



1307-A Allen Drive,  
Troy, MI 48083  
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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 \_\_\_\_\_ Zipcode \_\_\_\_\_ Group # \_\_\_\_\_  
 DIAGNOSIS 1 \_\_\_\_\_ DIAGNOSIS 2 \_\_\_\_\_ DIAGNOSIS 3 \_\_\_\_\_ DIAGNOSIS 4 \_\_\_\_\_ DIAGNOSIS 5 \_\_\_\_\_ DIAGNOSIS 6 \_\_\_\_\_

### SPECIMEN INFORMATION

FASTING  ROUTINE   
 STAT  RANDOM   
 Collected By \_\_\_\_\_ Date/Time of Collection \_\_\_\_\_

Hematology	SPEC	Chemistry - Blood	SPEC	Chemistry - Blood	SPEC
<input type="checkbox"/> CBC	L	<input type="checkbox"/> Albumin	SST	<input type="checkbox"/> Sex Hormone-Binding Globulin (SHBG)	SST
<input type="checkbox"/> CBC & Auto Diff	L	<input type="checkbox"/> Alkaline Phosphatase (ALP)	SST	<input type="checkbox"/> Sodium	SST
<input type="checkbox"/> Hemoglobin/Hematocrit	L	<input type="checkbox"/> ALT - (SGPT)	SST	<input type="checkbox"/> T3, Free	SST
<input type="checkbox"/> Reticulocyte Count	L	<input type="checkbox"/> Amylase	SST	<input type="checkbox"/> T3, Total	SST
<input type="checkbox"/> Erythrocyte Sedimentation Rate	L	<input type="checkbox"/> AST - (SGOT)	SST	<input type="checkbox"/> T3 Uptake	SST
<input type="checkbox"/> Platelet Count	L	<input type="checkbox"/> Bilirubin, Direct	SST	<input type="checkbox"/> T4, Free	SST
<input type="checkbox"/> WBC Count	L	<input type="checkbox"/> Bilirubin, Total	SST	<input type="checkbox"/> T4, Total	SST
<b>Coagulation</b>	<b>SPEC</b>	<input type="checkbox"/> BNP	L	<input type="checkbox"/> Testosterone/Bioavailable(Female or Child)	SST
<input type="checkbox"/> aPTT	B	<input type="checkbox"/> BUN	SST	<input type="checkbox"/> Testosterone, Free/Total	SST
<input type="checkbox"/> PT/INR	B	<input type="checkbox"/> Calcitonin	SST	<input type="checkbox"/> Testosterone, Total	SST
<input type="checkbox"/> PT/PTT	B	<input type="checkbox"/> Calcium	SST	<input type="checkbox"/> Thyroglobulin	SST
<input type="checkbox"/> D-Dimer	B	<input type="checkbox"/> Chloride	SST	<input type="checkbox"/> Thyroglobulin Ab II	SST
<b>Urinalysis</b>	<b>SPEC</b>	<input type="checkbox"/> Cholesterol, HDL	SST	<input type="checkbox"/> Total Iron Binding Capacity (TIBC)	SST
<input type="checkbox"/> UA Complete	U	<input type="checkbox"/> Cholesterol, LDL Direct	SST	<input type="checkbox"/> TPO Ab (Thyroid Peroxidase)	SST
<input type="checkbox"/> UA Macroscopic only	U	<input type="checkbox"/> Cholesterol, Total	SST	<input type="checkbox"/> Triglycerides	SST
<input type="checkbox"/> UA Microscopic only	U	<input type="checkbox"/> CK-MB	LH	<input type="checkbox"/> Troponin, High-Sensitivity	LH
<b>Chemistry Profiles</b>	<b>SPEC</b>	<input type="checkbox"/> CO2	SST	<input type="checkbox"/> TSH (Thyroid Stimulating Hormone)	SST
<i>See reverse side for profile descriptions</i>		<input type="checkbox"/> Cortisol	SST	<input type="checkbox"/> Unsaturated Iron Binding Capacity	SST
<input type="checkbox"/> Electrolytes	SST	<input type="checkbox"/> C-Peptide	SST	<input type="checkbox"/> Uric Acid	SST
<input type="checkbox"/> Basic Metabolic Profile (BMP)	SST	<input type="checkbox"/> C-Reactive Protein	SST	<input type="checkbox"/> Vitamin B-12	SST
<input type="checkbox"/> Comprehensive Metabolic Profile (CMP)	SST	<input type="checkbox"/> C-Reactive Protein, High Sensitivity	SST	<input type="checkbox"/> Vitamin D (25-HYD)	SST
<input type="checkbox"/> Cardiac Profile	LH, L, R	<input type="checkbox"/> Creatine kinase	SST	<b>Chemistry - Immunoassay</b>	<b>SPEC</b>
<input type="checkbox"/> Acute Hepatitis Profile	SST	<input type="checkbox"/> Creatinine	SST	<input type="checkbox"/> Anti-CCP IgG	SST
<input type="checkbox"/> Hepatic Profile	SST	<input type="checkbox"/> DHEA-Sulfate	SST	<input type="checkbox"/> Anti-HBs Ag *	SST
