Meridian Valley LAB
6839 Fort Dent Way, Ste 206
Tukwila, WA 98188
Toll free: 855-405-8378
Phone: 206-209-4200 Fax: 206-209-4211

REQUISITION FORM

CLIA # 50-DO630590 TAX ID# 91-1909428

Patient Information: *(*For physician use only)*

Name:_____Sex:____Age:_____DOB:_____/_____/_____
(Print Clearly) Last First mm dd yyyy
Address:_____Phone:_____
City State Zip

Required Doctor/Clinic Information:
Client: **Patient Order** ID# **6302**

Payment Is Required When Submitting Sample (Patient Prepay Account)

Please choose one of the following methods to pay for your testing:

☐ Check enclosed ☐ Please call for Payment ☐ Please send secure pay link. Email: _____

Order#: _____ Auth #: _____ Total: _____ Date: _____/_____/_____

For All Tests
Date/Time of Collection_____

For 24-hour Urine Tests
Total Urine Volume _____mL
Collection time from _____to_____

For All Dried Urine Tests
Are you using vaginal/labial Hormones? ___YES___NO
Collection Time #1_____ #3_____
#2_____ #4_____

PATIENT ATTESTATION

I, _____ (print name), affirm that the information provided on this form is accurate and complete to the best of my knowledge. I understand that intentionally false information could impact my care and treatment by my ordering physician. I understand that Meridian Valley Lab is unable and will not provide me with a direct interpretive consultation of my results.

Signature: _____ Date: _____

Code	Food Sensitivity & Allergy
2013_____	95 Common Foods Panel (*Serum*)
2203_____	190 Combo Foods (*Serum*)
2100_____	Inhalant Allergen (*Serum*)
2081_____	190 Combo Panel & Inhalant Allergen (*Serum*)
2082_____	95 Common Panel & Inhalant Allergen (*Serum*)
2043_____	FoodSafe™ Total IgG *(Microtainer)*
2053_____	FoodSafe™ IgG4 (95) *(Bloodspot)*
2074_____	FoodSafe™ IgG4 (95) *(Microtainer)*
2059_____	FoodSafe™ IgG4 (190) *(Bloodspot)*
2079_____	FoodSafe™ IgG4 (190) *(Microtainer)*

Code	Microbiology
6000_____	CSDA
6002_____	CSDA with O & P x 3
6005_____	CSDA w/ Fecal Heavy Metals
6010_____	DP: Microdigestive Panel
7010_____	Ova & Parasites
7110_____	Ova & Parasites x 3
6060_____	Stool Culture (Bacteria and Candida)
6080_____	Candida Culture
6603_____	Helicobacter Pylori Antigen
6602_____	C. Difficile Antigen
1032_____	Fecal Heavy Metals

Code	Thyroid and Combined Health Screen
8020_____	Thyroid Panel, TSH, T3, FT3, T4, FT4, rT3
4258_____	Thyroid Eval.: TSH, FT3, FT4, rT3, TAB
8022_____	Mini Thyroid: TSH, FT3, FT4
1550_____	Thyroid Antibodies (TAB): TPO, ATA
4259_____	Thyroid Comp (TSH,T3/T4,FT3,FT4,rT3,ATA,ATG)
4263_____	Thyroid Conversion (TSH,T3/T4,FT4)
3010_____	Combined Health Screen
3009_____	Combined Health Screen w/ Mini Thyroid
7107_____	Combined Health Screen, Extended

_____

Code	24 Hour Urine Hormones
Standalone	
4075_____	Aldosterone
4456_____	Free T3/ Free T4
4076_____	Human Growth Hormone
4091_____	Melatonin & 6 Sulfatoxymelatonin (MT6s)
4006_____	Oxytocin
4423_____	Taurine
Add-on	
4073_____	Aldosterone
4457_____	Urine Free T3/ Free T4
4077_____	Human Growth Hormone (hGH)
4092_____	Melatonin & 6 Sulfatoxymelatonin (MT6s)
4007_____	Oxytocin
4425_____	Taurine
Other 24-Hour Urine Standalone (Non-Hormonal)	
7611_____	Halides Profile (Iodide, Bromide, Fluoride)
7610_____	Iodine Loading
7118_____	24hr Urine NTx N-Telopeptide

Code	Dried Urine Hormone Profiles
Individual	
4966_____	Dried Urine Free T3/Free T4
4970_____	Dried Urine Organic Acids (KYNA,XANA)
Add-on	
4967_____	Dried Urine Free T3/Free T4
4971_____	Dried Urine Organic Acids (KYNA,XANA)

Venipuncture Fee:$

Other Instructions

Please return this form with the sample!

