

Send results to fax number 716 4076483



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 BUFFALO PLASTIC SURGERY
 2121 MAIN ST, STE 207
 BUFFALO, NY 14214
 FAX 17164076483

Quest Diagnostics
 875 Greenlee Road
 Four Parkway Center
 Pittsburgh, PA 15220
 1-800-MYQUEST

For PSC locations/appointments
 QuestDiagnosics.com/PSC
 1-800-Lab-Test

GENERAL TEST REQUISITION

MEDICAL PATIENT DATA				PATIENT AND INSURANCE BILLING INFORMATION			
Last Name, First Name, M.I.		Room Number		Patient's Home Telephone No.		Patient's Work Telephone No.	
Recurring Patient Number		Date of Birth	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Responsible Party/Employer Name (Required for Work Comp)		Relationship to Insured	Spouse <input type="checkbox"/>
Patient I.D./Social Security Number		Date Collected	Time Collected AM PM	Patient Address		City	State Zip
Specimen Number		<input type="checkbox"/> Fasting <input checked="" type="checkbox"/> Non-Fasting	Urine Volume mL	Duration of Collection Hours	City		
NPI/UPIN Referring Physician (Circle One) Dr Tamara Dawli NPI 1619293008				NPI/UPIN Referring Physician			
Additional Report To and/or Notify to Laboratory: Account Name: Address:				Please Bill To: <input type="checkbox"/> Account <input type="checkbox"/> Patient <input checked="" type="checkbox"/> Insurance <input type="checkbox"/> Lab Card/Select			
Referring Physician's Signature (Required for PA, NPI & UIN) <i>[Signature]</i>				Insurance Name/Plan			
State				Insurance Address (Required for Private Insurance)			
Additional Report To and/or Notify to Laboratory: Account Name: Address:				State			
Referring Physician's Signature (Required for PA, NPI & UIN) <i>[Signature]</i>				State			
Communicate to Appear on Report				Policy ID Number			
				Group Book Number			
				MANDATORY ICD Diagnosis Codes			

