



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 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 checked="" 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 type="checkbox"/> *QuantiFeron Gold Plus	TBSCP	<input type="checkbox"/> Comprehensive Metabolic Panel	CMPG
<input type="checkbox"/> MMR Panel	MMR2	<input type="checkbox"/> Other: _____	
<input checked="" 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
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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
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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