

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
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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 Patient.LabCorp.com
 24 Hours/Day

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

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.