



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

<input type="checkbox"/> ELECTROLYTES SST	Chloride	Potassium	Anion Gap
<input type="checkbox"/> BASIC METABOLIC PROFILE (BMP) SST	Electrolytes + BUN	Calcium	Glucose
<input type="checkbox"/> COMPREHENSIVE METABOLIC PROFILE (CMP) SST	BMP Profile + ALT	AST	Total Protein
<input type="checkbox"/> CARDIAC PROFILE LH, L, R	CK-MB	LH	High-sens Troponin
<input type="checkbox"/> HEPATIC PROFILE SST	Albumin	AST	Total Protein
<input type="checkbox"/> ACUTE HEPATITIS/HEPATITIS PROFILE SST	HAV IgM	HBc IgM	HBsAg & Reflex Confirmation
<input type="checkbox"/> HEPATITIS IMMUNITY PROFILE SST	Anti-HBsAg	HAV Total	HBsAg & Reflex Confirmation
<input type="checkbox"/> IRON BINDING CAPACITY PROFILE SST	Ferritin	Iron	% Saturation
<input type="checkbox"/> LIPID PROFILE SST	Cholesterol	LDL Cholesterol (Calculated)	HDL Cholesterol
<input type="checkbox"/> RENAL PROFILE SST	Electrolytes + Albumin	Calcium	Phosphorus
<input type="checkbox"/> THYROID PROFILE SST	T3-Free & Total	T4-Free & Total	TSH
<input type="checkbox"/> TPN PROFILE SST	CMP Profile + Direct Bilirubin	Total Bilirubin	Prealbumin

HEMATOLOGY

<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
URINALYSIS SPEC	
<input type="checkbox"/> UA Complete	U
<input type="checkbox"/> UA Complete with Reflex to UTI	U
<input type="checkbox"/> UA Macroscopic Only	U
<input type="checkbox"/> UA Microscopic Only	U

COAGULATION

<input type="checkbox"/> aPTT	B
<input type="checkbox"/> PT/INR	B
<input type="checkbox"/> PT/PTT	B
<input type="checkbox"/> D-Dimer	B

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"/> Calcitonin	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-HBsAg *	SST
<input type="checkbox"/> HAV IgM	SST
<input type="checkbox"/> HAV Total *	SST
<input type="checkbox"/> HbC IgM	SST

CHEMISTRY

<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"/> Herpes Simplex Virus 1	SST
<input type="checkbox"/> Herpes Simplex Virus 2	SST
<input type="checkbox"/> HIV 1/2 Ag/Ab, Rapid & Reflex Confirmation	SST
<input type="checkbox"/> HIV 1/2 Ag/Ab & 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 (Direct)	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

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

<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

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: _____