

**HOME DRAW REQUISITION**

**OFFICE USE ONLY**

PLEASE FILL OUT CLEARLY, USING **CAPITAL LETTERS**

MILES: \_\_\_\_\_

Date: \_\_\_/\_\_\_/\_\_\_ Requested Date of Service: \_\_\_/\_\_\_/\_\_\_ Fasting: Y/N Special Instruction: \_\_\_/\_\_\_/\_\_\_

**PATIENT**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
Address Line 1: \_\_\_\_\_  
Address Line 2: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_-\_\_\_-\_\_\_\_\_ Sex: \_\_\_\_\_ DOB: \_\_\_/\_\_\_/\_\_\_ SSN#: \_\_\_\_\_  
Insurance: \_\_\_\_\_ ID#: \_\_\_\_\_ Group#: \_\_\_\_\_

**PATIENT**

Facility Name: \_\_\_\_\_ Phone: \_\_\_-\_\_\_-\_\_\_\_\_  
Address: \_\_\_\_\_ Fax: \_\_\_-\_\_\_-\_\_\_\_\_  
Ordering Doctor: \_\_\_\_\_  
UPIN#: \_\_\_\_\_ MD#: \_\_\_\_\_ NPI#: \_\_\_\_\_

**PANELS & PROFILES**

- Comp. Metabolic Panel
- Basic Metabolic Panel
- Lipid Profile
- Hepatic Panel
- Electrolytes
- Thyroid Panel TSH, T4, T3, T3U
- Anemia Profile

**INDIVIDUAL TESTS**

- ANA
- BNP
- CBC
- CEA
- CULTURE THROAT
- CULTURE URINE
- DIGOXIN
- FERRITIN
- FECAL OCCULT BLOOD
- FRUCTOSAMINE
- GLUCOSE
- Hgb A1C
- IRON
- PSA
- PT/NR
- TSH
- URINALYSIS

**DIAGNOSIS**

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_
- 4) \_\_\_\_\_
- 5) \_\_\_\_\_
- 6) \_\_\_\_\_

**ADDITIONAL TESTS**

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_
- 4) \_\_\_\_\_
- 5) \_\_\_\_\_
- 6) \_\_\_\_\_
- 7) \_\_\_\_\_
- 8) \_\_\_\_\_
- 9) \_\_\_\_\_
- 10) \_\_\_\_\_
- 11) \_\_\_\_\_
- 12) \_\_\_\_\_

**FREQUENCY**

START: \_\_\_/\_\_\_/\_\_\_ END: \_\_\_/\_\_\_/\_\_\_  
EVERY: \_\_\_\_\_ WEEKS  
EVERY: \_\_\_\_\_ MONTHS

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