

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

PMS HORMONE PROFILE COMPLETE

LUTEAL FUNCTION PROFILE (Post-Peak Series) – Complete

PEAK +3 PROGESTERONE*
ESTRADIOL DATE/TIME DRAWN _____ INITIALS _____

PEAK +5 PROGESTERONE*
ESTRADIOL DATE/TIME DRAWN _____ INITIALS _____

PEAK +7 PROGESTERONE**
ESTRADIOL DATE/TIME DRAWN _____ INITIALS _____

PEAK +9 PROGESTERONE*
ESTRADIOL DATE/TIME DRAWN _____ INITIALS _____

PEAK +11 PROGESTERONE*
ESTRADIOL DATE/TIME DRAWN _____ INITIALS _____

DRAWING INSTRUCTIONS

PMS Profile COMPLETE:

On P+3 begin Drawing Luteal Function Profile.

*Submit minimum 1 mL serum aliquot in transfer tube from RED TOP OR SST for each day drawn. (Do not submit in SST)

Freeze all samples, keep until finished and ship together frozen on ice packs

** P+7 testing requires three aliquots (Two - 1 mL, and One - 2mL minimum)

Prepaid shipping kits available

Call 402-390-0532 to order a kit

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

- N93.8 Dysfunctional Uterine Bleed
- N92.6 Irregular Cycles
- E28.9 Luteal Phase Defect/Ovarian Dysfunction
- E34.9 Endocrine Receptor Disorder
- E34.8 Other Endocrine Disorders
- E28.2 Polycystic Ovarian Syndrome
- N94.3 PMS/PMDD
- EO3.9 Hypothyroidism, Unspecified
- Z13.29 Thyroid Disorder Screening

ICD-10 Code _____
Diagnosis _____