ORGAN / DISEASE PANELS	OTHER TESTS	OTHER TESTS	OTHER TESTS
315F <input type="checkbox"/> Electrolyte Panel BX 10258F <input type="checkbox"/> Hepatic Function Panel S 10165F <input type="checkbox"/> Basic Metabolic Panel w/eGFR BX 10231A <input checked="" type="checkbox"/> Comprehensive Metabolic Panel w/eGFR BX 369T <input type="checkbox"/> Lipid Panel S 14852X <input type="checkbox"/> Lipid Panel w/Reflex LDL S 182A <input type="checkbox"/> Osteoarthritis Panel w/Reflex LS.Y 10306F <input type="checkbox"/> Hepatitis Panel A, C, w/Reflex S 10314F <input type="checkbox"/> Renal Function Panel w/eGFR S 4543E <input type="checkbox"/> Hemogram L 7187W <input type="checkbox"/> Hemoglobin L 1473 <input type="checkbox"/> CBC (Hgb, Hct, RBC, WBC, Plt) L 42A <input type="checkbox"/> CBC w/diff (Hgb, Hct, RBC, WBC, Plt, Dn) L 252 <input type="checkbox"/> Prothrombin Time w/INR L 762X <input type="checkbox"/> PTT (Activated) L	2055R <input type="checkbox"/> OSA S 2055E <input type="checkbox"/> Cholesterol Total S 374X <input type="checkbox"/> CK Total S 1955R <input type="checkbox"/> C-Reactive Protein CRP S 375X <input type="checkbox"/> Creatinine w/eGFR S 402X <input type="checkbox"/> DHEA Sulfate, Immunoenzym S 829 <input type="checkbox"/> Direct LDL S 402 <input type="checkbox"/> Estradiol S Fasting Globin, Ferritin - FTL In Serum 1129X <input type="checkbox"/> Diagnostic S 1128X <input type="checkbox"/> Medication Screen S	1570E <input type="checkbox"/> Insulin Total S 2454R <input type="checkbox"/> Iron S 35F <input type="checkbox"/> Iron & TIBC S 2520E <input type="checkbox"/> LDH S 5673E <input type="checkbox"/> Lead Blood S 2579E <input type="checkbox"/> LH S 3040E <input type="checkbox"/> Lipase S 6646 <input type="checkbox"/> Lyme screen w/Reflex to Blot (IgG, IgM) S 2503E <input type="checkbox"/> Magnesium S 651X <input type="checkbox"/> Microalbumin/Pyrulin Urine w/ Creat S 2777E <input type="checkbox"/> Phosphorus S 2829E <input type="checkbox"/> Potassium S 2829W <input type="checkbox"/> Progesterone S 745X <input type="checkbox"/> Prolactin S 555X <input type="checkbox"/> PSA Total S 4697W <input type="checkbox"/> Redocyte Count Automated L 1152R <input type="checkbox"/> Rheumatoid Factor S 1155F <input type="checkbox"/> RPR (ID) w/Reflex Titer & FTA S 1143T <input type="checkbox"/> RPR (Monitoring) w/Reflex Titer S 5348W <input type="checkbox"/> Rubella Immune Status S 4537W <input type="checkbox"/> Sed Rate by Med West S 3429X <input type="checkbox"/> T3, Free S 588X <input type="checkbox"/> T3 Total S 3052E <input type="checkbox"/> T3 Uptake S 3024W <input type="checkbox"/> T4, Free S 3028E <input type="checkbox"/> T4 Total S 873 <input type="checkbox"/> Testosterone, Total, Males SR 1559X <input type="checkbox"/> Testosterone, Total, Pediatric or Female SR 8054R <input type="checkbox"/> Thyroid Peroxidase Antibodies (TPO) S 3049R <input type="checkbox"/> Thyroglobulin S 3015E <input type="checkbox"/> TSH S	261Z <input type="checkbox"/> TSH w/Reflex to Free S 3040E <input type="checkbox"/> Urea Nitrogen S 222A <input type="checkbox"/> UA (Dipstick only) U 8502A <input type="checkbox"/> UA, Dipstick w/Reflex to microscopic U 24F <input type="checkbox"/> UA, Complete w/Reflex to microscopic U 3020X <input type="checkbox"/> UA, Complete w/Reflex Culture + 3054E <input type="checkbox"/> Uric Acid S 4055R <input type="checkbox"/> Valproic Acid SR 468 <input type="checkbox"/> Vanicillin-Zinc w/ Vitis AB (U) S 527X <input type="checkbox"/> Vitamin B12 S 705X <input type="checkbox"/> Vitamin B12 / Folate Acid S 7705X <input type="checkbox"/> Vitamin D, 25-OH, Total, Immunoenzym S 5288 <input type="checkbox"/> Vitamin D, 25-OH, Total, Immunoenzym SR 5135 <input type="checkbox"/> Vitamin D, 25-OH, Total, Immunoenzym SR 25-OH Vitamin D, LCMS/MS (-3 yrs)
