

## LAB REQUISITION FORM

**PATIENT TO HAND CARRY THIS FORM TO ANY MCMG LOCATION LISTED BELOW**

*Call office to obtain lab hours, as they vary per location*

15 Mareblu, Suite 100, Aliso Viejo, CA 92656 • (949) 448-0656  
 3010 W. Orange Avenue, Suite 302, Anaheim, CA 92804 • (714) 826-1200  
 722 Baker Street, Costa Mesa, CA 92626 • (714) 557-6300  
 11420 Warner Avenue, Fountain Valley, CA 92708 • (714) 549-1300  
 250 E. Yale Loop, Suite 200, Irvine, CA 92604 • (949) 551-1090

26991 Crown Valley Parkway, Mission Viejo, CA 92691 • (949) 582-2002  
 23512 Madero Rd., Mission Viejo, CA 92691 • (949) 583-1600  
 29472 Avenida De Las Banderas, Rancho Santa Marg, CA 92688 • (949) 459-9968  
 30300 Rancho Viejo Road, San Juan Capistrano, CA 92675 • (949) 661-9600  
 1212 W. 17<sup>th</sup> Street, Santa Ana, CA 92706 • (714) 954-0432

**\*\*THIS FORM IS NOT TO BE USED FOR PRE-OP ORDERS\*\***

<input type="checkbox"/> Amylase	<input type="checkbox"/> FSH	<input type="checkbox"/> Ova & Parasites	<input type="checkbox"/> PSA Free, Total
<input type="checkbox"/> ANA	<input type="checkbox"/> Genital Beta Grp B	<input type="checkbox"/> Panel , BMP	<input type="checkbox"/> PT/INR
<input type="checkbox"/> Billiru/TD/Neonatal	<input type="checkbox"/> Glucose Fasting	<input type="checkbox"/> Panel, CMP	<input type="checkbox"/> PTT
<input type="checkbox"/> B12 and Folate	<input type="checkbox"/> GTT 1 hr	<input type="checkbox"/> Panel, CMP w/GFR	<input type="checkbox"/> RA Factor
<input type="checkbox"/> CBC/Diff	<input type="checkbox"/> GTT 3 hr (Requires Appt)	<input type="checkbox"/> Panel Hepatitis	<input type="checkbox"/> Resp. Region 13
<input type="checkbox"/> CEA	<input type="checkbox"/> H. Pylori UBIT	<input type="checkbox"/> Panel, Lipid	<input type="checkbox"/> RPR
<input type="checkbox"/> Child Food/Envirn	<input type="checkbox"/> Hep A Ab	<input type="checkbox"/> Panel, Liver	<input type="checkbox"/> Rubella
<input type="checkbox"/> Chlam + GC Amp.	<input type="checkbox"/> Hep B Ab	<input type="checkbox"/> Panel, Lymph	<input type="checkbox"/> Sed Rate
<input type="checkbox"/> Chlamydia Amp.	<input type="checkbox"/> Hep B surf Ag	<input type="checkbox"/> Panel Thyroid/TSH	<input type="checkbox"/> Tacrolimus
<input type="checkbox"/> Creat. clearance	<input type="checkbox"/> Hep C Ab	<input type="checkbox"/> Phenytoin	<input type="checkbox"/> Testost, total
<input type="checkbox"/> Culture, Aerobic	<input type="checkbox"/> HGBA1c	<input type="checkbox"/> Phosphorus	<input type="checkbox"/> Throat-Strep A Cult
<input type="checkbox"/> Culture Herpes Simp	<input type="checkbox"/> HIV Ab	<input type="checkbox"/> Preg, HCG Qual	<input type="checkbox"/> TSH
<input type="checkbox"/> Culture Stool	<input type="checkbox"/> Iron IBC	<input type="checkbox"/> Preg, HCG Quan	<input type="checkbox"/> TSH/Reflex to FT4
<input type="checkbox"/> Culture Throat	<input type="checkbox"/> Lead	<input type="checkbox"/> Prenatal Panel	<input type="checkbox"/> T4 Free
<input type="checkbox"/> Culture Urine	<input type="checkbox"/> LH	<input type="checkbox"/> Progesterone	<input type="checkbox"/> Uric Acid
<input type="checkbox"/> Cyclosporin	<input type="checkbox"/> Lipase	<input type="checkbox"/> Prolactin	<input type="checkbox"/> Urinalysis
<input type="checkbox"/> Ferritin	<input type="checkbox"/> Magnesium	<input type="checkbox"/> Protein 24 hr urine	<input type="checkbox"/> Urine micro on pos
<input type="checkbox"/> Food Allergy	<input type="checkbox"/> Microalbumin	<input type="checkbox"/> PSA	
<b>Other Tests:</b>			

**Patient Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**MCMG Primary Care Physician:** \_\_\_\_\_

**Diagnosis:** \_\_\_\_\_ **ICD-9 Code (REQUIRED):** \_\_\_\_\_

**Referring Provider:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**CC: Results to: Quest Acct # (Care360 users):** \_\_\_\_\_ **or Fax # (non-Care360 users):** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_