

# 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**

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

Order

### 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](http://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

# PATIENT INFORMATION

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Welcome to Litholink!

Litholink is a laboratory that specializes in 24-hour urine testing for kidney stone formers. Your provider has requested that you complete a Litholink At-Home Kit. The At-Home Kit will be shipped directly to your home (or address provided). Your provider is waiting on these test results in order to start your kidney stone treatment plan.

Things to know about your Litholink At-Home Kit:

- **If you were given a test request form/lab order for your Litholink At-Home Kit, you will need to return it with your completed urine samples. Failure to return this form may result in your samples being rejected and having to repeat the entire process again. If your provider faxed the test request form or lab order directly to Litholink we will have it on file.**
- Expect your At-Home Kit to arrive 5-7 business days from the date the order was placed.
- Your At-Home Kit will include everything you need to complete your 24-hour urine collection(s). Detailed instructions, collection supplies, return shipping box, and a pre-paid Fed-Ex label are being sent directly to you.
- If you are planning to begin your At-Home Kit immediately upon receipt, note the following:
  1. Eat and drink normally the day before you start your collection and during the collection process.
  2. Stop taking Vitamin C (pill form, vitamins, and/or supplements) that is greater than 100 mg per day 5 days prior to the start of your At-Home Kit. Vitamin C occurring in foods and drinks can be ingested as normal.
- Upon completing and returning your At-Home Kit allow 7-10 days for your provider to receive your Litholink results.