AMERICAN ESOTERIC LABORATORIES
A Sonic Healthcare Clinical Laboratory

GENERAL REQUISITION

1701 Century Center Cove, Memphis, TN 38134
(901) 405-8200 / TOLL FREE 800-423-0504

COMPLETE PATIENT, INSURANCE, PHYSICIAN AND DIAGNOSIS INFORMATION MUST BE PROVIDED TO BILL THIRD PARTY. IF NOT PROVIDED, YOUR ACCOUNT WILL BE BILLED FOR THE TEST(S).

CLIENT INFORMATION

HMHPMS HEALTHY MISSISSIPPI
10996 FOUR SEASONS PLACE 100C
CROWN POINT IN 46307 888-339-7339

PLEASE REMEMBER

1. Include diagnosis codes
2. Include all pink fields
3. Mark or write in Tests and Test Codes
4. Check appropriate Bill To box

ADVANCE BENEFICIARY NOTICE (Separate Form)

Please Check if Appropriate:
☐ Signed ABN Attached

PATIENT INFORMATION (Please Print)

PATIENT NAME (LAST) (FIRST) (MI) SEX M F
STREET ADDRESS APT #
CITY STATE ZIP
HOME PHONE WORK PHONE
D.O.B. PATIENT ID / CHART # MRN
SECONDARY INSURANCE / ID#
PHYSICIAN NAME (Last) (First) PHYSICIAN SIGNATURE and NPI (Required):

BILL TO:

☐ CLIENT ☐ PATIENT ☐ MEDICARE ☐ MEDICAID ☐ INSURANCE

INSURANCE INFORMATION

PRIMARY INSURANCE COMPANY
INSURANCE ADDRESS CITY STATE ZIP
ID # GROUP # PRIOR-AUTHORIZATION NO.
NAME OF INSURED RELATIONSHIP TO PATIENT INSURED'S DOB
Guarantor (if patient is a minor) / Relationship to patient
PROVIDE ICD10 CODES

SPECIMEN INFORMATION

COLLECTED BY:_____ DATE:_____ TIME: _____ AM / PM
FASTING YES / NO (CIRCLE)
☐ RED TOP/SST (R/SST)
☐ PLASMA EDTA (P)
☐ PLASMA CITRATED (B)
☐ FLUID_____ (SOURCE)
☐ SWAB_____ (SOURCE)
☐ URINE, RANDOM
☐ URINE, TIMED
VOL._____
HOURS _____
☐ OTHER _____

LAB USE ONLY

VENI	VENIPUNCTURE
STAT	STAT TESTING
VENC	FINGER/HEEL STICK

Total #
Test Orders:

PLACE MASTER LABEL HERE
(LAB USE ONLY)

SPECIAL INSTRUCTIONS FOR LAB

ADDITIONAL TESTS - (PLEASE LIST AEL MNEMONIC AS IT APPEARS IN THE AEL TEST COLLECTION MANUAL)

AMA PANELS (SEE BACK FOR COMPONENTS)

AHP	Acute Hepatitis Panel★	R
BMP	BMP w/est GFR★	R
CMP	CMP w/est GFR★	R
ELEC	Electrolyte Panel★	R
GENH	General Health Panel •	R & P
HFPA	Hepatic Function Panel★	R
LPP	Lipid Panel★	R
OBP1	Obstetric Panel★	R & P
OBP3	Obstetric Panel w/HIV★	R & P
OBP7	Obstetric Panel w/HIV, HCV rfx Viral Load	R & P
RFP	Renal Function Panel★	R

HEMATOLOGY

APTT	Act. Partial Thromboplastin Time★	B(F)
CBCI	CBC/DIFF/Platelet★	P
CBC	CBC w/o DIFF★	P
HCT	Hematocrit★	P
PX	Prothrombin Time/INR★	B
RET	Reticulocyte Count	P
ESR	Sedimentation Rate	P
SD	Sickledex Screen	P

INDIVIDUAL TESTS

MABO	ABO, Rh Type	P
MTYSCT	ABO, Rh, AB Screen w/Titer if pos	P
AMY	Amylase	R
BHCG	Beta-HCG, Quantitative★	R
BBIL	Bilirubin, Neonate, Total/Direct	M
BILD	Bilirubin, Direct, Adult	R
BILT	Bilirubin, Total, Adult	R
CHOL	Cholesterol★	R
CK	Creatine Kinase	R
CRE	Creatinine	R
CRP	C-Reactive Protein (CRP)	R
CCRP	CRP, High Sensitivity •	R
CRCP	Creatinine Clearance Patient HT WT	24U
DIG	Digoxin★	R
DIL	Dilantin	R
ESD	Estradiol	R
FERR	Ferritin★	R
FANA	Anti-Nuclear Antibody@	R
FOL	Folate Serum	R
FSH	Follicle Stimulating Hormone	R
GGT	Gamma Glutamyl Transferase★	R
GLU	Glucose★	R or G
HA1	Hemoglobin A1C★	P

