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USC ENDOCRINE SERVICES LABORATORY

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www.thyroidlab.com email: endolab@usc.edu

SPECIMEN COLLECTION DETAILS: ☐ FNA Washout ☐ Serum ☐ Plasma ☐ Whole Blood

DATE: / / **TIME:** **SPECIMEN SENT:** ☐ Frozen ☐ Ref. ☐ Room Temp.

PLEASE PRINT IN CAPITAL LETTERS

PATIENT SS # | OTHER ID#

PATIENT ID #

NAME (LAST) (FIRST) (MI)

ADDRESS

CITY ST ZIP

DOB | TEL | SEX M / F

CLIENT/LAB INFORMATION

Contact Person: _____ Tel: _____

Referring Physician

_____ NPI # _____ Tel # _____ Fax # _____

BILLING INFORMATION: (Please check the appropriate box)

☐ CLIENT/DOCTOR ☐ INSURANCE ☐ PATIENT ☐ MEDICARE ☐ MEDICAID/CAL (CA only) ☐ OTHER

PRIMARY INSURANCE COVERAGE Please attach copy of document

INSURANCE CARRIER | GROUP NAME

CLAIMS ADDRESS | CITY | ST. | ZIP | TEL #

POLICY/ID # | GRP # | INSURED LAST NAME | FIRST

INSURANCE, MEDICARE/MEDI-CAL BILLING MUST INCLUDE PATIENT ICD-10 (DX) CODE, DR NPI#, AND ABN FORM (MEDICARE ONLY).

ICD-10 CODE 1 _____ For Test(s) _____

ICD-10 CODE 2 _____ For Test(s) _____

CREDIT CARD HOLDER'S NAME: **CREDIT CARD HOLDER'S SIGNATURE:** Billing Zip Code Amount

_____ X _____ _____ $ _____

☐ VISA ☐ M/C ☐ Amex ☐ Discover # _____ V- CODE _____ EXP. DATE ___/___/___

Please provide the following information whenever possible:

Check Prior TgAb Status: ☐ TgAb-Negative ☐ TgAb-Positive

Check Current Medication: ☐ L-T4 ☐ PTU or MMI ☐ Amiodarone ☐ Glucocorticoids ☐ Recombinant human TSH (rhTSH)

BLOOD TESTS *(2mL serum specimens - refrigerated unless otherwise stated)*

✓	CPT	Test
☐	82308	Calcitonin *(2mL frozen serum)*
☐	83970	iPTH (Intact Parathyroid Hormone) *(2mL frozen serum)*
☐	86376	TPO Ab (Anti-Thyroid Peroxidase Antibody)
☐	86800	TgAb (Anti-Thyroglobulin Antibody ONLY)
☐	84439	FT4, Free Thyroxine Estimate (Immunoassay)
☐	84481	FT3, Free Triiodothyronine Estimate (Immunoassay)
☐	84436	T4, Total Thyroxine
☐	84480	T3, Total Triiodothyronine
☐	84436/84479	FT4I (Free T4 Index) requires T4+THBR
☐	84480/84479	FT3I (Free T3 Index) requires T3+THBR
☐	84436/84442	T4/TBG Ratio requires T4+TBG

✓	CPT	Test
☐	84443	TSH, Thyroid Stimulating Hormone (3rd Generation Sensitivity)
☐	84443/84439	TSH with reflex FT4*
☐	84443/86376	TSH with reflex TPO Ab*
☐	84432/86800	Thyroglobulin (Tg) + TgAb

[Tg method (IMA or RIA) will be determined by the lab based on TgAb status]

☐ 84432-59/86800-59 Concurrent Re-measurement of Past Specimen (Date _____) ☐ **Tg**** ☐ **TgAb****

Note: Tg and TgAb are independent tumor markers. Check box for concurrent remeasurement of a past specimen. (Charged accordingly)

FINE NEEDLE ASPIRATION BIOPSY NEEDLE WASHOUT (FNAW)
(after FNA biopsy, the needle is washed in 1.0 mL saline)

☐	84432/86800	FNAW - Thyroglobulin (Tg) + TgAb
☐	82308	FNAW - Calcitonin *(frozen)*
☐	83970	FNAW - iPTH *(frozen)*

Additional Remarks:

**** Reflex test will be performed if primary test result is abnormal.***
***** Charges will apply for each selected test method.***