

Patient Last Name		First Name		MI	Patient ID		DOB (Required)	Sex M F	Social Security #
Patient Street Address				Apt. #	City	State	Zip	Home Phone ()	Alternative Phone ()
Name of Person Responsible for Payment		Street Address		Apt. #	City	State	Zip	Home Phone ()	
Bill To	<input type="radio"/> Doctor	<input type="radio"/> Patient	<input type="radio"/> Medicare	<input type="radio"/> Cash	<input type="radio"/> Credit Card	MC / Visa / AMEX		Expiration Date	
	<input type="radio"/> Insurance	<input type="radio"/> Medi-Cal (Family Pact SOFP limited testing available)		Amount \$ _____					


PLEASE ATTACH A COPY OF THE FRONT AND BACK OF PRIMARY AND SECONDARY INSURANCE CARD(S)

Primary Insurance Name	Address		City	State	Zip
Subscriber Name	Subscriber #	Group Name	Group Number	Relationship	

COLLECTION INFORMATION:			
<input type="radio"/> Veni 8900	Collection Date (Required)	Fasting <input type="checkbox"/> Yes <input type="checkbox"/> No	I authorize Hunter Labs to release any medical information needed for claim payment purposes to Medicare, its carriers, any insurance carrier providing medical benefits to me and any health plan of which I am a member. I understand that if my insurance carrier denies payment, or applies an amount to deductible/co-payment, I am responsible for the non-contracted amount. Patient Signature: _____ (Acknowledgment of tests being obtained)
Tech Initials	Collection Time (Required) AM / PM		

CARDIOVASCULAR RISK PANELS

Please select from the following:



3885 HunterHeart
 3845 HunterHeart Metabolic
 3565 HunterHeart Follow-up

Send additional report to:

Doctor Name

Doctor Email

Fax Report: ()

Patient History Questions (Circle Answer)

Y N 1. Does the patient smoke?

Y N 2. Has the patient ever been diagnosed with hypertension?
 ♦ Is the patient currently on high blood pressure medication?

Y N 3. Has the patient ever been diagnosed with diabetes?

Y N 4. Has the patient ever been diagnosed with coronary heart disease?
 (a "heart attack", angina, positive stress test or positive coronary angiography?)

Y N 5. Has the patient ever been diagnosed with peripheral artery disease (PAD)?

Y N 6. Has the patient ever been diagnosed with an aortic aneurism?

Y N 7. Has the patient ever had a stroke, transient ischemic attack (TIA) or greater than 50% occlusion on carotid ultrasound or angiography?
 ♦ If yes, within the last year?

Y N 8. Has the patient been hospitalized for acute coronary syndrome?

Y N 9. Does the patient have a family history of heart disease?
 (father, brother, grandfather younger than 55 or mother, sister, grandmother younger than 65 who has had a heart attack or stroke?)

Y N 10. Patient's race: C (Caucasian), AA (African American), H (Hispanic), A (Asian), I (Asian-Indian) or O (other)

Y N 11. Female patients: is the patient's waist circumference < 36 inches?

Y N 12. Male patients: is the patient's waist circumference < 41 inches?

Y N 13. Patient's systolic blood pressure < 130?

Y N 14. Is patient on statin therapy?

The ICD-9 codes are listed as a convenience for ordering physicians. No physician is required to use these ICD-9 codes. Please use forth and fifth digit modifiers. If you have questions regarding using the appropriate ICD-9 codes, CPT codes and frequency limitations, please contact a Hunter Laboratories Billing representative at 408.341.8616.

Angina - 413.9 Atherosclerosis, Coronary - 414.00 Coronary Syndrome, Intermediate - 411.1 Current Cigarette Smoker - 305.1 Diabetes Type I - 250.01 Diabetes Type II - 250.02 Diabetes, unspecified - 250.00 Family History of Premature CHD - V17.3	Family History of Sudden Cardiac Death - V17.41 Heart Disease, Hypertensive - 402.____ Heart and Chronic Kidney Disease - 404.____ Heart Failure - 428.____ Hypercholesterolemia, Pure - 272.0 Hyperchylomicronemia - 272.3 Hyperglyceridemia, Pure - 272.1	Hyperlipidemia, Mixed - 272.2 Hyperlipidemia, Other and Unspecified - 272.4 Hypertension, Essential (HTN) - 401.9 Hypothyroidism - 244.9 Kidney Disease, Hypertensive Chronic - 403.____ Lipid Metabolism Disorders, Other - 272.8 Lipid Metabolism Disorders, Unspecified - 272.9 Lipidoses - 272.7	Lipodystrophy - 272.6 Lipoprotein Deficiencies - 272.5 Metabolic Syndrome - 277.7 Obesity - 278.00 Obesity - 278.01 Symptoms, Other Respiratory and Chest - 786.5
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Custom Panels / Tests / Other:

*Reflex testing/ID/sensitivities performed at additional charge.

