

THE NATIONAL WOMEN'S HORMONE LABORATORY

DRAW AND SEND SPECIMEN TO:

6901 Mercy Rd. Omaha Ne 68106
Phone: 402-390-0532 Fax: 402-505-8931
CLIA # 28D043756

Thomas W. Hilgers M.D. Medical Director
Thomas W. Hilgers M.D. Laboratory Director

PATIENT INFORMATION

Name (Last, First) _____ Date of Birth ___/___/___

Address _____ Phone ___-___-___ Gender MALE / FEMALE

PPVI Account # _____ *****NEW PATIENTS MUST SEND DEMOGRAPHIC INFORMATION FOR PROCESSING*****

BILLING INFORMATION

Bill To: Patient Self-Pay / Insurance* / Client *SEND COPY OF INSURANCE CARD (Front and Back)

Insurance _____ Ordering Provider _____

Subscriber ID _____ Group # _____ Provider Phone # ___-___-___ Fax # ___-___-___

Name of Policy Holder _____ Signature of Provider (Required) _____

ORDER INFORMATION

LIMITED SERIES MENSTRUAL CYCLE HORMONE PROFILE

FOLLICULAR FUNCTION PROFILE (Pre-Peak Series)

DAY ___ ESTRADIOL* DATE/TIME DRAWN _____ INITIALS ___

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DAY ___ ESTRADIOL* DATE/TIME DRAWN _____ INITIALS ___

LUTEAL FUNCTION PROFILE (Post-Peak Series) – Limited

PEAK +3 PROGESTERONE*
ESTRADIOL DATE/TIME DRAWN _____ INITIALS ___

PEAK +5 PROGESTERONE*
ESTRADIOL DATE/TIME DRAWN _____ INITIALS ___

PEAK +7 PROGESTERONE*
ESTRADIOL DATE/TIME DRAWN _____ INITIALS ___

PEAK +9 PROGESTERONE*
ESTRADIOL DATE/TIME DRAWN _____ INITIALS ___

PEAK +11 PROGESTERONE*
ESTRADIOL DATE/TIME DRAWN _____ INITIALS ___

DRAWING INSTRUCTIONS

Limited Menstrual Cycle Profile:

Draw every other day through P+1 or P+2. On P+3 begin Drawing Luteal Function Profile if ordered.

*Submit minimum 1 mL serum aliquot in transfer tube from RED TOP OR SST for each day drawn. (Do not submit in SST)

Freeze all samples, keep until finished and ship together. Specimens can be room temp 5 days for shipping.

Prepaid shipping kits available
Call 402-390-0532 to order a kit

Diagnosis is MANDATORY for all Patient and Insurance Billing. Please circle the appropriate Diagnosis.

N93.9 Abnormal Uterine Bleeding
N93.8 Dysfunctional Uterine Bleed
N92.6 Irregular Cycles
E28.9 Luteal Phase Defect/Ovarian Dysfunction
N94.3 PMS/PMDD
E34.9 Endocrine Receptor Disorder
E34.8 Other Endocrine Disorders
E28.2 Polycystic Ovarian Syndrome

ICD-10 Code _____

Diagnosis _____