

Client #: []
By submission of this requisition/sample(s), I: (i) authorize/direct BHD to perform tests indicated below; (ii) certify that each ordered test is reasonable/medically necessary for diagnosis/treatment of patient's current condition...

PATIENT INFORMATION
DOB: [] Sex: M F MRN: []
LAST NAME: [] FIRST NAME: [] MI: []
CELL PHONE: []
EMAIL (NOTIFICATIONS ABOUT RESULTS & OTHER HELPFUL TOOLS): []
STREET: []
CITY: [] ST: [] ZIP: []
Systolic/Diastolic BP: [] / [] Height: [] ft [] in Weight (lbs): []
Patient History: [] CVD [] Family Hx of CVD [] Hypertension [] Diabetes [] Parental Hx of Diabetes [] Current Smoker [] None of the above []
Medications: [] Statin [] Fibrate [] Ezetimibe [] Niacin [] PCSK9 Inhibitors [] BP Medication [] Insulin [] Fish Oil/Omega-3 [] None of the above []

SPECIMEN
Collection Date: [] Collection Time: []
Phlebotomist ID: [] Fasting at least 8 hrs? Y or N

BILLING
[] Bill to Client (Provider) Account
[] Insurance: Attach copy (front & back) of card or demographic sheet
[] Patient Pre-Pay: Pay by check or credit card via secure portal https://patientpay.mybostonheart.com/prepay

Boston Heart (BH) may bill my insurer and I irrevocably assign to BH my right to payment. BH may appeal claim denials and obtain my medical/billing information to facilitate payment. I agree to remit payment to BH if I am paid directly by my insurer and I will pay for any deductibles, co-insurance, co-pays, or denied services; BH may refer me to a collection agency for non-payment. BH may communicate with me via email/text regarding services and payment if I provide my email/phone number. I understand that HIPAA gives me the right to request communication by alternate means.
Patient Signature: [] Date: []

ICD-10 Commonly used codes listed for convenience. Report all reasons for ordering test(s).
E78.00 [] Pure hypercholesterolemia
E78.2 [] Mixed hyperlipidemia
E78.41 [] Elevated lipoprotein(a)
E78.6 [] Lipoprotein deficiency
I10 [] Essential (primary) hypertension
I25.84 [] Coronary atherosclerosis due to calcified coronary lesion
I25.9 [] Chronic ischemic heart disease, unspecified
I51.9 [] Heart disease, unspecified
I50.9 [] Heart failure, unspecified
I63.9 [] Cerebral infarction, unspecified
I67.2 [] Cerebral atherosclerosis
I70.203 [] Unspecified atherosclerosis of native arteries of extremities, bilateral legs
E11.9 [] Type 2 diabetes mellitus w/o complications
R73.03 [] Prediabetes
E88.810 [] Metabolic syndrome
E06.3 [] Autoimmune thyroiditis
E07.9 [] Disorder of thyroid, unspecified
E21.3 [] Hyperparathyroidism, unspecified
E03.9 [] Hypothyroidism, unspecified
N18.9 [] Chronic kidney disease, unspecified
M10.9 [] Gout, unspecified
R79.82 [] Elevated c-reactive protein
E72.11 [] Hyperhomocysteinemia
N42.9 [] Disorder of prostate, unspecified
D64.9 [] Anemia, unspecified
G31.84 [] Cognitive impairment, unspecified
F03.90 [] Dementia, unspecified
M60.9 [] Myositis, unspecified
E55.9 [] Vitamin D deficiency, unspecified
Other: [] / [] / [] / [] / [] / []