Advanced Cardiovascular Risk Assessment Panels

	HunterHeart	HunterHeart Metabolic	HunterHeart Follow-up
	Order Code 3880	Order Code 3840A	Order Code 3860A
Traditional Lipid Tests	✓	✓	✓
Advanced Risk Markers	✓	✓	✓
Genetic Tests	✓		
Apo E			
Factor V Leiden			
Baseline Metabolic Studies	✓	✓	
Specimen Requirements			
Serum (Gold Top)	2	2	2
Whole blood (Lavender Top)	1		
Blue	1	1	

Specimen Collection and Processing Directions

Serum Samples	Whole Blood
<ol style="list-style-type: none"> 1. Gently Invert 5-10 times immediately after blood draw. 2. Allow specimen to clot in an upright position for a minimum of 30 minutes. 3. Centrifuge sample for 15 minutes @ standard 3400 rpm. 4. Refrigerate samples and ship for receipt within 24 hrs of blood draw. 	<ol style="list-style-type: none"> 1. Immediately invert 5-10 times gently after blood draw. 2. Do not centrifuge.

Shipping Samples

1. Ensure tube is labeled legibly with patient first and last name.
2. Ensure tube is tightly capped.
3. Ensure patient requisition is placed in waterproof packaging and sent with samples.
4. Place samples and **frozen cold pack** into Styrofoam container.
5. Place container and requisition into express shipping lab pack. Attach express air bill or peel and stick address label.
6. Contact express shipping agent for pick up.

Note: When shipping for Saturday delivery please mark packages for Saturday Delivery and attach a Saturday Delivery Label.

Cardiovascular Risk Panel Questions

Questions for patients submitting specimens for Cardiovascular Risk Panels

1. Are you a smoker? Y or N _____
2. Have you ever been diagnosed with high blood pressure? Y or N _____
 - Are you currently on high blood pressure medication? Y or N _____
3. Have you ever been diagnosed with diabetes? Y or N _____
4. Have you ever been diagnosed with coronary heart disease? Y or N _____
 (a "heart attack", angina, positive stress test or positive coronary angiography)
5. Have you ever been diagnosed with peripheral artery disease (PAD)? Y or N _____
6. Have you ever been diagnosed with an aortic aneurism? Y or N _____
7. Have you ever had a stroke, transient ischemic attack (TIA) or greater than 50% occlusion on carotid ultrasound or angiography? Y or N _____
 - If yes, within the last year? Y or N _____
8. Have you been hospitalized for acute coronary syndrome? Y or N _____
9. Does heart disease run in your family? Y or N _____
 (father, brother, grandfather younger than 55 or mother, sister, grandmother younger than 65 who has had a heart attack or stroke?)
10. Race: C (Caucasian), AA (African American), H (Hispanic), A (Asian), I (Asian-Indian) or O (other) _____
11. Female, is your waist less than 36 inches? Y or N _____
12. Male, is your waist less than 41 inches? Y or N _____
13. Systolic blood pressure less than 130? Y or N _____
14. Are you currently on statin therapy? Y or N _____

Release and Assignment of Benefits

I authorize Hunter Labs to release any medical information needed for claim payment purposes to Medicare, its carriers, any insurance carrier providing medical benefits to me and any health plan of which I am a member. I understand that if my insurance carrier denies payment, or applies an amount to deductible/co-payment, I am responsible for the non-contracted amount.

X

 Patient's Name

 Patient's Signature

 Date

For Physicians Only:

Diagnosis	ICD-9 Code	Diagnosis	ICD-9 Code
Angina	413.9	Hyperlipidemia, Other and Unspecified	272.4
Atherosclerosis, Coronary	414.00	Hypertension, Essential (HTN)	401.9
Coronary Syndrome, Intermediate	411.1	Hypothyroidism	244.9
Current Cigarette Smoker	305.1	Kidney Disease, Hypertensive Chronic	403.____
Diabetes Type I	250.01	Lipid Metabolism Disorders, Other	272.8
Diabetes Type II	250.02	Lipid Metabolism Disorders, Unspecified	272.9
Diabetes, unspecified	250.00	Lipidoses	272.7
Family History of Premature CHD	V17.3	Lipodystrophy	272.6
Family History of Sudden Cardiac Death	V17.41	Lipoprotein Deficiencies	272.5
Heart Disease, Hypertensive	402.____	Metabolic Syndrome	277.7
Heart and Chronic Kidney Disease -	404.____	Obesity	278.00
Heart Failure	428.____	Obesity Severe	278.01
Hypercholesterolemia, Pure	272.0	Symptoms, Other Respiratory and Chest	786.5
Hyperchylomicronemia	272.3		
Hyperglyceridemia, Pure	272.1		
Hyperlipidemia, Mixed	272.2		

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