433A <input type="checkbox"/> ABO Group and Rh Type S 232X <input type="checkbox"/> AFP Tumor Marker S 1517W <input type="checkbox"/> Albumin S 6766R <input type="checkbox"/> Alkaline Phosphatase S 822X <input type="checkbox"/> ALT S 1798W <input type="checkbox"/> Amylase, Serum S 249X <input type="checkbox"/> ANA w/Reflex S 2782A <input type="checkbox"/> Antibody Screen w/Reflex ID & Ref S 822X <input type="checkbox"/> AST S 15587W <input type="checkbox"/> Bimbin, Direct S 1575E <input type="checkbox"/> Bimbin, Total S 2525X <input type="checkbox"/> CAT3 S 2025E <input type="checkbox"/> CA125 S 308 <input type="checkbox"/> Calcium S 11123X <input type="checkbox"/> CCP Ab IgG S	1504E <input type="checkbox"/> Glucose, Gestational (50 g), 135 cutoff SY 1063X <input type="checkbox"/> Glucose, Gestational Screen (50g), 140 cutoff GY 1536R <input type="checkbox"/> Glucose, Plasma GY 2110R <input type="checkbox"/> HCG, Serum, Qual S 2113E <input type="checkbox"/> HCG, Quant S 45X <input type="checkbox"/> Hemoglobin A1C L 1880X <input type="checkbox"/> Hemoglobin A1C w/eAg L 10503W <input type="checkbox"/> Hepatitis B Surface AB, Qual S 255F <input type="checkbox"/> Hepatitis B Surface AB w/Reflex S 5195W <input type="checkbox"/> Hepatitis C Virus AB S 3143 <input type="checkbox"/> HIV-1/2 AS/AB, Ab w/Reflex S 3173 <input type="checkbox"/> Hemocytocline S 10124F <input type="checkbox"/> Hs CRP S 13169W <input type="checkbox"/> Immunofixation IFE S	4697W <input type="checkbox"/> Redocyte Count Automated L 1152R <input type="checkbox"/> Rheumatoid Factor S 1155F <input type="checkbox"/> RPR (ID) w/Reflex Titer & FTA S 1143T <input type="checkbox"/> RPR (Monitoring) w/Reflex Titer S 5348W <input type="checkbox"/> Rubella Immune Status S 4537W <input type="checkbox"/> Sed Rate by Med West S 3429X <input type="checkbox"/> T3, Free S 588X <input type="checkbox"/> T3 Total S 3052E <input type="checkbox"/> T3 Uptake S 3024W <input type="checkbox"/> T4, Free S 3028E <input type="checkbox"/> T4 Total S 873 <input type="checkbox"/> Testosterone, Total, Males SR 1559X <input type="checkbox"/> Testosterone, Total, Pediatric or Female SR 8054R <input type="checkbox"/> Thyroid Peroxidase Antibodies (TPO) S 3049R <input type="checkbox"/> Thyroglobulin S 3015E <input type="checkbox"/> TSH S	261Z <input type="checkbox"/> TSH w/Reflex to Free S 3040E <input type="checkbox"/> Urea Nitrogen S 222A <input type="checkbox"/> UA (Dipstick only) U 8502A <input type="checkbox"/> UA, Dipstick w/Reflex to microscopic U 24F <input type="checkbox"/> UA, Complete w/Reflex to microscopic U 3020X <input type="checkbox"/> UA, Complete w/Reflex Culture + 3054E <input type="checkbox"/> Uric Acid S 4055R <input type="checkbox"/> Valproic Acid SR 468 <input type="checkbox"/> Vanicillin-Zinc w/ Vitis AB (U) S 527X <input type="checkbox"/> Vitamin B12 S 705X <input type="checkbox"/> Vitamin B12 / Folate Acid S 7705X <input type="checkbox"/> Vitamin D, 25-OH, Total, Immunoenzym S 5288 <input type="checkbox"/> Vitamin D, 25-OH, Total, Immunoenzym SR 5135 <input type="checkbox"/> Vitamin D, 25-OH, Total, Immunoenzym SR 25-OH Vitamin D, LCMS/MS (-3 yrs)
MICROBIOLOGY Source Specimen: 434R <input type="checkbox"/> Culture, Aerobic Bacteria + 432T <input type="checkbox"/> Culture, Aerobic & Anaerobic + 11280E <input type="checkbox"/> Culture, Group A Strep + 5827W <input type="checkbox"/> Culture, Group B Strep + 10352E <input type="checkbox"/> Culture, Group D Strep + 652E <input type="checkbox"/> Culture, Throat + 5804R <input type="checkbox"/> Culture, Urine, Routine (Inc. Involving Cath) + Amplified Specimen Type (Approx): <input type="checkbox"/> Unenhanced <input type="checkbox"/> Urinal <input type="checkbox"/> Urine 11363 <input type="checkbox"/> Chlamydia & Neisseria meningitidis (NAAT/MA)			
STOOL PATOGENS 10105T <input type="checkbox"/> Culture, Stool, Sal/Shig/Campy And + Shig Toxin EA w/Reflex to E Coli O157 Culture + 14835X <input type="checkbox"/> K. pylori Urea Breath Test HB 581 <input type="checkbox"/> Ova & Parasites permanent stain + 34838X <input type="checkbox"/> Helicobacter Pylori Ag. EA, Stool +			

ADDITIONAL TESTS: FOR TEST NAME, NUMBER AND SPECIMEN REQUIREMENT PLEASE SEE THE DIRECTORY OF SERVICES
 REFLECTED BY ARC PERFORMED AT AN ADDITIONAL CHARGE
 * ADDITIONAL CHARGE PAID BY RECEIPT ONLY

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