



# ROADRUNNER LABORATORY

www.roadrunnerlabservice.com

150 Settlement Dr., Suite B  
Bastrop, TX 78602  
PH: 800-847-9068  
CLIA: 4502272624

Orders can be emailed to [frontdesk@roadrunnerlabservice.com](mailto:frontdesk@roadrunnerlabservice.com) or faxed to 205-728-2618

|                                  |  |                     |  |                         |                     |  |   |
|----------------------------------|--|---------------------|--|-------------------------|---------------------|--|---|
| PATIENT NAME (LAST)              |  | (FIRST)             | (MI)   | SEX                     | DATE OF BIRTH       | SOCIAL SECURITY #  | BILL:<br><input type="checkbox"/> INSURANCE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> HOSPITAL/FACILITY<br><input type="checkbox"/> PHYSICIAN |
| PATIENT ADDRESS                  |  | CITY                | STATE  | ZIP                     | PHONE#              |  |   |
| <b>INSURANCE</b>                 | RESPONSIBLE PARTY/INSURED'S NAME (LAST, FIRST) |                     |  | S.S. # (IF NOT PATIENT) |                     | PATIENT'S RELATIONSHIP TO INSURED<br><input type="checkbox"/> SELF <input type="checkbox"/> SPOUSE <input type="checkbox"/> CHILD <input type="checkbox"/> OTHER |   |
|                                  | INSURANCE CO. NAME                             |                     | GROUP #/NAME   |                         | POLICY ID #         |  |   |
|                                  | MEDICARE #                                     | NAME LISTED ON CARD |  | MEDICAID #              | NAME LISTED ON CARD |  | EFFECTIVE DATE  |
|                                  | WORKER'S COMP (Y/N)                            | DATE OF INJURY      | EMPLOYER AT TIME OF INJURY   |                         | ADDRESS             | CITY/STATE   | ZIP   |
| ORDERING PHYSICIAN               |  |                     | CONSULTING PHYSICIAN(S)  |                         | DESIGNEE SIGNATURE  |  |   |
| <input type="checkbox"/> ROUTINE | <input type="checkbox"/> CALL # _____          |                     | Is this patient from a Skilled Nursing Facility? <input type="checkbox"/> Yes <input type="checkbox"/> No Where? _____ |                         |                     |  |   |
| <input type="checkbox"/> STAT    | <input type="checkbox"/> FAX # _____           |                     | <b>DIAGNOSIS CODE (S) FOR TESTS ORDERED (REQUIRED)</b>   |                         |                     |  |   |

| PROFILES         |   |
|------------------|---|
| 80053            | <input type="checkbox"/> Comp. Metabolic Panel            |
| 80048            | <input type="checkbox"/> Basic Metabolic Panel            |
| 80051            | <input type="checkbox"/> Electrolyte Panel                |
| 80074            | <input type="checkbox"/> Hepatitis Panel                  |
| 80061            | <input type="checkbox"/> Lipid Profile                    |
| 80076            | <input type="checkbox"/> Liver Profile                    |
| 80055            | <input type="checkbox"/> Prenatal Profile                 |
| 80069            | <input type="checkbox"/> Renal Function Panel             |
| 84479+84436      | <input type="checkbox"/> T3 Uptake + T4 (Includes T7)     |
| INDIVIDUAL TESTS |   |
| 86900+86901      | <input type="checkbox"/> ABO & RH                         |
| 82105            | <input type="checkbox"/> Alpha Fetoprotein Maternal       |
| 82150            | <input type="checkbox"/> Amylase                          |
| 86850            | <input type="checkbox"/> Antibody Screen                  |
| 86038            | <input type="checkbox"/> Anti-Nuclear AB. (ANA)           |
| 85730            | <input type="checkbox"/> APTT                             |
| 82248            | <input type="checkbox"/> Bilirubin, Direct                |
| 82247            | <input type="checkbox"/> Bilirubin, Total                 |
| 84520            | <input type="checkbox"/> BUN                              |
| 86304            | <input type="checkbox"/> Cancer Antigen 125               |
| 86300            | <input type="checkbox"/> Cancer Antigen 27-29             |
| 85025            | <input type="checkbox"/> CBC w/Diff.                      |
| 85027            | <input type="checkbox"/> CBC w/o Diff.                    |
| 82378            | <input type="checkbox"/> CEA                              |
| 82465            | <input type="checkbox"/> Cholesterol, Total               |
| 82533            | <input type="checkbox"/> Cortisol, A.M. or P.M. or Random |
| 82550            | <input type="checkbox"/> CPK                              |
| 82565            | <input type="checkbox"/> Creatinine                       |
| 82575            | <input type="checkbox"/> Creatinine Clearance             |
| 80162            | <input type="checkbox"/> Digoxin                          |
| 80185            | <input type="checkbox"/> Dilantin (Phenytoin)             |
| 82728            | <input type="checkbox"/> Ferritin                         |
| 83001            | <input type="checkbox"/> FSH                              |
| 82746            | <input type="checkbox"/> Folate                           |
| 86900+86901      | <input type="checkbox"/> GC/CHLA. PROBE Source _____      |
| 82947            | <input type="checkbox"/> Glucose, Fasting                 |

