



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	Member ID
Address		City	State	Zip	Group #
DIAGNOSIS 1	DIAGNOSIS 2	DIAGNOSIS 3	DIAGNOSIS 4	DIAGNOSIS 5	DIAGNOSIS 6

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	SPEC	HEMATOLOGY	SPEC	CHEMISTRY	SPEC
<input type="checkbox"/> ELECTROLYTES	SST	<input type="checkbox"/> CBC	L	<input type="checkbox"/> HBs Ag & Reflex Confirmation	SST
Chloride Potassium Anion Gap		<input type="checkbox"/> CBC & Auto Diff	L	<input type="checkbox"/> HBc Total	SST
CO2 Sodium		<input type="checkbox"/> Hemoglobin/Hematocrit	L	<input type="checkbox"/> HCV IgG	SST
<input type="checkbox"/> BASIC METABOLIC PROFILE (BMP)	SST	<input type="checkbox"/> Reticulocyte Count	L	<input type="checkbox"/> HbA1c (Glyco Hgb)	L
Electrolytes + Calcium Glucose		<input type="checkbox"/> Erythrocyte Sedimentation Rate	L	<input type="checkbox"/> HCG, Total	SST
BUN Creatinine		<input type="checkbox"/> Platelet Count	L	<input type="checkbox"/> HDL Cholesterol	SST
<input type="checkbox"/> COMPREHENSIVE METABOLIC PROFILE (CMP)	SST	URINALYSIS		<input type="checkbox"/> Herpes Simplex Virus 1	SST
BMP Profile + AST Total Protein		<input type="checkbox"/> UA Complete	U	<input type="checkbox"/> Herpes Simplex Virus 2	SST
Albumin Alkaline Phosphatase		<input type="checkbox"/> UA Complete with Reflex to UTI	U	<input type="checkbox"/> HIV 1/2 Ag/Ab, Rapid & Reflex Confirmation	SST
ALT Total Bilirubin		<input type="checkbox"/> UA Macroscopic Only	U	<input type="checkbox"/> HIV 1/2 Ag/Ab & Reflex Confirmation	SST
<input type="checkbox"/> CARDIAC PROFILE	LH, L, R	<input type="checkbox"/> UA Microscopic Only	U	<input type="checkbox"/> Homocysteine	L
CK-MB LH High-sens Troponin LH		COAGULATION		<input type="checkbox"/> H. pylori breath test	2 Breath bags
BNP L Myoglobin LH		<input type="checkbox"/> aPTT	B	<input type="checkbox"/> Infectious Mononucleosis (Rapid MONOSPOT)	SST
Digoxin R		<input type="checkbox"/> PT/INR	B	<input type="checkbox"/> Intact PTH Routine	SST
<input type="checkbox"/> HEPATIC PROFILE	SST	<input type="checkbox"/> PT/PTT	B	<input type="checkbox"/> Iron	SST
Albumin AST Total Protein		<input type="checkbox"/> D-Dimer	B	<input type="checkbox"/> LDL Cholesterol (Direct)	SST
Alkaline Phosphate Direct Bilirubin		CHEMISTRY		<input type="checkbox"/> LH (Luteinizing Hormone)	SST
ALT Total Bilirubin		<input type="checkbox"/> Albumin	SST	<input type="checkbox"/> Lipase	SST
<input type="checkbox"/> ACUTE HEPATITIS/HEPATITIS PROFILE	SST	<input type="checkbox"/> Alkaline Phosphatase	SST	<input type="checkbox"/> Magnesium	SST
HAV IgM HBc IgM		<input type="checkbox"/> ALT - (SGPT)	SST	<input type="checkbox"/> Myoglobin	LH
HBsAg & Reflex Confirmation HCV IgG		<input type="checkbox"/> Amylase	SST	<input type="checkbox"/> Phosphorus	SST
<input type="checkbox"/> HEPATITIS IMMUNITY PROFILE	SST	<input type="checkbox"/> Antistreptolysin O	SST	<input type="checkbox"/> Potassium	SST
Anti-HBsAg HAV Total		<input type="checkbox"/> AST - (SGOT)	SST	<input type="checkbox"/> Prealbumin	SST
HBsAg & Reflex Confirmation HBC Total		<input type="checkbox"/> Bilirubin, Direct	SST	<input type="checkbox"/> Procalcitonin	SST
<input type="checkbox"/> IRON BINDING CAPACITY PROFILE	SST	<input type="checkbox"/> Bilirubin, Total	SST	<input type="checkbox"/> Progesterone	SST
