



**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:**

- F. Brendan Garret, MD 50028601
- Denise M. Lee, NP 51080168
- Denise Provost, MD 50054323
- Suzellen Jones, NP 51145357
- Myhanh Nguyen, MD 50049013
- N. Kay Morrison, MD 50047517
- Richard Deslauriers, MD 50023434
- Richard Thompson, MD 50065173
- Susie Ver, NP 51018446
- Lisa McConnell, NP 51118437

- PAMF  VNA
- PAFMG  Industrial
- PAMFSC  Outside
- SMSC

**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