



Cardio IQ[®] Requisition

BILL TO:

- My Account
- Insurance Provided
- Lab Card/Select
- Patient

PRINT PATIENT NAME (LAST, FIRST, MIDDLE)

REGISTRATION # (IF APPLICABLE)

DATE OF BIRTH

M M D D YEAR

SEX

LAB REFERENCE #

CELL PHONE

() ()

PATIENT ID # / MRN

PATIENT PHONE

() ()

PATIENT EMAIL ADDRESS

PRINT NAME OF INSURED/RESPONSIBLE PARTY (LAST, FIRST, MIDDLE) - IF OTHER THAN PATIENT

PATIENT STREET ADDRESS (OR INSURED/RESPONSIBLE PARTY) APT. # KEY #

ACCOUNT #:

NAME:

ADDRESS:
CITY, STATE, ZIP

TELEPHONE #:

DID YOU KNOW**PSC Appointment Website And Telephone Number Information Listed On The Back.****Each Sample Should Be Labeled With At Least Two Patient Identifiers At Time Of Collection.****ICD Diagnosis Codes are Mandatory. Fill in the applicable fields below.**

DATE COLLECTED	TIME : <input type="checkbox"/> AM <input type="checkbox"/> PM	TOTAL VOL./HRS. ML HR	<input type="checkbox"/> Fasting <input type="checkbox"/> Non Fasting
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NPI/UPIN ORDERING/SUPERVISING PHYSICIAN AND/OR PAYORS (MUST BE INDICATED)

 ADDIT'L PHYS.: Dr. _____ NPI/UPIN _____

NON-PHYSICIAN PROVIDER: NAME _____ I.D.# _____

 Fax Results to: () _____

Send Client # OR NAME: _____

Duplicate ADDRESS: _____

Report to: CITY: _____ STATE _____ ZIP _____

- LIPIDS**
- 91717 Total Cholesterol RS
 - 91719 HDL Cholesterol RS
 - 91718 Triglycerides RS
 - 91716 Lipid Panel RS
(Cholesterol, Total; HDL Cholesterol; Triglycerides)
 - 92061 Lipid Panel w/Reflex Direct LDL RS
(Cholesterol, Total; HDL Cholesterol; Triglycerides, Direct LDL)
 - 91723 Direct LDL Cholesterol RS

- LIPOPROTEIN SUBFRACTIONATION**
- 91604 Lipoprotein Fractionation, Ion Mobility RS
 - 36406 Small Dense LDL RS

- APOLIPOPROTEINS**
- 91724 Apolipoprotein A1 RS
 - 91726 Apolipoprotein B RS
 - 91727 Apolipoprotein Evaluation RS
(Apolipoprotein B; Apolipoprotein A1)
 - 91729 Lipoprotein (a) RS

- INFLAMMATION**
- 94153 ADMA/SDMA RS
(Asymmetric dimethylarginine; Symmetric dimethylarginine)
 - 92771 F2 Isoprostane/Creatinine RU
 - 91743 Fibrinogen Antigen RPB
 - 91737 hs-CRP RS
 - 94218 Lp-PLA2 Activity RS
 - 92814 Myeloperoxidase (MPO) RPL
 - 92769 Oxidized LDL RPL

- HEART FAILURE**
- 38685 High-Sensitivity Troponin T RPB
 - 92768 Galectin-3 RS
 - 91739 NT-proBNP RS
 - 91823 ST2, Soluble RS

- RISK PANELS**
- 92145 Advanced Lipid Panel RS
(Lipid Panel w/Reflex Direct LDL; Apolipoprotein B; Lipoprotein (a); Lipoprotein Fractionation, Ion Mobility)
 - 94220 Advanced Lipid Panel with Inflammation RS
(Lipid Panel w/Reflex Direct LDL; Apolipoprotein B; Lipoprotein (a); Lipoprotein Fractionation, Ion Mobility; LP-PLA2; hsCRP)
 - 92026 Diabetes Risk Panel with Score RSRL
(Lipid Panel w/Reflex Direct LDL; Hemoglobin A1c; Glucose)
 - 39447 Metabolic Risk Panel RSRL
(Insulin Resistance Panel with Score; Lipid Panel; Apolipoprotein B; Hemoglobin A1c)
 - 39165 Kidney Profile RSRU
(Serum Creatinine with eGFR; Urine Albumin-Creatinine Ratio)

- METABOLIC MARKERS**
- 91731 Insulin RS
 - 93103 Insulin, Intact, LC/MS RS
 - 91947 Glucose RS
 - 91732 Hemoglobin A1c RL
 - 91733 Homocysteine RS
 - 92701 OmegaCheck[®] RL
 - 94154 Trimethylamine N-oxide (TMAO) RS
 - 91735 Vitamin D, 25 Hydroxy, LC/MS RS
 - 375 Serum Creatinine with eGFR RS
 - 6517 Urine Albumin-Creatinine Ratio RU

- CARDIOVASCULAR GENETICS**
- 90948 4q25-AF Risk Genotype RL
 - 90648 9p21 Genotype RL
 - 90649 ApoE Genotype RL
 - 90668 CYP2C19 Genotype RL
 - 90645 KIF6 Genotype RL
 - 90553 LPA-Aspirin Genotype RL
 - 90655 LPA-Intron 25 Genotype RL

- RISK PANELS with Scores**
- 92052 ASCVD Risk Panel with Score RS
Lipid Panel w/Reflex Direct LDL
 - African American: Yes or No
 - Diabetes: Yes or No
 - Smoker: Yes or No
 - Systolic blood pressure: _____ mm Hg
 - Treatment for high blood pressure: Yes or No
 - 92063 Diabetes & ASCVD Risk Panel RSRL
*with Score
Lipid Panel w/Reflex Direct LDL; Hemoglobin A1c; Glucose*
 - African American: Yes or No
 - Diabetes: Yes or No
 - Smoker: Yes or No
 - Systolic blood pressure: _____ mm Hg
 - Treatment for high blood pressure: Yes or No
 - 36509 Insulin Resistance Panel with Score RS
Insulin, Intact; C-peptide

ADDITIONAL TESTS: (INCLUDE COMPLETE TEST NAME AND ORDER CODE)

Reflex tests are performed at an additional charge.