Ferritin Iron		<input type="checkbox"/> BNP	L	<input type="checkbox"/> Prolactin	SST
% Saturation Unsaturated Iron Binding Capacity		<input type="checkbox"/> BUN	SST	<input type="checkbox"/> Protein, Total	SST
<input type="checkbox"/> LIPID PROFILE	SST	<input type="checkbox"/> Calcium	SST	<input type="checkbox"/> PSA	SST
Cholesterol, HDL Cholesterol, LDL Chol(Calculated), Triglycerides		<input type="checkbox"/> Calcitonin	SST	<input type="checkbox"/> Rheumatoid factor	SST
<input type="checkbox"/> Reflex to LDL Chol (Direct) - (Trig > 140mg/dL)		<input type="checkbox"/> Cholesterol	SST	<input type="checkbox"/> Rubella IgG	SST
<input type="checkbox"/> RENAL PROFILE	SST	<input type="checkbox"/> Chloride	SST	<input type="checkbox"/> SARS-CoV-2 IgG Semi-Quant. Antibody	L
Electrolytes + Calcium Phosphorus		<input type="checkbox"/> CK-MB	LH	<input type="checkbox"/> Sodium	SST
Albumin Creatinine		<input type="checkbox"/> CO2	SST	<input type="checkbox"/> Syphilis	SST
BUN Glucose		<input type="checkbox"/> Cortisol	SST	<input type="checkbox"/> Testosterone	SST
<input type="checkbox"/> THYROID PROFILE	SST	<input type="checkbox"/> C-Peptide	SST	<input type="checkbox"/> Thyroglobulin	SST
T3-Free & Total T4-Free & Total TSH		<input type="checkbox"/> Creatinine	SST	<input type="checkbox"/> Thyroglobulin Ab II	SST
<input type="checkbox"/> TPN PROFILE	SST	<input type="checkbox"/> Creatine kinase	SST	<input type="checkbox"/> Thyroid Uptake	SST
CMP Profile + Total Bilirubin Prealbumin		<input type="checkbox"/> C-Reactive Protein	SST	<input type="checkbox"/> Toxo IgG	SST
Direct Bilirubin Magnesium Triglycerides		<input type="checkbox"/> Cytomegalovirus IgG	SST	<input type="checkbox"/> Toxo IgM II	SST
TUMOR MARKERS		<input type="checkbox"/> Estradiol	SST	<input type="checkbox"/> TPO Ab	SST
<input type="checkbox"/> AFP SST <input type="checkbox"/> GI-Monitor (CA 19-9) SST		<input type="checkbox"/> Ferritin	SST	<input type="checkbox"/> Triglycerides	SST
<input type="checkbox"/> CEA SST <input type="checkbox"/> OV-Monitor (CA 125) SST		<input type="checkbox"/> Folate (Serum)	SST	<input type="checkbox"/> Troponin, High-sens	LH
<input type="checkbox"/> BR-Monitor (CA15-3) SST <input type="checkbox"/> PSA SST		<input type="checkbox"/> FSH	SST	<input type="checkbox"/> TSH	SST
THERAPEUTIC DRUGS		<input type="checkbox"/> FT3 - (T3-Free & Total)	SST	<input type="checkbox"/> Unsaturated Iron Binding Capacity	SST
<input type="checkbox"/> Carbamazepine R		<input type="checkbox"/> FT4 - (T4-Free & Total)	SST	<input type="checkbox"/> Uric Acid	SST
<input type="checkbox"/> Digoxin R		<input type="checkbox"/> Glucose (Fasting or Random)	SST	<input type="checkbox"/> Urine HCG Pregnancy Test	U
<input type="checkbox"/> Gentamicin R		<input type="checkbox"/> Anti-HBs Ag *	SST	<input type="checkbox"/> Urine Microalbumin	U
<input type="checkbox"/> Phenobarbital R		<input type="checkbox"/> HAV IgM	SST	<input type="checkbox"/> Vitamin B-12	SST
<input type="checkbox"/> Phenytoin R		<input type="checkbox"/> HAV Total *	SST	<input type="checkbox"/> Vitamin D(25-HYD)	SST
<input type="checkbox"/> Theophylline R		<input type="checkbox"/> HbC IgM	SST		
<input type="checkbox"/> Valproic Acid R					
<input type="checkbox"/> Vancomycin R					

Other Tests: _____

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: _____