TEST MENU: CLINICAL PROFILES INDIVIDUAL TESTS AVAILABLE TO ORDER ON REVERSE SIDE

- Tiger Top SST Pearl Top Plasma Lavender Top K2EDTA Red/Yellow CAT SST Boston Heart Exclusive Test Fasting required
87300 CVMa TC, LDL-C, sdLDL-C, HDL-C, TG, ApoB, Lp(a), ChBal, hsCRP, LpPLA2, LDL-P & HDL-P by NMR, Small LDL-P, Large HDL-P, Large VLDL-P
87201 CardioMetabolic Essential: TC, LDL-C, HDL-C, TG, Ca, Cl, CO2, Na, K, Alb, AlkPhos, ALT, AST, Tbil, BUN, Creat, TP, hsCRP, Gluc, HbA1c
87202 CardioMetabolic Expanded: [CardioMetabolic Essential] + ChBal, FatBal, apoB, Lp(a), sdLDL-C, CoQ10
87203 CardioMetabolic Comprehensive: [CardioMetabolic Essential + Expanded] + HDLMap, apoA-I, Uric, LpPLA2, OxPL, HCY, VitD
87204 CVD & Diabetes Prevention: TC, LDL-C, HDL-C, sdLDL-C, TG, Ca, Cl, CO2, Na, K, Alb, AlkPhos, ALT, AST, Tbil, BUN, Creat, TP, hsCRP, HbA1c, HOMA-IR w/ Beta Cell Function
87205 CVD & Diabetes Prevention Comprehensive: [CVD & Diabetes Prevention] + HDLMap, ChBal, FatBal, apoA-I, apoB, Lp(a), Uric, LpPLA2, OxPL, ApN, GSP, HCY, VitD
87206 Cognitive Health: FatBal, TC, LDL-C, HDL-C, TG, Ca, Cl, CO2, Na, K, Alb, AlkPhos, ALT, AST, Tbil, BUN, Creat, TP, Gluc, B12, Folate, HCY, VitD
87207 Nutrition & Health: FatBal, TC, LDL-C, HDL-C, TG, Ca, Cl, CO2, Na, K, Alb, AlkPhos, ALT, AST, Tbil, BUN, Creat, TP, Uric, TSH, hsCRP, Gluc, HbA1c, B12, Folate, HCY, VitD, CoQ10
87208 Men's Health: FatBal, TC, LDL-C, HDL-C, Lp(a), sdLDL-C, TG, Ca, Cl, CO2, Na, K, Alb, AlkPhos, ALT, AST, Tbil, BUN, Creat, TP, hsCRP, TSH, Cort, Alb, DHEAS, E2, SHBG, Test-F, Test-T, tPSA
87209 Women's Health: FatBal, TC, LDL-C, HDL-C, Lp(a), sdLDL-C, TG, Ca, Cl, CO2, Na, K, Alb, AlkPhos, ALT, AST, Tbil, BUN, Creat, TP, TSH, hsCRP, Gluc, Alb, Cort, DHEAS, E2, FSH, LH, Prog, SHBG, Test-T
802 HDL Map (w/ apoA-I): HDL particles (alpha-1, alpha-2, alpha-3, alpha-4, prebeta-1), apoA-I
509 Cholesterol Balance: Sterols (Beta-sitosterol, Campesterol, Cholestanol, Desmosterol, Lathosterol)
575 Fatty Acid Balance: Sat FA Index, Trans FA Index, EPA/AA Ratio, Unsat/Sat Ratio, Omega-3 FA Index, EPA, DHA, ALA, Mono FA Index, Omega-6 FA Index, Linoleic Acid (LA), Arach Acid (AA), Omega-3/Omega-6 Ratio
200C Lipid Panel, Comprehensive: TC, TG, HDL-C, LDL-C, sdLDL-C, Lp(a), ApoA-I, ApoB. Includes calculations: non-HDL-C, VLDL-C, TC/HDL-C, HDL-C/TG, VLDL-C/TG, ApoB/ApoA-I
98050 LipoMap Test by NMR Patient Pay or Client Bill only. See reverse for components.

CUSTOM TEST MENU

LAST NAME: _____ FIRST NAME: _____

TEST MENU: INDIVIDUAL BIOMARKERS & PANELS

Draw 2 Tiger Top SSTs total + any additional specimen type(s) if noted: P Pearl Top Plasma L Lavender Top K2EDTA R Red/Yellow Top CAT SST Y Yellow Top Urine G Green Top Lithium Heparin

