

Director:  
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**USC ENDOCRINE SERVICES LABORATORY**

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

**SPECIMEN COLLECTION DETAILS:**  FNA Washout  Serum  Plasma  Other \_\_\_\_\_

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

<b>PLEASE PRINT IN CAPITAL LETTERS</b>			<b>CLIENT/LAB INFORMATION</b>		
PATIENT SS #		OTHER ID#			
PATIENT ID #					
NAME (LAST)	(FIRST)	(MI)			
ADDRESS					
CITY	ST	ZIP			
DOB	TEL	SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F			
Referring Physician			Contact Person: _____ Tel: _____		
_____ 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 CODE 1 \_\_\_\_\_ For Test(s) \_\_\_\_\_**  
**ICD-10 (DX) CODE, DR NPI#, AND ABN FORM (MEDICARE ONLY). ICD-10 CODE 2 \_\_\_\_\_ For Test(s) \_\_\_\_\_**

**CREDIT CARD HOLDER'S NAME:** \_\_\_\_\_ **CREDIT CARD HOLDER'S SIGNATURE:** X \_\_\_\_\_ **Billing Zip Code** \_\_\_\_\_ **Amount** \$ \_\_\_\_\_

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** (Optimal 2 mL specimens)

<input checked="" type="checkbox"/> CPT	Test	<input checked="" type="checkbox"/> CPT	Test
<input type="checkbox"/> 86376	TPO Ab (Anti-Thyroid Peroxidase Antibody)	<input type="checkbox"/> 86800	TgAb (Anti-Thyroglobulin Antibody ONLY)
<input type="checkbox"/> 84439	FT4, Free Thyroxine Estimate (Immunoassay)	<input type="checkbox"/> 84432/86800	Thyroglobulin (Tg) + TgAb
<input type="checkbox"/> 84481	FT3, Free Triiodothyronine Estimate (Immunoassay)	[Tg method (IMA or RIA) will be determined by the lab based on TgAb status]	
<input type="checkbox"/> 84436	TT4, Total Thyroxine	<input type="checkbox"/> 84432-59/86800-59	Concurrent Re-measurement of Past Specimen
<input type="checkbox"/> 84480	TT3, Total Triiodothyronine	(Date _____) <input type="checkbox"/> Tg** <input type="checkbox"/> TgAb**	
<input type="checkbox"/> 84436/84479	FT4I (Free T4 Index) requires TT4+THBR	Note: Tg and TgAb are independent tumor markers. Check box for concurrent remeasurement of a past specimen.	
<input type="checkbox"/> 84480/84479	FT3I (Free T3 Index) requires TT3+THBR	<b>FINE NEEDLE ASPIRATION BIOPSY NEEDLE WASHOUT (FNAW)</b> (after FNA biopsy, the needle is washed in 1.0 mL saline)	
<input type="checkbox"/> 84436/84442	TT4/TBG Ratio requires TT4+TBG	<input type="checkbox"/> 84432/86800 FNAW - Thyroglobulin (Tg) + TgAb	
<input type="checkbox"/> 84443	TSH, Thyroid Stimulating Hormone (3rd Generation Sensitivity)	<b>HETEROPHILE ANTIBODY (HAb) INTERFERENCE CHECK</b>	
<input type="checkbox"/> 84443/84439	TSH with reflex FT4*	<input type="checkbox"/> 84439 (x2) FT4	<input type="checkbox"/> 84443 (x2) TSH
		<input type="checkbox"/> 84481 (x2) FT3	<input type="checkbox"/> 84432 (x2) Tg-IMA and
		<input type="checkbox"/> 84436 (x2) TT4	84432 (x1) Tg-RIA
		<input type="checkbox"/> 84480 (x2) TT3	<input type="checkbox"/> Other

Additional Remarks:

\* Reflex test will be performed if TSH result is abnormal  
\*\* Charges will be applied for each selected test