<input type="checkbox"/> Hepatitis Immunity Profile	SST	<input type="checkbox"/> Estradiol	SST	<input type="checkbox"/> Cytomegalovirus IgG	SST
<input type="checkbox"/> Iron Binding Capacity Profile	SST	<input type="checkbox"/> Ferritin	SST	<input type="checkbox"/> HAV IgM	SST
<input type="checkbox"/> Lipid Profile	SST	<input type="checkbox"/> Folate (Serum)	SST	<input type="checkbox"/> HAV Total *	SST
<input type="checkbox"/> Renal Profile	SST	<input type="checkbox"/> FSH (Follicle-Stimulating Hormone)	SST	<input type="checkbox"/> HbC IgM	SST
<input type="checkbox"/> Thyroid Profile	SST	<input type="checkbox"/> GGTP (Gamma-Glutamyltransferase)	SST	<input type="checkbox"/> HbC Total	SST
<input type="checkbox"/> Total Parenteral Nutrition (TPN) Profile	SST	<input type="checkbox"/> Glucose, Fasting	SST	<input type="checkbox"/> HBs Ag & Reflex Confirmation	SST
<b>Tumor Markers</b>	<b>SPEC</b>	<input type="checkbox"/> Glucose, Random	SST	<input type="checkbox"/> HCV IgG	SST
<input type="checkbox"/> AFP - Alpha-fetoprotein	SST	<input type="checkbox"/> HbA1c (Glyco Hgb)	L	<input type="checkbox"/> Herpes Simplex Virus 1	SST
<input type="checkbox"/> CEA - Carcinoembryonic Antigen	SST	<input type="checkbox"/> HCG, Total	SST	<input type="checkbox"/> Herpes Simplex Virus 2	SST
<input type="checkbox"/> PSA (Prostate-Specific Antigen)	SST	<input type="checkbox"/> H. pylori Breath Test	2 Breath Bags	<input type="checkbox"/> HIV 1/2 Ag/Ab & Reflex Confirmation	SST
<input type="checkbox"/> BR-Monitor (CA 27-29)	SST	<input type="checkbox"/> Infectious Mononucleosis (Rapid MONOSPOT)	SST	<input type="checkbox"/> HIV 1/2 Ag/Ab, Rapid&Reflex Confirmation	SST
<input type="checkbox"/> BR-Monitor (CA 15-3)	SST	<input type="checkbox"/> Insulin	SST	<input type="checkbox"/> Rheumatoid factor	SST
<input type="checkbox"/> GI-Monitor (CA 19-9)	SST	<input type="checkbox"/> Intact PTH Routine	SST	<input type="checkbox"/> Rubella IgG	SST
<input type="checkbox"/> OV-Monitor (CA125)	SST	<input type="checkbox"/> Iron	SST	<input type="checkbox"/> SARS-CoV-2 IgG Semi-Quant. Antibody	L
<b>Therapeutic Drugs</b>	<b>SPEC</b>	<input type="checkbox"/> LH (Luteinizing Hormone)	SST	<input type="checkbox"/> Syphilis	SST
<input type="checkbox"/> Carbamazepine	R	<input type="checkbox"/> Lipase	SST	<input type="checkbox"/> Toxoplasmosis IgG	SST
<input type="checkbox"/> Digoxin	R	<input type="checkbox"/> Magnesium	SST	<input type="checkbox"/> Toxoplasmosis IgM II	SST
<input type="checkbox"/> Gentamicin	R	<input type="checkbox"/> Myoglobin	LH	<b>Chemistry - Urines</b>	<b>SPEC</b>
<input type="checkbox"/> Phenobarbital	R	<input type="checkbox"/> Phosphorus	SST	<input type="checkbox"/> 24 HR Creatinine Clearance	U
<input type="checkbox"/> Phenytoin	R	<input type="checkbox"/> Potassium	SST	<input type="checkbox"/> Urine Creatinine (random)	U
<input type="checkbox"/> Theophylline	R	<input type="checkbox"/> Preactalbumin	SST	<input type="checkbox"/> Urine Creatinine (24 HR)	U
<input type="checkbox"/> Vancomycin	R	<input type="checkbox"/> Procalcitonin	SST	<input type="checkbox"/> Urine Creatinine/Albumin ratio (random)	U
		<input type="checkbox"/> Progesterone	SST	<input type="checkbox"/> Urine Creatinine/Albumin ratio (24 HR)	U
		<input type="checkbox"/> Prolactin	SST	<input type="checkbox"/> Urine HCG Pregnancy Test	U
		<input type="checkbox"/> Protein, Total	SST	<input type="checkbox"/> Urine Microalbumin	U
		<input type="checkbox"/> PSA, Free/Total	SST	<input type="checkbox"/> Urine Protein/Creatinine ratio (random)	U
		<input type="checkbox"/> PSA, Total	SST	<input type="checkbox"/> Urine Protein/Creatinine ratio (24 HR)	U
				<input type="checkbox"/> Urine Total Protein (24HR)	U
				<input type="checkbox"/> Urine Total Protein (random)	U

