

Client RTS

RADIANCE TESTING SERVICE

1240 IROQUOIS AVE, STE#300
NAPERVILLE, IL 60563
PHONE:6309953722



1240 IROQUOIS AVE, SUITE # 300, NAPERVILLE, IL 60563
PHONE: (630) 995-3722, FAX: (630) 995-3739

Collection Date: _____

Room: _____

Routine [] Rush [] Stat []

Form with fields for Patient's Last Name, Patient's First Name, Sex, Age, Date of Birth, Social Security Number, Patient's Address, City, State, Zip Code, Telephone, Medicare ID, Medicaid ID, Insurance Company Name, HMO, PPO, Other, Doctor's First and Last Name, NPI, Responsible Party, Relationship To Subscriber, Diagnosis Code, Insurance ID, Insurance Group, Doctor's Signature, Patient's Signature, Credit Card Number, Expiry, CVC Code, Billing Zip Code, Amount Authorized.

Tests and Panels

[] FEMALE HEALTH PANEL

(CBC, CMP, BILIRUBIN, DIRECT, TSH, T3, TOTAL, THYROID PEROXIDASE ANTIBODIES, CRP-HS, INSULIN, HBA1C, CORTISOL, TOTAL, DHEA SULFATE, VITD, VITAMIN B12 (COBALAMIN), FOLATE, RBC, MAGNESIUM, RBC, FERRITIN, URIC SERUM, GGT, FSH AND LH, ESTRADIOL-SERUM, PROGESTERONE, CA 125, HOMOCYSTEINE, LIPID PANEL WITH NON-HDL CHOLESTEROL, FIBRINOGEN ACTIVITY, CLAUSS, FT4, TESTOSTERONE, TOTAL)

[] MALE HEALTH PANEL

(CBC, CMP, TSH, T3, TOTAL, FT4, THYROID PEROXIDASE ANTIBODIES, CRP-HS, INSULIN, TESTOSTERONE, TOTAL, PSA TOTAL, CORTISOL, TOTAL, DHEA SULFATE, VITD, VITAMIN B12 (COBALAMIN), FOLATE, RBC, MAGNESIUM, RBC, FERRITIN, URIC SERUM, GGT, HOMOCYSTEINE, LIPID PANEL WITH NON-HDL CHOLESTEROL, FIBRINOGEN ACTIVITY, CLAUSS, HBA1C, BILIRUBIN, DIRECT)

[] LIPID PANEL WITH NON-HDL CHOLESTEROL

(CHOL, HDL-C, TRIG, LDL, VLDL (CALC), CHOLESTEROL / HDL RATIO)

[] THYROID PANEL

(TSH, T3 UPTAKE, T4 (THYROXINE), TOTAL, FREE T4 INDEX (T7))

[] LH CYTOKINE 14 PANEL

(IL-2, IL-4, IL-6, IL-8, IL-10, IL-13, GM-CSF, SCD40L, CCL3 (MIP-1 ALPHA), CCL4 (MIP-1 BETA), CCL5 (RANTES), TNF-ALPHA, IFN-GAMMA, VEGF, LONG HAULER INDEX, LONG HAULER PANEL NOTES)

[] COVID 19 S1 PROTEIN IMMUNE SUBSET PANEL

[] ANA SCREEN, IFA, W/ REFLEX TO TITER AND PATTERN

[] LYME DISEASE ANTIBODIES (IGG, IGM), IMMUNOBLOT

[] IMMUNOGLOBULIN PANEL

[] CELIAC DISEASE PANEL

[] URINALYSIS W/O SCOPE

[] CBC WITH AUTO DIFF

[] COMPREHENSIVE METABOLIC PANEL

[] THYROID STIMULATING HORMONE (TSH)

[] T3, TOTAL

[] T4 (THYROXINE) FREE

[] THYROID PEROXIDASE ANTIBODIES

[] C-REACTIVE PROTEIN, HIGH SENSITIVITY

[] INSULIN

[] TESTOSTERONE, TOTAL

[] HBA1C

[] CORTISOL, TOTAL

[] DHEA SULFATE

[] VITAMIN D, 25-HYDROXY, TOTAL

[] VITAMIN B6, PLASMA

[] FOLATE, RBC

[] MAGNESIUM, RBC

[] FERRITIN

[] URIC ACID SERUM

[] Y-GLUTAMYL TRANSFERASE

[] FSH AND LH

[] ESTRADIOL-SERUM

[] PROGESTERONE

[] CA 125

[] FIBRINOGEN ACTIVITY, CLAUSS

[] HOMOCYSTEINE

[] PSA TOTAL

[] C-PEPTIDE

[] LIPOPROTEIN (A)

[] LIPASE

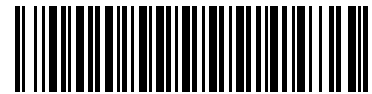
[] AMYLASE

[] RHEUMATOID FACTOR

[] VITAMIN B12 (COBALAMIN)

Comments and additional tests

Please Do Not Write On Barcode



1124000033

All specimens must be labeled with patient's complete name and date of birth

Form with five empty boxes for submission details.

Submitted By

Date Collected

Time Collected

Collected By

Date and Time Received