MEDLAB MN

Lab Requests: Fax to 763.267.6653
Customer Service Call: 763.267.6649
800 Boone Ave N, Golden Valley, MN, 55427

Lab Request Form

Patient Name: _____
DOB: _____ Sex: M F Other
Physician: _____
Building Name: _____
Room #: _____ Type: IL AL MC
Lab Request Date: _____
Requested By: _____
Signature: _____
***Please include signed provider orders with this request.**

Bill To:
□ Twin Cities Physicians
□ Building/Facility
□ Medicare #: _____ □Primary □ Secondary
□ Medicaid #: _____ □Primary □ Secondary
□ Commercial Insurance: _____
Address: _____
Subscriber Name: _____
Relationship: □ Self □ Spouse □ POA □ Other:_____
SSN/ID#::_____
DOB: _____ Sex: M F Other

Profiles	Dx Code:
□ BMP (Basic Metabolic Panel)	
□ CBC (Plts included)	
□ CBC w/DIFF (Plts included)	
□ CMP (Comprehensive Metabolic Panel	
□ Iron Panel (FE, TIBC, & %SAT)	
□ Liver Function Panel	
□ Lipid Profile	
□ Lytes	

Microbiology	Dx Code:
□ Aerobic Culture Source:	
□ C.Diff Tox PCR	
□ Occult Blood (IFOB)	
□ Stool Culture	
□ Urinalysis Routine w/Reflex to Micro □ Midstream Specimen □ Cath Specimen	
□ Urine Culture	

Other	Dx Code:
□	
□	
□	
□	

Alphabetical Test Listing	Dx Code
□ ALT	
□ AST	
□ ALK PHOS	
□ B12	
□ BNP	
□ BUN	
□ Calcium	
□ Chloride	
□ Cholesterol	
□ Creatinine/eGFR	
□ CRP	
□ Digoxin	
□ Glucose, Fasting	
□ Glycosylated Hemoglobin (A1C)	
□ Hemoglobin	
□ Ferritin	
□ Folate	
□ Platelets	
□ Potassium (K)	
□ Protime/INR	
□ PSA	
□ Sodium (NA)	
□ TSH	
□Valproic Acid (Depakene)	
□ Vitamin D	

Precautions: _____

_____

_____

For MedLabMN Use Only
Collection Date: _____ Time: _____
Phleb ID:_____
Draw Site: □ Vein □ Capillary

PLACE SCANNING LABEL
Please Call 763.267.6649 with questions