



Alta Bates Summit Medical Center
Eden Medical Center
Sutter Delta Medical Center
Sutter East Bay Medical Foundation

Lab Test Order Form Employee Health/Occupational Medicine Department

ICD 10 CODE(S): Provide code(s) for confirmed diagnosis or, if suspected/possible, provide code(s) for signs & symptoms.
Provide narrative diagnoses if code(s) not known.

Z00.0

Employee Health/Occupational Medicine Phone/Fax: (see below for site-specific info)

PLEASE BILL: Vendor Acct (specific EH/OM Clinic)

Check one:

- | | | |
|-------------------------------|------------------------|-----------------------------|
| <input type="checkbox"/> SMC | <u>EHMP0026</u> | EHMP LAB - EMPLOYEE HEALTH |
| <input type="checkbox"/> ABMC | <u>EHAA0017</u> | EHAS CORP - EMPLOYEE HEALTH |
| <input type="checkbox"/> EMC | <u>EHEM0003</u> | EHEM CORP - EMPLOYEE HEALTH |
| <input type="checkbox"/> SDMC | <u>EHDM0003</u> | EHDM CORP - EMPLOYEE HEALTH |

Workers' Comp

PLEASE BILL: CARRIER CODE: # 26425

Total Health & Productivity
(Sutter Health Workers' Comp)
P.O. Box 160066
Sacramento, CA 95816-0066

Date of Injury: _____ / _____ / _____

Other: _____

EMPLOYEE: the following information is required for medical center registration purposes

Please PRINT

Male
 Female

SS # _____ - _____ - _____

Marital Status: _____

Religious Preference: _____ Primary Language: _____ Employer: _____

Name: _____ Date of Birth: _____ - _____ - _____
Last First MI

Home Address: _____ City: _____

State: _____ Zip: _____ Phone: (H) _____ (Alternate/Cell) _____

Emergency Contact: _____
(Name) (Relationship)

Address: _____ Phone: _____

Date of Collection: _____ - _____ - _____ Time of Collection: _____ a.m. / p.m.

Chief complaint: *New Hire Physical* Other: _____

LABORATORY - DESCRIPTION

- | | |
|---|--|
| <input type="checkbox"/> CHEM PANEL (CMPG) | <input type="checkbox"/> LIVER PANEL (LIVR) |
| <input type="checkbox"/> CBC with DIFF (CBCA) | <input type="checkbox"/> RUBELLA AB-IgG (RUBG) |
| <input type="checkbox"/> HEPATITIS C AB (HCAb) | <input type="checkbox"/> RUBEOLA AB-IgG (RBEG2) |
| <input type="checkbox"/> HEPATITIS B SURFACE AB (HbsAb) | <input type="checkbox"/> MUMPS AB-IgG (MUMPG2) |
| <input type="checkbox"/> HIV Antibody (IMPRON) | <input type="checkbox"/> VARICELLA ZOSTER AB-IgG (VZVG2) |
| <input type="checkbox"/> STAT-URINE PREGNANCY (UPREG) | <input type="checkbox"/> STOOL FOR OCCULT BLOOD (OB) |

OTHER: Quantiferon Gold in tube

Clinician Authorized to Initiate Request

RESULTS to **REFERRING MD:** Hong Zhang, MD, MPH, MS
NPI # 1003931783

Regional Medical Director
MS4# 10002

Alta Bates Summit Medical Center
3232 Elm Street
Oakland, CA 94609
Phone: (510) 869-8920
Fax: (510) 869-6814

Eden Medical Center
20130 Lake Chabot Rd, Ste 201
Castro Valley, CA 94546
Phone: (510) 727-3058
Fax: (510) 727-3397

Sutter Delta Medical Center
3903 Lone Tree Way, Ste 310
Antioch, CA 94509
Phone: (925) 779-2970
Fax: (925) 779-2975