3RD PARTY REQUISITION

bostonheart
Client #: diagnostics®

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		SPECIMEN	DDAW CHIDE DDOVIDED WITH KIT	
		Collection Date	DRAW GUIDE PROVIDED WITH KIT Collection Time	
	<u>L</u>			
	P	hlebotomist ID	Fasting at least 8 hrs? Y or N	
	, i	BILLING		
		Client Bill		
By submission of this requisition/sample(s), I: (i) authorize/direct BHD to perform tests indicated the table secretarily secre	cated below; (ii) certify that each	Insurance: Attach copy (front & back) of card or det	nographic sheet	
By submission of this requisition/sample(s), l: (i) authorize/direct BHD to perform tests indic ordered test is reasonable/medically necessary for diagnosis/treatment of patient's curren compliance with all applicable state and federal laws, (iv) obtained patient's written inform tests (results should be reported to me); (v) agree to provide BHD with copy of patient's sig (vi) acknowledge that each genetic test is performed once in patient's lifetime and (vii) that highest level of specificity.	condition, (iii) certify that I am in ed consent to undergo genetic ined/dated consent upon request; diagnosis codes are indicated to	Patient Pre-Pay: Payment for Patient Pay testing Pay by check or credit card via secure portal https://patientpay.mybostonheart.com/prepay	g must be received before test(s) are processed.	
Authorized Provider Signature	Date			
PATIENT INFORMATION DOB ON MORE MARINE		Poeton Hoort (PH) may hill my incurer and Lirrovocable	y accien to PH my right to payment PH may appeal	
Sex: M F		claim denials and obtain my medical/biling informatic RH if I am naid directly by my insurer and I will nay fo	y assign to brilling right to payment. Brilling appear in to facilitate payment I agree to remit payment to r any deductibles co-insurance co-nays or denied	
AST NAME FIRST NAME	MI	Boston Heart (BH) may bill my insurer and I irrevocabl claim denials and obtain my medical/billing information BH if I am paid directly by my insurer and I will pay fo services; BH may refer me to a collection agency for email/text regarding services and payment if I provide gives me the right to request communication by altern	on-payment. BH may communicate with me via my email/phone number. I understand that HIPAA nate means.	
CELL PHONE		Patient Signature:	Date:	
EMAIL (NOTIFICATIONS ABOUT RESULTS & OTHER HELPFUL TOOLS)		Commonly used codes listed for cor	nvenience. Report all reasons for ordering test(s).	
STREET		E11.9 ☐ Type 2 diabetes mellitus w/o complications	173.9 Peripheral vascular disease, unspecified	
		E11.65 Type 2 diabetes mellitus w/ hyperglycemia E78.2 Mixed hyperlipidemia	R73.03 ☐ Prediabetes R73.09 ☐ Other abnormal glucose	
CITY	ZIP	E78.41 ☐ Elevated Lipoprotein(a) E78.5 ☐ Hyperlipidemia, unspecified	E03.9 ☐ Hypothyroidism, unspecified E06.3 ☐ Autoimmune thyroiditis	
