



1307-A Allen Drive,
Troy, MI 48083
Ph: 248-846-0663
Fax: 248-602-0627

Patient Name: _____

Date of Birth: _____

Collection Date/Time: _____

VIBRA HEALTH LABORATORY ORDER FORM

Client / Provider

PATIENT INFORMATION

Last Name	First Name	DOB	Sex	Insurance Type
Address	City	State	Zip	Group #
DIAGNOSIS 1	DIAGNOSIS 2	DIAGNOSIS 3		
DIAGNOSIS 4	DIAGNOSIS 5	DIAGNOSIS 6	Member ID	

SPECIMEN INFORMATION

STAT	<input type="checkbox"/>	ROUTINE	<input type="checkbox"/>
FASTING	<input type="checkbox"/>	RANDOM	<input type="checkbox"/>
Collected By			Date/Time of Collection

PROFILES	HEMATOLOGY	SPEC	CHEMISTRY
<input type="checkbox"/> ELECTROLYTES SST Chloride Potassium Anion Gap CO2 Sodium	<input type="checkbox"/> CBC L <input type="checkbox"/> CBC & Auto Diff L <input type="checkbox"/> Hemoglobin/Hematocrit L <input type="checkbox"/> Reticulocyte Count L <input type="checkbox"/> Erythrocyte Sedimentation Rate L <input type="checkbox"/> Platelet Count L		<input type="checkbox"/> HBs Ag & Reflex Confirmation SST <input type="checkbox"/> HBc Total SST <input type="checkbox"/> HCV IgG SST <input type="checkbox"/> HbA1c (Glyco Hgb) L <input type="checkbox"/> HCG, Total SST <input type="checkbox"/> HDL Cholesterol SST <input type="checkbox"/> HIV 1/2 Ag/Ab Combo, Rapid & Reflex Confirmation SST <input type="checkbox"/> HIV 1/2, Enhanced & Reflex Confirmation SST <input type="checkbox"/> Homocysteine L <input type="checkbox"/> Intact PTH Routine SST <input type="checkbox"/> Iron SST <input type="checkbox"/> LDL Cholesterol SST <input type="checkbox"/> LH (Luteinizing Hormone) SST <input type="checkbox"/> Lipase SST <input type="checkbox"/> Magnesium SST <input type="checkbox"/> Myoglobin LH <input type="checkbox"/> Phosphorus SST <input type="checkbox"/> Potassium SST <input type="checkbox"/> Prealbumin SST <input type="checkbox"/> Procalcitonin SST <input type="checkbox"/> Progesterone SST <input type="checkbox"/> Prolactin SST <input type="checkbox"/> Protein, Total SST <input type="checkbox"/> PSA SST <input type="checkbox"/> Rheumatoid factor SST <input type="checkbox"/> Rubella IgG SST <input type="checkbox"/> SARS-CoV-2 IgG Semi-Quant. Antibody L <input type="checkbox"/> SARS-CoV-2 IgM Antibody SST <input type="checkbox"/> Sodium SST <input type="checkbox"/> Syphilis SST <input type="checkbox"/> Testosterone SST <input type="checkbox"/> Thyroglobulin SST <input type="checkbox"/> Thyroglobulin Ab II SST <input type="checkbox"/> Thyroid Uptake SST <input type="checkbox"/> Toxo IgG SST <input type="checkbox"/> Toxo IgM II SST <input type="checkbox"/> TPO Ab SST <input type="checkbox"/> Triglycerides SST <input type="checkbox"/> Troponin, High-sens LH <input type="checkbox"/> TSH SST <input type="checkbox"/> Unsaturated Iron Binding Capacity SST <input type="checkbox"/> Uric Acid SST <input type="checkbox"/> Urine Microalbumin U <input type="checkbox"/> Vitamin B-12 SST <input type="checkbox"/> Vitamin D(25-HYD) SST
<input type="checkbox"/> BASIC METABOLIC PROFILE (BMP) SST Electrolytes + Calcium Glucose BUN Creatinine	<input type="checkbox"/> UA Complete U <input type="checkbox"/> UA Macroscopic Only U <input type="checkbox"/> UA Microscopic Only U		
<input type="checkbox"/> COMPREHENSIVE METABOLIC PROFILE (CMP) SST BMP Profile + AST Total Protein Albumin Alkaline Phosphatase ALT Total Bilirubin	<input type="checkbox"/> aPTT B <input type="checkbox"/> PT/INR B <input type="checkbox"/> D-Dimer B		
