

**THE NATIONAL WOMEN'S HORMONE LABORATORY**

**DRAW AND SEND SPECIMEN TO:**

6901 Mercy Rd. Omaha, NE 68106  
Phone: (402) 390-0532 Fax: (402) 505-8931  
CLIA # 28D043756

Thomas W. Hilgers M.D. Medical Director  
Thomas W. Hilgers M.D. Laboratory Director

**PATIENT INFORMATION**

Name (Last, First) \_\_\_\_\_ Date of Birth \_\_\_/\_\_\_/\_\_\_

Address \_\_\_\_\_ Phone \_\_\_-\_\_\_-\_\_\_ Gender MALE / FEMALE

PPVI Account # \_\_\_\_\_ \*\*\*\*\*NEW PATIENTS MUST SEND DEMOGRAPHIC INFORMATION FOR PROCESSING\*\*\*\*\*

**BILLING INFORMATION**

Bill To: Patient Self-Pay / Insurance\* / Client \*SEND COPY OF INSURANCE CARD (front and back)

Insurance \_\_\_\_\_ Ordering Provider \_\_\_\_\_

Subscriber ID \_\_\_\_\_ Group # \_\_\_\_\_ Provider Phone # \_\_\_-\_\_\_-\_\_\_ Fax # \_\_\_-\_\_\_-\_\_\_

Name of Policy Holder \_\_\_\_\_ Signature of Provider (Required) \_\_\_\_\_

**ORDER INFORMATION**

**ANDROGEN PROFILES**

Androgen Profile: FEMALE DATE DRAWN \_\_\_\_\_ TIME DRAWN \_\_\_\_\_ INITIALS \_\_\_\_\_

- 82157 ANDROSTENEDIONE
- 82627 DHEA-SO4
- 84270 SHBG
- 84403 TESTOSTERONE (RIA)

Androgen Profile: MALE DATE DRAWN \_\_\_\_\_ TIME DRAWN \_\_\_\_\_ INITIALS \_\_\_\_\_

- |                          |                 |           |
|--------------------------|-----------------|-----------|
| 82157 ANDROSTENEDIONE    | 83001 FSH       | 84443 TSH |
| 82627 DHEA-SO4           | 83002 LH        | 84436 T4  |
| 84270 SHBG               | 84146 PROLACTIN |           |
| 84403 TESTOSTERONE (RIA) |                 |           |

**DRAWING INSTRUCTIONS**

\*Androgen Profile:  
Draw blood into RED TOP TUBE or SST. Submit minimum of 2 - 1 mL aliquot tubes.

\*Send frozen on dry ice.

Patient is responsible for all Shipping Charges.

**DIAGNOSIS**

Diagnosis is MANDATORY for all Patient and Insurance Billing.  
Please circle the appropriate Diagnosis.

- E23.6 Other Disorders of Pituitary Gland
  - N92.6 Irregular Menstruation, Unspecified
  - N93.8 Other Specified Abnormal Uterine and Vaginal Bleeding
  - E34.8 Other Specified Endocrine Disorders
  - E28.2 Polycystic Ovarian Syndrome
  - E28.1 Androgen Excess/Hypersecretion – ovarian androgens
  - E23.6 Anterior Pituitary Disorders
  - EO3.9 Hypothyroidism, Unspecified
  - E20.1 Testicular Hypofunction
  - E28.39 Other Primary Ovarian Failure
- ICD-10 Code \_\_\_\_\_  
Diagnosis \_\_\_\_\_