ICD- 10 CODE(S)

_____
_____
_____
_____
_____

Lab Only

S_____ White_____
PL_____ Yellow_____
BS_____ Black_____
LAV_____ Hair_____
DU_____ H / P
UR_____
HQ_____

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Prices subject to change without notice Rev. 06-30-25

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(Print Clearly) Name:_____ Sex:____ Age:_____ Date of Birth:_____/_____/_____
Last First mm dd yyyy

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Date/Time of Collection_____

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Total Urine Volume_____mL; Collection from _____to_____

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Code	Blood (Serum) Tests
3111_____	Cortisol
8010_____	DHEA
3112_____	DHEA-SO4
9046_____	Estradiol
9052_____	Estrone
3118_____	Progesterone
4413_____	Testosterone, Free and Total
3430_____	Sex Hormone Binding Globulin
3071_____	FSH & LH
7127_____	PSA, Free and Total
9030_____	PSA, Complex
3050_____	TSH
3015_____	FREE T3
3030_____	Total T3
3025_____	FREE T4
3040_____	Total T4
3031_____	rT3
9010_____	CoQ10
8090_____	Ferritin
3012_____	Homocysteine
4224_____	C-Peptide
1070_____	RBC Minerals (18 Analytes)

Code	Nutrition/Glucose/Insulin
1221_____	Essential Fatty Acids, RBC
1113_____	Amino Acids, Plasma, **FASTING**
1260_____	25-OH Vitamin D
5010_____	Neutrophilic Segmentation
4120_____	Glucose, **FASTING**
8050_____	Insulin, **FASTING**
3125_____	IGF-1, **FASTING**
4126_____	Fasting & 2 Hr Glu, Ins and HgbA1C
4140_____	Glycemic Stress: Glu Ins IGF1 CPep HgbA1c
8075_____	4 hr Kraft Prediabetes Profile (Serum) **FASTING**

Code	Blood (Serum) Profiles
2436_____	Advanced Lipid Profile (T. Chol, HDL, Trig, Non-HDL, Lipoprotein Fract, Lp(A), ApoB)
7180_____	Alzheimer's Screening (pTau-217)
7179_____	Alzheimer's Profile (pTau-217, NFL, GFAP)
3145_____	ANA Screen w/ Reflex to Titer & Pattern
3401_____	Arthritis Profile (RF, CCP, MCV, HLA B27)
3221_____	Iron & Ferritin Profile
4278_____	Vitamin B12 & Folate Profile

Other Instructions

Please return this form with the sample!

ICD- 10 CODE(S)

Code	Age Management	
Fasting	***Non-fasting***	
4306_____	4307_____	Male Age Management Panel
4304_____	4305_____	Female Age Management Panel

Code	Other Tests
1030_____	Hair Minerals
9025_____	Microbial Organic Acid Test – MOAT (1st Morning urine)
7829_____	Organic Acid Test - OAT (1st Morning urine)
3003_____	Urinary NTx N-Telopeptide (2nd morning urine)
3004_____	Urinary Calcium
*1123_____	Urine Minerals, Toxic & Essential 6- or 24-hour Post
*1128 _____	Urine Minerals, Toxic Only 6- or 24-hour Post

*Provoking Agent: _____ 6-hr or 24-hr Urine
*Volume: _____ml

Venipuncture Fee: $

Lab Only

S_____
PL_____
BS_____
LAV___
DU_____
UR_____
HQ_____
White_____
Yellow_____
Black_____
Hair_____
H / P

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