<input type="checkbox"/> CARDIAC PROFILE LH, L, R CK-MB LH High-sens Troponin LH BNP L Myoglobin LH Digoxin R	CHEMISTRY <input type="checkbox"/> Albumin SST <input type="checkbox"/> Alkaline Phosphatase SST <input type="checkbox"/> ALT - (SGPT) SST <input type="checkbox"/> Amylase SST <input type="checkbox"/> Antistreptolysin O SST <input type="checkbox"/> AST - (SGOT) SST <input type="checkbox"/> Bilirubin, Direct SST <input type="checkbox"/> Bilirubin, Total SST <input type="checkbox"/> BNP L <input type="checkbox"/> BUN SST <input type="checkbox"/> Calcium SST <input type="checkbox"/> Cholesterol SST <input type="checkbox"/> Chloride SST <input type="checkbox"/> CK-MB LH <input type="checkbox"/> CO2 SST <input type="checkbox"/> Cortisol SST <input type="checkbox"/> C-Peptide SST <input type="checkbox"/> Creatinine SST <input type="checkbox"/> Creatine kinase SST <input type="checkbox"/> C-Reactive Protein SST <input type="checkbox"/> Cytomegalovirus IgG SST <input type="checkbox"/> Estradiol SST <input type="checkbox"/> Ferritin SST <input type="checkbox"/> Folate (Serum) SST <input type="checkbox"/> FSH SST <input type="checkbox"/> FT3 - (T3-Free & Total) SST <input type="checkbox"/> FT4 - (T4-Free & Total) SST <input type="checkbox"/> Glucose (Fasting or Random) SST <input type="checkbox"/> Anti-HBs Ag * SST <input type="checkbox"/> HAV IgM SST <input type="checkbox"/> HAV Total * SST <input type="checkbox"/> HbC IgM SST		
<input type="checkbox"/> HEPATIC PROFILE SST Albumin AST Total Protein Alkaline Phosphate Direct Bilirubin ALT Total Bilirubin			
<input type="checkbox"/> ACUTE HEPATITIS/HEPATITIS PROFILE SST HAV IgM HBc IgM HBsAg & Reflex Confirmation HCV IgG			
<input type="checkbox"/> HEPATITIS IMMUNITY PROFILE SST Anti-HBsAg HAV Total HBsAg & Reflex Confirmation HBC Total			
<input type="checkbox"/> IRON BINDING CAPACITY PROFILE SST Ferritin Iron % Saturation Unsaturated Iron Binding Capacity			
<input type="checkbox"/> LIPID PROFILE SST Cholesterol LDL Cholesterol HDL Cholesterol Triglycerides			
<input type="checkbox"/> RENAL PROFILE SST Electrolytes + Calcium Phosphorus Albumin Creatinine BUN Glucose			
<input type="checkbox"/> THYROID PROFILE SST T3-Free & Total T4-Free & Total TSH			
<input type="checkbox"/> TPN PROFILE SST CMP Profile + Indirect Bilirubin Prealbumin Direct Bilirubin Magnesium Triglycerides			
TUMOR MARKERS <input type="checkbox"/> AFP SST <input type="checkbox"/> GI-Monitor (CA 19-9) SST <input type="checkbox"/> CEA SST <input type="checkbox"/> OV-Monitor (CA 125) SST <input type="checkbox"/> BR-Monitor (CA15-3) SST <input type="checkbox"/> PSA SST			
THERAPEUTIC DRUGS SPEC <input type="checkbox"/> Carbamazepine R <input type="checkbox"/> Digoxin R <input type="checkbox"/> Gentamicin R <input type="checkbox"/> Phenobarbital R <input type="checkbox"/> Phenytoin R <input type="checkbox"/> Theophylline R <input type="checkbox"/> Valproic Acid R <input type="checkbox"/> Vancomycin R			

Specimen Tube Type: B = Sodium Citrate; L = EDTA; LH = Lithium Heparin; R = Red Top; SST = Serum Separator Tube; U = Urine; * = May indicate immunization status

AUTHORIZED HEALTHCARE PROVIDER ACKNOWLEDGEMENT

I acknowledge that documentation to support medical necessity for all tests ordered is recorded in the patient's chart. If not signed, Authorized Healthcare Provider affirms that test orders are placed in patient file with provider signature and will be available upon request. The Office of the Inspector General requires documentation in patient medical chart including date of service, tests ordered and documentation to support medical necessity.

Provider Signature: _____

Date: _____