NJ NY State approval pending, currently unavailable in indicated state

* Fasting required

Boston Heart Exclusive Test

LIPIDS

- 809 HDL Map (particles only): α -1, α -2, α -3, α -4, pre β -1 P
- 509 Cholesterol Balance (sterols only): Beta-sitosterol, Campesterol, Cholestanol, Desmosterol, Lathosterol
- 575 Fatty Acid Balance P *
- 200B Lipid Panel, Basic
- 101 Total Cholesterol (TC)
- 102 Triglycerides (TG)
- 221 HDL-Cholesterol (HDL-C)
- 222 Direct LDL-Cholesterol (LDL-C)
- 223 sdLDL-Cholesterol (sdLDL-C)
- 301 Apolipoprotein A-I (ApoA-I)
- 302 Apolipoprotein B (ApoB)
- 224 Lp(a)
- 98006 LDL-P & HDL-P by NMR R * NY HDL-P restricted)

METABOLICS

- 420 Prediabetes Assessment, Reflex * NY
- 404 Hemoglobin A1c (HbA1c) L
- 408C HOMA-IR w/ Beta Cell Function * NY
- 408 HOMA-IR *
- 401 Glucose
- 402 Insulin
- 410 C-peptide
- 409 Glycated Serum Protein (GSP)
- 407 Adiponectin
- 1055 Comprehensive Metabolic Panel
- 1050 Basic Metabolic Panel

INFLAMMATION & OXIDATION

- 601 hs-CRP
- 602 LpPLA2
- 604 Myeloperoxidase (MPO) P
- 701 Fibrinogen P
- 1191 IL-6 (w/ CVD reference ranges) NJ NY
- 635 OxPL-apoB
- 636 OxLDL *
- 630 TMAO * NY

INFECTIOUS DISEASE *

- 648 Spike IgG Antibody (serum)
- 1190 IL-6 (COVID-19 use only)

*Per CDC requirements, please indicate for all COVID testing:

- Race:**
- American Indian or Alaska Native
 - Black or African American
 - Native Hawaiian/other Pacific Islander
 - Asian
 - White
 - Other
- Ethnicity:**
- Hispanic
 - Non-Hispanic

HORMONES (Immunoassay)

- SEX & ADRENAL**
- 1150 Aldosterone NY
 - 1138 Cortisol
 - 1134 DHEA Sulfate (DHEA-S)
 - 1128 Estradiol (E2)
 - 1122 FSH
 - 1120 LH
 - 1124 Progesterone
 - 1180 Prolactin
 - 1112 PSA, Total
 - 1112R tPSA w/ Reflex to Free PSA
 - 1130 SHBG
 - 1127 Testosterone, Free (calculated, includes: Alb, SHBG, Total Testosterone)
 - 1126 Testosterone, Total
 - 300 Female Hormone Panel
 - 310 Male Hormone Panel

THYROID & PARATHYROID

- 1136 Parathyroid Hormone (PTH)
- 1185 Thyroglobulin Antibody (Anti-TG)
- 1020 Thyroid Peroxidase (TPO) Antibody
- 1005 TSH
- 1005R TSH w/Reflex to TT3 & FT4
- 1014 T3, Total
- 1015 T4, Total
- 1017 T3, Free
- 1016 T4, Free

LIVER

- 1003 ALT (SGPT)
- 1002 AST (SGOT)
- 1004 Alkaline Phosphatase
- 1033 Bilirubin, Direct
- 1032 Bilirubin, Total
- 1145 GGT

KIDNEY

- 1006 BUN
- 1007 Creatinine
- 1008 Cystatin-C
- 430 Albumin/Creatinine Ratio, Random Urine Y

OTHER CHEMISTRY & HEMATOLOGY

- 403 Albumin
- 640 Amylase
- 1030 Calcium
- 725 CBC L
- 720 CBC w/ differential L
- 1023 Chloride
- 1024 CO₂
- 606 CoQ10 *
- 1001 Creatine Kinase (CK)
- 1045 Ferritin
- 610 Folate
- 603 Homocysteine (HCY)
- 1040 Iron
- 1042 UIBC
- 1038 Magnesium
- 1101 NT-proBNP
- 1036 Phosphorus
- 1022 Potassium
- 1027 Protein, Total
- 1021 Sodium
- 1105 Troponin-T Gen 5 G
- 1009 Uric Acid
- 607 B12
- 625 Vitamin D