Systolic/Diastolic BP:/ Height: ft in	Weight (lbs):	110 Essential (primary) hypertension 111.9 Hypertensive heart disease w/o heart failure	E88.81 ☐ Metabolic syndrome R79.82 ☐ Elevated C-reactive protein (CRP)	
	ertension	111.0 Hypertensive heart disease w/ heart failure 125.10 Atherosclerotic heart disease of native	E72.11 ☐ Homocystinuria E72.12 ☐ MTHFR deficiency	
☐ Diabetes ☐ Parental Hx of Diabetes ☐ Current Smoker	\square None of the above	coronary artery w/o angina pectoris I48.91 Atrial fibrillation, unspecified	E63.0 Essential fatty acid deficiency E66.9 Obesity, unspecified	
Medications: ☐ Statin ☐ Fibrate ☐ Ezetimibe ☐ Niacin	☐ PCSK9 Inhibitors	150.9 ☐ Heart failure, unspecified	E55.9 Uitamin D deficiency, unspecified	
☐ BP Medication ☐ Insulin ☐ Fish Oil/Omega-3 ☐ TEST MENU: CLINICAL PROFILES	None of the above	Other:///	BLE TO ORDER ON REVERSE SIDE	
	Red/Yellow CAT SST		oproval pending, currently unavailable in indicated state	
87201 CardioMetabolic Essential: TC, LDL-C, HDL-C, TG, Ca, Cl, C	O., Na, K, Alb, AlkPhos, ALT, AST, T	Tbil, BUN, Creat, TP, hsCRP, Gluc, HbA1c		
87202 CardioMetabolic Expanded: [CardioMetabolic Essential] + ChBal , FatBal , page ,				
		, Uric, LpPLA2, 0xPL, HCY, VitD		
87204 CVD & Diabetes Prevention: TC, LDL-C, HDL-C, sdLDL-C, TG	, Ca, CI, CO ₂ Na, K, Alb, AlkPhos, A	ALT, AST, Tbil, BUN, Creat, TP, hsCRP, HbA1c, HOMA-IR w/ I	Beta Cell Function 🥇 🕡 🕕 🌃 Beta Cell	
87205 CVD & Diabetes Prevention Comprehensive: [CVD & Diabetes Prevention] +	V V V			
87206 Cognitive Health: FatBal , TC, LDL-C, HDL-C, TC	FatBal C, TC, LDL-C, HDL-C, TG, Ca, CI, CO ₂ , Na, K, Alb, AlkPhos, ALT, AST, Tbil, BUN, Creat, TP, Gluc, B12, Folate, HCY, VitD Suggested add-ons: ApoE, MTHFR (See Patient Pay/Client Bill section on reverse)			
		, ALT, AST, Tbil, BUN, Creat, TP, Uric, TSH, hsCRP, Gluc, HbA	.1c, B12, Folate, HCY, VitD, CoQ10 P D	
87208 Men's Health: FatBal 💍, TC, LDL-C, HDL-C, LDL-C, LD	o(a), sdLDL-C, TG, Ca, Cl, CO ₂ , Na	, K, AlkPhos, ALT, AST, Tbil, BUN, Creat, TP, hsCRP, TSH, Co	ort, Alb, DHEAS, E2, SHBG, Test-F,	
87209 Women's Health: FatBal 💍, TC, LDL-C, HDL-C, LDL-C,	p(a), sdLDL-C, TG, Ca, CI, CO ₂ , Na	, K, AlkPhos, ALT, AST, Tbil, BUN, Creat, TP, TSH, hsCRP, GI	uc, Alb, Cort, DHEAS, E2, FSH, LH, Prog,	
802 \square HDL Map: HDL particles (α -1, α -2, α -3, α	-4, preβ-1) Ö , apoA-I Θ			
509 Cholesterol Balance: Sterols (Beta-sitosterol, Campe	sterol, Cholestanol, Desmosterol,	Lathosterol) 🥎 📵		
		FA Index, EPA, DHA, ALA, Mono FA Index, Ω-6 FA Index, L	noleic Acid (LA), Arach Acid (AA), Ω-3/Ω-6 Ratio 🥇 🕞	
98049 ☐ LipoMap™ & MetaboMap™ Combination - Serum NMR Patient	Pay or Client Bill only. See rever	rse for components. 💍 🧿		
98050 ☐ LipoMap™ Patient Pay or Client Bill only. S	Gee reverse for components. 💍	•		
98200 ☐ MetaboMap™ - Serum NMR Patient Pay or Client Bill only. S	See reverse for components. 💍	•		

