

Lab Request Order Form



- 249 Danbury Rd. Wilton, CT 06897
- 400 Columbus Ave, Valhalla, NY 10595
- 127 Washington Ave, North Haven, CT 06473
- 220 Farmington Ave, Farmington, CT 06032

Ph: 203-883-0038 Fax: 203-724-4838

Section 1. To be completed by referring provider

Patient Name: _____ **DOB:** _____

Lab Order Date: _____ **Gender:** M / F

Frequency of Lab Draw: (check one)

- One Time
- Prior to Each Infusion
- Other Frequency: _____

Labs to be drawn by CIVIC Infusion Center: (check all that apply)

- | | | |
|--|--|---|
| <input type="checkbox"/> CBC with diff | <input type="checkbox"/> Ferritin | <input type="checkbox"/> Lipid Panel |
| <input type="checkbox"/> CBC w/o diff | <input type="checkbox"/> Folate | <input type="checkbox"/> LFT's |
| <input type="checkbox"/> CMP | <input type="checkbox"/> HbA1c | <input type="checkbox"/> Quantitative Immunoglobulins |
| <input type="checkbox"/> CRP | <input type="checkbox"/> Hepatitis Panel | <input type="checkbox"/> JCV Antibody |
| <input type="checkbox"/> ESR | <input type="checkbox"/> Iron Panel | <input type="checkbox"/> Vitamin D |
- Prometheus Level: (to be mailed to designated lab by CIVIC) (please fax CIVIC separate lab slip)
- Other: (please specify) _____

Ordering Provider: _____ **NPI:** _____

Ordering Provider's Signature: _____

Section 2. For office use only

Patient ID #: _____

Date of Collection: _____ **Time of Collection:** _____

Nurse Drawing Labs: _____

Please Send Lab Results to:

1. Ordering Physician Fax Number: _____
2. CIVIC Infusion Center FAX: 1-203-724-4838

If you have any questions, please call CIVIC at 1-203-883-0038