PATIENT PAY OR CLIENT BILL ONLY

Signature required in Billing section on front

GENETICS L or buccal swab

- 806 Apolipoprotein E *CVD/dementia risk*
- 816 Factor V Leiden *Clot formation*
- 826 Factor II *Clot formation*
- 830 CYP2C19 *PLAVIX® response*
- 835 SLC01B1 *Statin-induced myopathy*
- 840 MTHFR *Folate metabolism*
- 883 LPA *Aspirin benefit*
- 884 KIF6 *Statin benefit* NY
- 885 9p21 *Premature CVD risk* NY
- 886 4q25 *Atrial fibrillation risk* NY
- 887 Haptoglobin *VitE in diabetes* (L only) NY

OTHER (PATIENT PAY/CLIENT BILL ONLY)

- 98050 LipoMap™ Test by NMR * R NJ NY

New Jersey providers: submit supplemental form to report race, ethnicity, sexual orientation, gender identity in accordance with state requirements.

COMPONENT DETAILS FOR TESTS AND PANELS NOT OTHERWISE DEFINED ABOVE	
575	Fatty Acid Balance: Saturated FA Index, Trans FA Index, AA/EPA Ratio, EPA/AA Ratio, Unsat/Sat Ratio, Omega-3 FA Index, EPA, DHA, ALA, Monounsaturated FA Index, Omega-6 FA Index, Linoleic Acid (LA), Arachidonic Acid (AA), Omega-3/Omega-6 Ratio
420	Prediabetes Assessment, Reflex*: Includes: Glucose. If reflex criteria are met, then panel also includes: Triglycerides, Adiponectin, GSP, Prediabetes Assessment *Reflex criteria: Fasting Glucose 100-125 mg/dL. If HbA1c is also ordered, a glucose result of 100-125 mg/dL and/or HbA1c result of 5.7-6.4% will trigger reflex
408C	HOMA-IR w/ Beta Cell Function: HOMA-IR, Insulin, Glucose, HOMA-S (calculated insulin sensitivity), HOMA-B (calculated beta cell activity), Beta Cell Function and Risk Score
1055	Comprehensive Metabolic Panel: Glucose, Calcium, CO ₂ , Chloride, Sodium, Potassium, BUN, Creatinine, Albumin, Alkaline Phosphatase, ALT (SGPT), AST (SGOT), Total Bilirubin, Total Protein
1050	Basic Metabolic Panel: Glucose, Calcium, CO ₂ , Chloride, Sodium, Potassium, BUN, Creatinine
1112R	Total PSA w/ Reflex to Free PSA: Includes: Total PSA. If Total PSA result is between 4.0 - 10.0 ng/mL, then order reflexes to include Free PSA
300	Female Hormone Panel (Immunoassay): DHEA-S, Estradiol, FSH, LH, Progesterone, Total Testosterone
310	Male Hormone Panel (Immunoassay): Albumin, DHEA-S, Estradiol, SHBG, Total Testosterone, Free Testosterone (calculated)
1005R	TSH w/Reflex to TT3 & FT4: Includes: TSH. If TSH result is outside optimal range of 0.27-4.20 μ IU/mL, then order reflexes to include TT3 & FT4
725	Complete Blood Count (CBC): Hemoglobin, Hematocrit, RBC, Platelet, WBC, Calculations: MCV, MCH, MCHC, RDW, MPV
720	Complete Blood Count w/ differential: Hemoglobin, Hematocrit, RBC, Platelet, WBC, Neutrophils, Lymphocytes, Monocytes, Eosinophils, Basophils. Calculations: MCV, MCH, MCHC, RDW, MPV. If identified: Atypical lymphocytes, Bands, NRBC, Blasts, Metamyelocytes, Myelocytes, Promyelocytes, Plasmacytes
98050	LipoMap: TG, TC, VLDL-C, IDL-C, Direct LDL-C, LDL6-C, HDL-C, Apo-AI, Apo-AII, ApoB, Total ApoB-P, LDL-P, VLDL-P, VLDL-ApoB, VLDL-TG, IDL-P, IDL-ApoB, IDL-TG, LDL-ApoB, LDL-TG, LDL-P 1-6, HDL-P