgrass, Rough Marshelder, Silver Bird | | | CYP1A2† | 81401 | PSA, Free | 84154 |
| | | | | CYP2B6† | 81400 | · · · · · · · · · · · · · · · · · · · | 84153 |
| | Amphetamines, Barbiturates, Benzodiazepines, Buprenorphin, Cannabinoid, Cocaine, Ecstasy (MDMA), Methadone, Opiate, Oxycodone, Phencyclidine, Propoxyphene, Tricyclic | | | CYP2C19 [†] CYP2C9 [†] | 81225 81227 | PTH, Intact Rheumatoid Factor/Arthritis (RF/RA) | 83970 86431 |
| Drug Screen** | | | G0479 | CYP2D6† | 81226 | RSV AG by DOO (Nasal Swab) | 87807 |
| | | | | CYP3A4† | 81401 | sd-LDL | 83520 |
| Antidepressants Alphabetical Allergen Individual Tests*,† | | n*.+ | | CYP3A5 [†] | 81401 | SHBG | 84270 |
| | _ | | | Cystatin C | 82610 | SLCO1B1 [†] | 81400 |
| Alternaria alternata Aspergillus fumigatus | Elm | Egg White Redtop E Elm Rough M | | DHEA-S | 82627 | Sodium | 84295 |
| Bermuda Grass | German Cockroach | Russian | | Ecstasy (MDMA) (screen) | ** | Staphylococcus Aureus Amp. Probe | 87640 |
| Box elder | Grey Alder | Saltwort | | Erythrocyte Sed. Rate (ESR) | 85651 | Streptococcus Amp. Probe | 87798 |
| Cat Dander | Johnson Grass | Scallop Sesame Seed | | Estradiol | 82670 | T3, Free | 84481 |
| Cladosporium herbarum | Meadow Grass Mountain Cedar/ Juniper | Shrimp | Seeu | Estriol, Unconjugated | 82677 | T3, Total | 84480 |
| Clam Mountain Cedar/Juniper Shrimp Codfish Mugwort Silver Bir | | rch | Factor II† | 81240 | T3, Uptake | 84479 | |
| Common Ragweed Mulberry Soybean | | | Factor V [†] | 81241 | T4, Free† | 84439 | |
| Corn (Maize) Oak Timothy (| | Grass | Ferritin† | 82728 | T4, Total† | 84436 | |
| Cottonwood Olive Walnut Cov Milk Orshard Cross Walnut Tre | | ree Pollen | Fibrinogen Folgte (Folic Acid) | 85384 82746 | Testosterone, Free Testosterone, Total | 84402 84403 | |
| Cow Milk Orchard Grass Walnut Tree P D. farinae Peanut Western Ragw | | | | | TIBC† | 83550 | |
| D. pteronyssinus Penicillium notatum Wheat | | | Follicle Stimulating Hormone (FSH) | 82747 83001 | TPOAb | 86376 | |
| Dog Dander Pigweed | | | Fructosamine (Glycated Protein)† | 82985 | Tricyclic Antidepressants (screen) | ** | |
| *Each individual Allergen test CPT code is as follows regardless of allergy test chosen: 86003 Molecular Individual Tests | | | 5 | GGT [†] | 82977 | Triglyceride† | 84478 |
| (Preauthorization Required; Contact MD Tox Labs at 800-820-8803) | | | | Glucose, Quant. Blood [†] | 82947 | TSH [†] | 84443 |
| , | CYP2B6 81400 CYP3A4 81401 | MTHFR | | Haemophilus Influenzae Amp. Probe | 87798 | Uric Acid | 84550 |
| APOE 81401 | CYP2C19 81225 CYP3A5 81401 | OPRM1 | 81400 | HDL2 | 83520 | Vitamin B12 | 82607 |
| COMT 81400 | CYP2C9 81227 Factor II 81240 | SLCO1 | B1 81400 | HDL Cholesterol† | 83718 | Vitamin D, (25-OH) | 82306 |
| CYP1A2 81401 | CYP2D6 81226 Factor V 81241 | VKORC | 1 81355 | Hemoglobin A1C [†] | 83036 | VKORC1† | <u>8135</u> 5 |

**CPT Codes Available at http://iheartdiagnostics.com/

† See "Medicare Limited Coverage Tests" Section on Front Page