



COLLECTION DATE: \_\_\_\_\_  
 TIME: \_\_\_\_\_  
 INITIALS: \_\_\_\_\_

**NORTHEAST**  
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## REQUEST FOR MEDICALLY NECESSARY HOME VISIT

24 HOURS NOTICE IS REQUIRED FOR ALL HOUSE VISITS

NEW CLIENT

EXISTING CLIENT UPDATE

NORTHEAST ACCOUNT #: \_\_\_\_\_

DOCTOR'S NAME: \_\_\_\_\_ SPECIALTY: \_\_\_\_\_ NPI: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

TEL: \_\_\_\_\_ FAX: \_\_\_\_\_ EMAIL: \_\_\_\_\_

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ DOB: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

MOBILE TEL #: \_\_\_\_\_ HOME TEL #: \_\_\_\_\_

PRIMARY INSURANCE: \_\_\_\_\_ INS ID # \_\_\_\_\_

**STAT**

- 2xWEEK
- qWEEK
- q2WEEK
- qMONTH
- q3MONTH

Attach Insurance Info

Spec. Request or Clinical Info: \_\_\_\_\_ Diagnosis Code (ICD-9/10): \_\_\_\_\_

036	PT+INR	LT.BL
037	PTT	LT.BL
20	CBC WITH DIFFERENTIAL & PLATELETS	LAV
11	BMP (Glu, Na, K, C1, CO2, BUN, Cr, Ca, GFR)	SST
12	CMP (Glu, Na, K, C1, CO2, Ca, BUN, CR Tbili, AST, ALT, TP, Alb, Glob, Alk phos,GFR)	SST
38	LIPID PNL (Trig, Chol, HDL, LDL,VLDL, calc, non-HDL, Chol/HDL ratio)	SST
27	HEPATIC PNL (Ab, TBILI, DBil, Alk phos, AST, ALT, TP)	SST
115	FERRITIN	SST
163	FOLATE	SST
117	GLUCOSE (Fasting)	SST
119	HEMOGLOBIN A1C	LAV
0382	IRON PROFILE (IRON+TIBC+UIBC+SAT%)	SST
123	LDH	SST
125	MAGNESIUM	SST
127	PHOSPHORUS	SST
196	PSA, TOTAL	SST
6111	QUANTIFERON PLUS TB GOLD MUST BE IN LITHIUM HEPARIN TUBE	LT. GREEN
304	RHEUMATOID FACTOR (RF)	SST
246	SED RATE (ESR)	LAV

980	T3 TOTAL	SST
145	T3 UPTAKE	SST
252	T4 FREE	SST
144	T4, TOTAL	SST
146	TSH	SST
137	URIC ACID	SST
162	VITAMIN B12	SST
995	VITAMIN D (25 HYDROXY)	SST
148	DIGOXIN	RED
151	PHENYTOIN DILANTIN	RED
212	MICROALBUMIN, URINE	UR
30	URIANALYSIS, COMPLETE	UR
777	STOOL OCCULT BLOOD	ST
605	URINE CULTURE & SENSITIVITIES	UC

**MOLECULAR PCR**

4055	GASTROINTESTINAL PATHOGEN PANEL by PCR	FECAL SWAB
7220	CoVid, Flu A/B & RSV by PCR	COVSW
RPPC	RPP (RESPIRATORY) by PCR	COVSW
4050	UTI URINARY TRACT INFECTION W/ABR by PCR	UR
PH3	Travel & Collection Profile	LAB

Add. Tests: \_\_\_\_\_

Signature\*: \_\_\_\_\_ DATE: \_\_\_\_\_

SIGNATURE STAMP IS NOT PERMITTED.

\*This form must be signed and only the referring physician may sign. Original signature is required! When ordering tests, physicians should only order tests that are medically necessary for the diagnosis or treatment of the patient. By signing, the physician requesting a home visit by a laboratory phlebotomist is certifying that the patient is homebound or bedbound (as defined by Medicare) and that both the home visit and lab tests being ordered are medically necessary.

**ALLIANCE™ LABORATORIES CAN NOT PERFORM HOME VISITS UNLESS THE FORM IS COMPLETED IN FULL!**