



PAMF Employee Health Lab Requisition

Patient Name
 (Last, First): _____ DOB: _____
 MRN# _____ Date: _____

Employee Health Use - Must Be Completed

DO NOT BILL PATIENT

EH Provider (select one)	Sunquest Code		Bill To:
<input type="checkbox"/> F. Brendan Garret, MD	50028601		<input type="checkbox"/> VNA
<input type="checkbox"/> Denise M. Lee, NP	51080168	<input checked="" type="checkbox"/> PAMF	<input type="checkbox"/> Industrial
<input checked="" type="checkbox"/> Denise Provost, MD	50054323	<input type="checkbox"/> PAFMG	<input type="checkbox"/> Outside
<input type="checkbox"/> Michele Horne, MD	50033876	<input type="checkbox"/> PAMFSC	
<input type="checkbox"/> Myhanh Nguyen, MD	50049013	<input type="checkbox"/> SMSC	
<input type="checkbox"/> N. Kay Morrison, MD	50047517		
<input type="checkbox"/> Richard Deslauriers, MD	50023434		
<input type="checkbox"/> Richard Thompson, MD	50065173		
<input type="checkbox"/> Susie Ver, NP	51018446		
<input type="checkbox"/> Lisa McConnell, NP	51118437		

Collection - LAB USE

Date / Time _____
 Teach Code _____

Routine

Test Name	Code	Test Name	Code
<input type="checkbox"/> Measles IgG	RBEG2	<input type="checkbox"/> Hepatitis B Surface Antigen	HBSAG
<input type="checkbox"/> Mumps IgG	MUMPG2	<input type="checkbox"/> Hepatitis B Core AB, total	HBC
<input type="checkbox"/> Rubella IgG, Quantitative	RUBG	<input type="checkbox"/> CBC w/differential	CBCA
<input type="checkbox"/> Varicella IgG	VZVG2	<input type="checkbox"/> Urogram (micro if indicated)	UMAC
<input checked="" type="checkbox"/> *QuantiFeron Gold Plus	TBSCP	<input type="checkbox"/> Comprehensive Metabolic Panel	CMPG
<input type="checkbox"/> MMR Panel	MMR2	<input type="checkbox"/> Other: _____	
<input type="checkbox"/> Hepatitis B Surface AB	HBSAB		

ICD 10 CODE: Z02.89 (*If Quant Gold Plus ordered, then also use code Z11.1)

Hazardous Drug Screening

Test Name	Code	Test Name	Code
<input type="checkbox"/> CBC w/differential	CBCA	<input type="checkbox"/> Comp. Metabolic Panel	CMPG
<input type="checkbox"/> Urogram (micro if indicated)	UMAC		

ICD 10 CODE: Z02.89

San Carlos Laboratory
 301 Industrial Road
 San Carlos, Ca 94070
 (650) 596-4250

Palo Alto Laboratory
 795 El Camino Real
 Palo Alto, CA 94301
 (650) 853-2948

Fremont Laboratory
 3200 Kearney Street
 Fremont, CA 94538
 (510) 498-2813

Los Gatos Laboratory
 15400 Los Gatos Rd
 Los Gatos, CA 95032
 (408) 523-3545

Sunnyvale Laboratory
 301 Old San Francisco Rd
 Sunnyvale, CA 94087
 (408) 730-4377

Mountain View Laboratory
 701 E. El Camino Real
 Mountain View, CA 94040
 (650) 934-7333

Burlingame Draw Station
 1501 Trousdale Drive
 Burlingame, CA 94010
 (650) 652-8777

Dublin Laboratory
 4050 Dublin Blvd.
 Dublin, CA 94568
 (925) 875-6171

Santa Cruz Laboratory
 2025 Soquel Ave
 Santa Cruz, CA 95062
 (831) 458-5506

For more lab locations and hours, visit <http://www.pamf.org/lab/locations>
 This requisition can be taken to any PAMF Lab location for service