☐ Non-Hispanic

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 Plas	sma Lavender Top K2EDTA Red/Yellow Top CAT SST	Yellow Top Urine G Green Top Lithium Heparin
[NJ] [NÝ] State approval pending, currently unavailable in indicated state	* Fasting required	Boston Heart Exclusive Test
LIPIDS	HORMONES (Immunoassay)	OTHER CHEMISTRY & HEMATOLOGY
809 HDL Map (particles only): α-1, α-2, α-3, α-4, preβ-1 (P) 509 Cholesterol Balance (sterols only): Beta-sitosterol, Campesterol, Cholestanol, Desmosterol, Lathosterol 575 Fatty Acid Balance (P) * (**) 2008 Lipid Panel, Basic 101 Total Cholesterol (TC) 102 Triglycerides (TG) 221 HDL-Cholesterol (HDL-C) 222 Direct LDL-Cholesterol (LDL-C) 301 Apolipoprotein A-I (ApoA-I) 302 Apolipoprotein B (ApoB) 224 Lp(a) 98006 LDL-P & HDL-P by NMR (**) * (NY HDL-P restricted) METABOLICS 420 Prediabetes Assessment, Reflex * (NY HDL-P restricted) METABOLICS 420 HOMA-IR w/ Beta Cell Function * (NY HOMA-IR w/ Beta Cell Function) 408 HOMA-IR * (HOMA-IR w/ Beta Cell Function) 409 Glycated Serum Protein (GSP) 407 Adiponectin 1055 Comprehensive Metabolic Panel	SEX & ADRENAL 1150 Aldosterone MY 1075 AMH 1138 Cortisol 1134 DHEA Sulfate (DHEA-S) 1128 Estradiol (E2) 1122 FSH 1120 LH 1124 Progesterone 1180 Prolactin 1112 SHBG 1127 Testosterone, Free (calculated, includes: Alb, SHB 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 TSH W/Reflex to TT3 & FT4 1014 T3, Total 1015 T4, Total	403 ☐ Albumin 1030 ☐ Calcium 725 ☐ CBC
INFLAMMATION & OXIDATION	1017	GENETICS Or buccal swab
601 hs-CRP 602 LpPLA2 604 Myeloperoxidase (MPO) 701 Fibrinogen 1191 IL-6 (w/ CVD reference ranges) M MY 635 OxPL-apoB	LIVER 1003 ALT (SGPT) 1002 AST (SG0T) 1004 Alkaline Phosphatase	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
INFECTIOUS DISEASE *	1033 Bilirubin, Direct 1032 Bilirubin, Total	883 LPA Aspirin benefit
641 ☐ SARS-CoV-2 IgM (serum) 648 ☐ Spike IgG Antibody (serum) 1190 ☐ IL-6 (COVID-19 use only)	1145 GGT KIDNEY	884 KIF6 Statin benefit MY 885 9p21 Premature CVD risk MY 886 4q25 Atrial fibrillation risk MY 887 Haptoglobin VitE in diabetes (only)
*Per CDC requirements, please indicate for all COVID testing:	1006 ☐ BUN 1007 ☐ Creatinine	
Race: American Indian or Alaska Native Asian Black or African American White Native Hawaiian/other Pacific Islander Other Ethnicity: Hispanic	1007 Cleatifile 1008 Cystatin-C 430 Albumin/Creatinine Ratio, Random Urine (OTHER (PATIENT PAY/CLIENT BILL ONLY) 98050 ☐ LipoMap™ Test by NMR ★ ○ MJ MY ○ 98200 ☐ MetaboMap™ - Serum NMR ★ ○ MJ MY ○ 630 ☐ TMAO ★ MY

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, C02, 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 µIU/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			
98200	MetaboMap (Serum) by NMR: Histidine, Isoleucine, Leucine, Lysine, Methionine, Phenylalanine, Valine, Alanine, Asparagine, Glutamic Acid, Glutamine, Glycine, N,N Dimethylglycine, Proline, Tyrosine, Phenylalanine/Tyrosine Ratio, Glucose, Choline, Glycerol, TMAO, Acetic Acid, Acetone, Lactic Acid, Pyruvic Acid, Lactic Acid/Pyruvic Acid Ratio, 2-Hydroxybutyrate, 3-Hydroxybutyrate			