COMMENTS, CLINICAL INFORMATION:

TOTAL TESTS ORDERED

Physician Signature (Required for PA, NY, NJ & WV)

Many payers (including Medicare and Medicaid) have medical necessity requirements. You should only order those tests which are medically necessary for the diagnosis and treatment of the patient.

SPECIMEN KEY ON BACK

Provide signed ABN when necessary

ICD Diagnosis Codes are Mandatory. Fill in the applicable fields below. Provide signed ABN when necessary

FOLD HERE

FOLD HERE

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All samples to be transported Refrigerated

Multiple (up to 7) cardiovascular-related genetic tests can be performed on a single specimen. A second lavender-top (EDTA) tube is required if non-genetic tests are simultaneously ordered that require a lavender-top (EDTA) tube.

Specimen Key:	RL = Refrigerated Lavender	RS = Refrigerated Serum
	RPB = Refrigerated Plasma Blue top tube	RSRL = Mixed Type Panels (1 RS and 1 RL)
	RPG = Refrigerated Plasma Green top tube	RU = Refrigerated Urine
	RPL = Refrigerated Plasma Lavender	RSRU = Mixed Type Panels (1 RS and 1 RU)
	1 = Consult The Specimen Collection Guide For Special Instructions	

<u>Code</u>	<u>Diagnoses</u>
<u>Cardiovascular and Ischaemic Disease</u>	
I25.10	Cardiovascular Disease, Unspecified (ASCVD)
I48.91	Atrial Fibrillation
I50.9	Congestive Heart Failure
I63.9	CVA
I63.9	Stroke
I65.23	Carotid Artery Occlusion, Bilateral
I65.23	Carotid Artery Stenosis, Bilateral
I65.29	Carotid Artery Occlusion
I65.29	Carotid Artery Stenosis
I67.2	Cerebral Atherosclerosis
I67.9	Ischaemic Cerebrovascular Disease
I73.9	Peripheral Vascular Disease
<u>Circulatory System Diseases</u>	
I20.9	Angina Pectoris, NOS
I21.09	Myocardial Infarction, Acute, Anterior (initial episode of care)
I21.3	Myocardial Infarction, Acute, Unspecified (initial episode of care)
I25.10	ASHD Coronary Artery
I25.10	ASHD Unspecified
I25.10	CAD (Coronary Artery Disease)/ASHD
I25.2	Old Myocardial Infarction
I25.84	Coronary Atherosclerosis Due to Calcified Coronary Lesion
I25.9	Chronic Ischaemic Heart Disease
<u>Hypertensive Disease</u>	
I10	Malignant Hypertension
I10	Benign Hypertension
I10	Hypertension, Unspecified
I11.0	Malignant Hypertension Heart Disease with Heart Failure
I11.0	Benign Hypertension Heart Disease with Heart Failure
I11.0	Unspecified Hypertension Heart Disease with Heart Failure
I11.9	Benign Hypertension Heart Disease without Heart Failure
I11.9	Malignant Hypertension Heart Disease without Heart Failure
I11.9	Unspecified Hypertension Heart Disease without Heart Failure
<u>Metabolic and Nutritional Diseases</u>	
E11.65	Diabetes Mellitus, II with Hyperglycemia
E11.9	Diabetes Mellitus, II Controlled
E55.9	Vitamin D Deficiency
E78.00	Hypercholesterolemia
E78.1	Hypertriglyceridemia
E78.1	Pure Hypertriglyceridemia
E78.2	Mixed Hyperlipidemia
E78.5	Hyperlipidemia, Unspecified
E88.81	Dysmetabolic Syndrome
E88.81	Insulin Resistance
E88.81	Metabolic Syndrome
<u>Abnormal Glucose</u>	
R73.01	Elevated Fasting Glucose
R73.01	Impaired Fasting Glucose
R73.03	Prediabetes
R73.09	Abnormal Glucose
R73.9	Hyperglycemia

Note: The above ICD codes are listed as a convenience for ordering physicians. No physician is required to use these ICD codes. Ordering physicians should report the diagnosis code that best describes the reason for performing the test, regardless of whether it is included in the list above. The ICD codes selected by you will be applied as the diagnosis for all tests ordered on this requisition form unless you state otherwise in the Comments section of this form.

Patients: Minimize your wait time by scheduling an appointment at a convenient Patient Service Center.

To find a location and make an appointment visit us at QuestDiagnostics.com/appointment or call 1.877.277.8772 or simply download our mobile app. at QuestDiagnostics.com/mobile





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- Insurance Provided
- Lab Card/Select
- Patient

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NPI/UPIN ORDERING/SUPERVISING PHYSICIAN AND/OR PAYORS (MUST BE INDICATED)

INSURANCE

CITY STATE ZIP

Primary Insurance Medicare Medicaid Other
Insurance Company Name _____
ID # _____ Group # _____
Insurance Address _____

Patient Is:
 Subscriber
 Spouse
 Other Dependent

Secondary Insurance Medicare Medicaid Other
Insurance Company Name _____
ID # _____ Group # _____
Insurance Address _____

Patient Is:
 Subscriber
 Spouse
 Other Dependent

ICD Codes (enter all that apply) ADDIT'L PHYS.: Dr. NPI/UPIN

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