

TEST REQUEST FORM

Patient Information

Patient Last Name, First Name

Date of Birth

Gender (M/F)

Last 4 Digits of SSN

MRN # (will display on report)

E-mail (optional)

ALL PATIENT INFORMATION MUST BE COMPLETED

Physician Information

Physician Last Name, First Name

Physician Street Address

City, State, Zip Code

Office/Physician Phone #

Physician/Authorized Signature

Date

ALL PHYSICIAN INFORMATION MUST BE COMPLETED

Order

Diagnosis: N20.0 Kidney Stones Other _____
Diagnosis/Signs/Symptoms in ICD-CM format in effect at Date of Service (Highest Specificity Required)

Kidney Stone Urine Panels:

- One, 24-hour collection
 Two, 24-hour collections

All tests will be performed on each 24-hour urine collection.

TEST	CPT CODE	TEST	CPT CODE
Calcium	82340	Chloride	82436
Creatinine	82570	Ammonium	82140
Citrate	82507	Magnesium	83735
Phosphorus	84105	Potassium	84133
pH	83986	Uric Acid	84560
Sodium	84300	Sulfate	84392
Urea Nitrogen	84540	Qualitative Cystine**	82615
Oxalate	83945	Timed Collection	81050

****Qualitative Cystine is a one-time test done routinely on all new patients**

Choose only one panel
←.....→

Cystine Urine Panels: (for patients with known cystinuria)

- One, 24-hour collection Two, 24-hour collections

All tests will be performed on each 24-hour urine collection.

TEST	CPT CODE	TEST	CPT CODE
Calcium	82340	Sodium	84300
Creatinine	82570	Urea Nitrogen	84540
Citrate	82507	Quantitative Cystine	82131
Phosphorus	84105	Timed Collection	81050
pH	83986		

Serum/Blood Collection

- Location:** LabCorp Patient Service Center
 Physician's Office or Hospital

All tests will be performed per blood draw

TEST	CPT CODE	TEST	CPT CODE
Calcium	82310	Chloride	82435
Creatinine	82565	Potassium	84132
Phosphorus	84100	Sodium	84295
Magnesium	83735	Uric Acid	84550
Carbon Dioxide	82374		

Special Handling: Spanish Speaking Delay Shipment of At-Home Kit Until: ____/____/____

Obtain your At-Home Kit using these options (Choose one)

ONLINE (use link below)
www.litholink.com/AtHomeKit

FAX to 1-312-243-3297
Shipping address required for faxed orders →

CALL 1-800-338-4333
M - F 7:30AM - 6:00PM CT

SHIP TO:

ADDRESS STREET

CITY STATE ZIP CODE

PHONE #

All faxed orders will be processed next business day.

**RETURN THIS FORM TO LITHOLINK
WITH YOUR COMPLETED URINE
SAMPLES**

For Litholink Use ONLY