INDIVIDUAL TESTS (X each box)

HBSB	Hepatitis B Surface Antibody	R
HBSG	Hepatitis B Surface Antigen★	R
HEC	Hepatitis C Antibody★	R
HIVS	HIV Antibody Screen★@	R
HOMO	Homocysteine	R
INS	Insulin	R
ICAL	Ionized Calcium	R
IRO	Iron & TIBC★	R
IRON	Iron★	R
LD	Lactate Dehydrogenase	R
PBB	Lead Blood Capillary	P
VPBB	Lead Blood Venous	P
LIPASE	Lipase	R
LH	Luteinizing Hormone	R
MAG	Magnesium★	R
MACR	Microalbumin Creatinine Ratio, Urine	U
PTH	Parathyroid Hormone	R
PHO	Phosphorous	R
POT	Potassium	R
PROBNP	Pro-Brain Natriuretic Peptide★	R
PROG	Progesterone	R
PSA	Prostate Specific Antigen★	R
PEP	Protein Electrophoresis	R
RPR	RPR (with Reflex Titer)@	R
RAF	Rheumatoid Factor	R
RUBL	Rubella IGG	R
SGOT	SGOT (AST)	R
SGPT	SGPT (ALT)	R
TU	T Uptake★	R
T3	T3 Total★	R
FT3	T3 Free★	R
T4	T4 Total (Thyroxine)★	R
FT4	T4 Free★	R
TSH	Thyroid Stimulating Hormone★	R
TESTOS	Testosterone, Total	R
FTES	Testosterone, Free	R
TRI	Triglyceride★	R
TP	Total Protein	R
URA	Uric Acid	R
URM	Urinalysis w/Microscopic	U
URMRFX	Urinalysis Reflex Culture@	U
URCH	Urinalysis w/o Microscopic	U
B12	Vitamin B12	R
VD	Vitamin D★	R

MICROBIOLOGY/MOLECULAR @

C URINE	Culture, Urine★ †	C WOUND	Culture, Wound, Aero^ †▲
C BLOOD	Culture, Blood †	C SF/GS	Culture, Sterile Fluid/Tissue^†
C THROAT	Culture, Throat †	C ANA	Culture, Anaerobe^ †▲
C SPUTUM	Culture, Sputum †	C FUNG/ST	Culture, Fungal^ †▲
C SINUS	Culture, Sinus †	C AFB/ST	Culture, AFB^ †▲
C NASAL	Culture, Nasal †	C GEN	Culture, Genital^ †
C EAR	Culture, Ear †	^Source	
C GBS	Culture, Group B Strep †▲	CD TOXIN	C. Diff Toxin/GDH STU@
C STOOL	Culture, Stool PPKO †	F575	H Pylori Antigen STU
OP	Ova/Parasites PPKG	STOOL WBC	Fecal Leukocytes PPKG

GCCTA	GC/Chlamydia Source_____	Roche
TRICP	Trichomonas Source_____	Roche
U294	Bacterial Vaginosis	Orange Aptima
U296	Vaginal Candidiasis	Orange Aptima
U954	HSV 1/2 by PCR	Orange Aptima
HPV	HPV DNA	TP or SP
STPANL	Stool Panel, PCR	STU
U101	C Diff Toxin PCR	STU
U696	SARS-CoV-2	VTM
U702	Covid19 Flu A/B PCR	VTM
RVP	Respiratory Virus Panel	VTM
FLURSVPCR	Influenza and RSV Panel	VTM
BPPCR	Bordetella pertussis Panel	VTM
CMV PCR	CMV Viral Load	PPT
HCVVL	Hepatitis C Viral Load	PPT
HBVD	Hepatitis B Viral Load	PPT
HIVVL	HIV Viral Load★	PPT
N065	Group B Strep PCR	PPT

TOXICOLOGY

DZ3	DRUG PNL 3 W/RFX CONF

† Additional Charges for ID / Susceptibility Studies.
▲Please indicate specific anatomic site / Source
★ Medicare Limited Coverage Test.
• Not covered by Medicare.
@ Refer to back of requisition for Reflex Testing Protocol.

SPECIMEN REQUIREMENT CODES ON BACK.
REV 04/2026

FOR SPECIMEN PICKUP
CALL (901) 405-8200 OR
(800) 423-0504

LAB COPY