| INDIVIDUAL TESTS cont. |   |
|------------------------|---|
| 82950                  | <input type="checkbox"/> Glucose, Post Prandial ___hr |
| 82951+82952            | <input type="checkbox"/> Glucose, Tolerance ___hr     |
| 83718                  | <input type="checkbox"/> HDL Cholesterol              |
| 86677                  | <input type="checkbox"/> Helicobacter Pylori Quant.   |
| 83036                  | <input type="checkbox"/> Hemoglobin A1C               |
| 86709                  | <input type="checkbox"/> Hepatitis A IgM              |
| 86705                  | <input type="checkbox"/> Hepatitis B CORE AB (HBcAb)  |
| 86706                  | <input type="checkbox"/> Hepatitis B SUR. AB (HBsAb)  |
| 87340                  | <input type="checkbox"/> *Hepatitis B SUR. AB (HBcAg) |
| 86803                  | <input type="checkbox"/> Hepatitis C Virus AB (HCV)   |
| 87806                  | <input type="checkbox"/> *HIV                         |
| 83540                  | <input type="checkbox"/> Iron                         |
| 83550                  | <input type="checkbox"/> TIBC                         |
| 83615                  | <input type="checkbox"/> LDH                          |
| 83002                  | <input type="checkbox"/> Luteinizing Hormone (LH)     |
| 83735                  | <input type="checkbox"/> Magnesium                    |
| 86308                  | <input type="checkbox"/> Mono                         |
| 84132                  | <input type="checkbox"/> Potassium                    |
| 84702                  | <input type="checkbox"/> Pregnancy, Quan. (serum)     |
| 84153                  | <input type="checkbox"/> PSA (Monitoring)             |
| G0103                  | <input type="checkbox"/> PSA (Screen)                 |
| 85610                  | <input type="checkbox"/> PT (Prothrombin Time)        |
| 85046                  | <input type="checkbox"/> Reticulocyte Count           |
| 86431                  | <input type="checkbox"/> Rheumatoid Factor (RA)       |
| 86780                  | <input type="checkbox"/> Syphilis (Trep AB)           |
| 86762                  | <input type="checkbox"/> Rubella IGG                  |
| 85651                  | <input type="checkbox"/> Sedimentation Rate (ESR)     |
| 84295                  | <input type="checkbox"/> Sodium                       |
| 84479                  | <input type="checkbox"/> T3 Uptake                    |
| 84436                  | <input type="checkbox"/> T4                           |
| 84478                  | <input type="checkbox"/> Triglycerides                |
| 84484                  | <input type="checkbox"/> Troponin-1                   |
| 84443                  | <input type="checkbox"/> TSH                          |
| 81001                  | <input type="checkbox"/> Urinalysis                   |
| 82607                  | <input type="checkbox"/> Vitamin B12                  |
| 82306                  | <input type="checkbox"/> Vitamin D, 25 Hydroxy        |