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: \_\_\_\_\_



## VIBRA HEALTH LABORATORY CHEMISTRY PROFILE INFORMATION

Chemistry Profiles	
Electrolytes	SST
Chloride	
CO2	
Potassium	
Sodium	
Anion Gap	
Basic Metabolic Profile (BMP)	SST
Electrolytes +	
BUN	
Calcium	
Creatinine	
Glucose	
Comprehensive Metabolic Profile (CMP)	SST
BMP +	
Albumin	
ALT	
AST	
Alkaline Phosphatase	
Bilirubin, Total	
Protein, Total	
Cardiac Profile	LH, L, R
CK-MB	
BNP	
Digoxin	
Troponin, High-Sensitivity	
Myoglobin	
Acute Hepatitis Profile	SST
HAV IgM	
HBsAg & Reflex Confirmation	
HBc IgM	
HCV IgG	
Hepatic Profile	SST
Albumin	
Alkaline Phosphatase	
ALT	
AST	
Bilirubin, Direct	
Bilirubin, Total	
Protein, Total	
Hepatitis Immunity Profile	SST
Anti-HBsAg	
HBsAg & Reflex Confirmation	
HAV Total	
HBc Total	
Iron Binding Capacity Profile	SST
Ferritin	
Iron	
Total Iron Binding Capacity (TIBC)	
Unsaturated Iron Binding Capacity	
% Saturation	
Lipid Profile	SST
Cholesterol, Total	
Cholesterol, HDL	
Cholesterol, LDL Calculated	
Triglycerides	
Total Parenteral Nutrition (TPN) Profile	SST
CMP +	
Bilirubin, Direct	
Magnesium	
Prealbumin	
Triglycerides	
Renal Profile	SST
Electrolytes +	
Albumin	
BUN	
Calcium	
Creatinine	
Glucose	
Phosphorus	
Thyroid Panel	SST
TSH	
T4, Total	
T3, Free	
T3 Uptake	
Free Thyroxine Index (T7)	