



ROADRUNNER LABORATORY

www.roadrunnerlabservice.com

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Orders can be emailed to frontdesk@roadrunnerlabservice.com or faxed to 205-728-2618

PATIENT NAME (LAST)		(FIRST)	(MI)	SEX	DATE OF BIRTH		SOCIAL SECURITY #	BILL: <input type="checkbox"/> INSURANCE <input type="checkbox"/> PATIENT <input type="checkbox"/> HOSPITAL/FACILITY <input type="checkbox"/> PHYSICIAN
PATIENT ADDRESS		CITY		STATE	ZIP	PHONE#		
INSURANCE	RESPONSIBLE PARTY/INSURED'S NAME (LAST, FIRST)			S.S. # (IF NOT PATIENT)			PATIENT'S RELATIONSHIP TO INSURED <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		NPI			DESIGNEE SIGNATURE			
<input type="checkbox"/> ROUTINE	<input type="checkbox"/> CALL # _____			ORDERING FACILITY NAME				
<input type="checkbox"/> STAT	<input type="checkbox"/> FAX # _____			DIAGNOSIS CODE (S) FOR TESTS ORDERED (REQUIRED)				

PROFILES	
80053	<input type="checkbox"/> Comp. Metabolic Panel
80048	<input type="checkbox"/> Basic Metabolic Panel
80061	<input type="checkbox"/> Lipid Profile
80076	<input type="checkbox"/> Liver Profile
80069	<input type="checkbox"/> Renal Function Panel
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
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.

INDIVIDUAL TESTS cont.	
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 Total
84436	<input type="checkbox"/> T4 Total
84481	<input type="checkbox"/> Free T3
84439	<input type="checkbox"/> Free 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.
* REFLEXED ARE PERFORMED FOR CONFIRMATION IF TEST RESULT IS POSITIVE	87070+87205 <input type="checkbox"/> Acid Fast Culture & Smear
MICROBIOLOGY	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	*SOURCE (REQUIRED)
87070 <input type="checkbox"/> Environmental Culture	*SITE (REQUIRED)
87070 <input type="checkbox"/> Eye Culture	Sensitivities are performed on all pathogenic organisms unless we are notified.
89125 <input type="checkbox"/> Fat Stain - Qualitative	ADDITIONAL TESTS
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