When ordering tests for which Medicare reimbursement will be sought, you may be required to submit patient's medical record, as documentation of the medical necessity for the tests ordered.

| INDIVIDUAL TESTS cont.  |  | MICROBIOLOGY cont.   |  |
|---|--|--|--|
| <b>* REFLEXED ARE PERFORMED FOR CONFIRMATION IF TEST RESULT IS POSITIVE</b> |  | 87070+87205 <input type="checkbox"/> Acid Fast Culture & Smear                 |  |
| <b>MICROBIOLOGY</b>   |  | 87505 <input type="checkbox"/> Anaerobic Culture                               |  |
| 87116+87206   | <input type="checkbox"/> Acid Fast Culture & Smear                 | 87493 <input type="checkbox"/> Bacterial Antigen Screen                        |  |
| 87073   | <input type="checkbox"/> Anaerobic Culture                         | 87405+87046X3 <input type="checkbox"/> Beta Strep Culture                      |  |
| 86403X5   | <input type="checkbox"/> Bacterial Antigen Screen                  | 87449+87427 <input type="checkbox"/> Blood Culture                             |  |
| 87081   | <input type="checkbox"/> Beta Strep Culture                        | 83630 <input type="checkbox"/> Body Fluid Culture w/Gram                       |  |
| 87040   | <input type="checkbox"/> Blood Culture                             | 87070 <input type="checkbox"/> Cryptococcal Antigen                            |  |
| 87070+87205   | <input type="checkbox"/> Body Fluid Culture w/Gram                 | 87086 <input type="checkbox"/> Cryptosporidium Specific Antigen                |  |
| 86403   | <input type="checkbox"/> Cryptococcal Antigen                      | 87077+87186 <input type="checkbox"/> CSF Culture w/Gram                        |  |
| 87328   | <input type="checkbox"/> Cryptosporidium Specific Antigen          | 87070+87205 <input type="checkbox"/> Ear Culture w/Gram                        |  |
| 87070+87205   | <input type="checkbox"/> CSF Culture w/Gram                        | 87070+87205 <input type="checkbox"/> Environmental Culture                     |  |
| 87070+87205   | <input type="checkbox"/> Ear Culture w/Gram                        | <b>*SOURCE (REQUIRED)</b>  |  |
| 87070   | <input type="checkbox"/> Environmental Culture                     | <b>*SITE (REQUIRED)</b>  |  |
| 87070   | <input type="checkbox"/> Eye Culture                               | Sensitivites are performed on all pathogenic organisms unless we are notified. |  |
| 89125   | <input type="checkbox"/> Fat Stain - Qualitative                   | <b>ADDITIONAL TESTS</b>  |  |
| 87400   | <input type="checkbox"/> Flu A/B Antigen                           |  |  |
| 87101   | <input type="checkbox"/> Fungal Culture (Hair, Skin, Nails)        |  |  |
| 87102   | <input type="checkbox"/> Fungal Culture (Other, except Blood)      |  |  |
| 87103   | <input type="checkbox"/> Fungal Culture (Blood)                    |  |  |
| 87329   | <input type="checkbox"/> Giardia Specific Antigen                  |  |  |
| 87205   | <input type="checkbox"/> Gram Stain                                |  |  |
| 87430   | <input type="checkbox"/> Group "A" Strep Antigen                   |  |  |
| 87252   | <input type="checkbox"/> Herpes Culture                            |  |  |
| 87210   | <input type="checkbox"/> India Ink                                 |  |  |
| 87220   | <input type="checkbox"/> KOH Prep                                  |  |  |
| 87640+87641   | <input type="checkbox"/> MRSA Nasal Screen by PCR                  |  |  |
| 87640+87641   | <input type="checkbox"/> MRSA Pre-Surgical Nasal Screen by PCR     |  |  |
| 87070+87205   | <input type="checkbox"/> Nasal Culture w/Gram                      |  |  |
| 82274   | <input type="checkbox"/> Fecal Occult Blood                        |  |  |
| 87177+87209   | <input type="checkbox"/> Ova & Parasites (concentrate & trichrome) |  |  |
|   |  | COLLECTION DATE/TIME   |  |