

# DIABETES TYPE I WORKSHEET

**NAME:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**Patient Identifier:** \_\_\_\_\_ **Referring Physician:** \_\_\_\_\_

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**RADIOLOGY:**  
NONE RECOMMENDED

**ROUTINE LABS:**  
\_\_\_ CBC, CMP, PT, PTT

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**STANDARD DIABETES TYPE I LABS:**  
***SPECIMENS TO BE SENT TO YOUR REGULARY CONTRACTED LAB:***

	<b>CPT CODES</b>
___ Type for HLA DR3 and DR4 genotype	86817
___ Test for Islet cell antibody	86341
___ Test for GAD	83519
___ Test for Gastric-parietal cell	83516
___ Test for Adrenal antibody	86256
___ Test for Thyroid antibody	86376

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**SUPPRESSIVE/PROVOCATIVE TESTS**  
\_\_\_ Measure insulin secretion using fasting or arginine-stimulated C-peptide level

**TEST FREQUENCY:** \_\_\_ **IMMEDIATELY**

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**ICD-9 CODES**

Diabetes Type 1 (Without complication, Controlled)	250.01
Diabetes Type 1 (Uncontrolled)	250.03