

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

STANDING ORDER
DATE OF ISSUE: _____
DATE OF EXPIRATION: _____

PATIENT INFORMATION

Name (Last, First) _____ Date of Birth ____/____/____
Address(City, State, Zip) _____ Phone ____-____-____ Gender MALE / FEMALE
PPVI Account # _____ *****NEW PATIENTS MUST SEND DEMOGRAPHIC INFORMATION**

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

Last Menstrual Period ____-____-____ Cycle Day ____ or Peak + _____ OB ETA ____-____-____ by: US LMP PEAK DAY
Patient on HCG: Y/N Gestational Weeks _____ Days _____
DATE DRAWN _____ TIME DRAWN _____ INITIALS _____ Facility _____ Phone ____-____-____

- 84144 PROGESTERONE 82157 ANDROSTENEDIONE 84443 TSH 83001 FSH
- 82670 ESTRADIOL 82627 DHEA-SO4 84439 FT4 83002 LH
- 84270 SHBG 84480 T3 84146 PROLACTIN
- 84702 HCG Quantitative 84403 TOTAL TESTOSTERONE 84436 T4

*****REVERSE T3 SHOULD BE SENT TO YOUR LOCAL LABORATORY FOR COMPLETE THYROID RESULTS**

DRAWING INSTRUCTIONS

Draw blood into a red top tube or SST/Tiger Top
Let specimen clot and spin for 15 minutes (or follow your labs procedure for collecting serum)
Submit a minimum of 2 mL serum in an aliquot tube. Label with the patient's NAME/DOB/DATE. ****DO NOT SEND IN SST****
Progesterone, Estradiol and HCG may be room temperature for < 5 days ALL other tests must be sent on ICE PACKS for next day delivery
Prepaid shipping kits are available for purchase, please call 402-390-0532 to order a kit

DIAGNOSIS

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

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| N93.9 Abnormal Uterine Bleeding | E34.9 Low Progesterone | N94.3 Premenstrual Tension Syndrome |
| N91.2 Amenorrhea | O36.51__ Low Progesterone in Pregnancy | E03.9 Hypothyroidism, NOS |
| E28.8 Hyper-hormonal | E28.9 Luteal Phase Defect | E05.90 Hyperthyroidism, Unspecified |
| N91.0 Primary | E28.8 Late Luteal Defect | Z13.29 Thyroid Disorder Screening |
| N91.1 Secondary | N91.1 Metrorrhagia | R53.83 Fatigue, Other |
| N91.0 Anovulation | N92.4 Menopausal | N80.9 Endometriosis, Unspecified |
| E23.6 Anterior Pituitary Disorders | O72.1 Postpartum | N71.1 Endometritis, Chronic |
| N94.6 Dysmenorrhea | N92.4 Premenopausal | E28.39 Other Primary Ovarian Failure |
| N94.4 Primary | F45.8 Psychogenic | Z01.812 Pre-op Blood Screening |
| F45.8 Psychogenic | E28.2 Polycystic Ovaries | |
| N94.5 Secondary | Z34.9_ Pregnancy, Normal # Wks _____ | Other Diagnosis _____ |
| N96 Habitual SAB (Hx of) | O09.89_ Pregnancy High Risk # Wks _____ | |
| N92.5 Irregular Menstruation, Other | Z32.00 Pregnancy Test, Result unknown | |