

- Gold (SST) Tube
- Lavender (EDTA) Tube
- Plain Red Tube
- Blue (Buffered Citrated Sodium) Tube
- Urine Collection Cup
- 24 Hour Urine Collection Container
- BD Vacutainer Urine C&S Collection System

Phone results to:	Copy results to:	Fax results to:
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Ordering Physician _____

Patient Information / Billing Information (Please Print)

Pt. Last Name	First	M.	Birth Date
Patient SS#	Pt. Telephone #		Sex <input type="checkbox"/> M <input type="checkbox"/> F
Date Collected	Time Collected <input type="checkbox"/> AM <input type="checkbox"/> PM	Collected by:	Specimen is: <input type="checkbox"/> Random <input type="checkbox"/> Fasting
Bill to: <input type="checkbox"/> Patient <input type="checkbox"/> Medicare <input type="checkbox"/> Medicaid <input type="checkbox"/> Insurance <input type="checkbox"/> Client/Physician <input type="checkbox"/> PHO		Ins. Change <input type="checkbox"/>	See Attached <input type="checkbox"/>

PRIMARY INSURANCE

Responsible Party's Name	
Street Address	
City, State, Zip	
Insurance Name:	Patient is: <input type="checkbox"/> Subscriber <input type="checkbox"/> Spouse <input type="checkbox"/> Other
Policy #:	Group #:
Other Info:	Policy Holder DOB:

SECONDARY INSURANCE

Responsible Party's Name	
Street Address	
City, State, Zip	
Insurance Name:	Patient is: <input type="checkbox"/> Subscriber <input type="checkbox"/> Spouse <input type="checkbox"/> Other
Policy #:	Group #:
Other Info:	Policy Holder DOB:

When ordering any test and/or any disease oriented panel, please remember: In order for the lab to bill, each and every test must be medically necessary for treatment or diagnosis of the patient. The ordering physician is required to submit ICD-9 diagnosis information supported by the patient medical record.

Tests noted with a ♦ may need an ABN signature (based on implementation of National Coverage Determinations in November of 2002). See the Medicare Medical Policies for covered diagnoses.

APPROVED PANELS <i>(see reverse for panel descriptions)</i>		BLOOD – SERUM – PLASMA TESTS				Routine Cultures <i>(Culture includes ID and Susceptibility when appropriate)</i>		
X	TESTS	ICD9	X	TESTS	ICD9	X	TESTS	ICD9
5	<input type="checkbox"/> Basic Metabolic 8		23	<input type="checkbox"/> ♦ AFP Tumor		58	<input type="checkbox"/> Lead	
6	<input type="checkbox"/> Comp Meta 14		24	<input type="checkbox"/> Albumin		59	<input type="checkbox"/> Lipase	
7	<input type="checkbox"/> Electrolyte		25	<input type="checkbox"/> Amylase		60	<input type="checkbox"/> Magnesium	
8	<input type="checkbox"/> ♦ Lipid		26	<input type="checkbox"/> ANA #		61	<input type="checkbox"/> Mono Test	
9	<input type="checkbox"/> Renal Function		101	<input type="checkbox"/> ♦ B-Type Natriuretic Peptide		62	<input type="checkbox"/> Phosphorus	
10	<input type="checkbox"/> ♦ Acute Hepatitis		27	<input type="checkbox"/> Bilirubin, Total		63	<input type="checkbox"/> Potassium	
11	<input type="checkbox"/> Hepatic Function		28	<input type="checkbox"/> BUN		64	<input type="checkbox"/> Preg Scrn Urine	
12	<input type="checkbox"/> Obstetric		29	<input type="checkbox"/> ♦ CA 125		65	<input type="checkbox"/> Preg Scrn Serum	
THERAPEUTIC DRUGS**			30	<input type="checkbox"/> ♦ CA 19-9		66	<input type="checkbox"/> Progesterone	
13	<input type="checkbox"/> Carbamazepine		31	<input type="checkbox"/> ♦ CA 27-29		67	<input type="checkbox"/> Prolactin	
14	<input type="checkbox"/> ♦ Digoxin		32	<input type="checkbox"/> Calcium		68	<input type="checkbox"/> Protein Electroph #	
15	<input type="checkbox"/> Dilantin		33	<input type="checkbox"/> Carbon dioxide		69	<input type="checkbox"/> Protein Total	
16	<input type="checkbox"/> Lithium		34	<input type="checkbox"/> CBC w/man diff, if indicated		1-2	<input type="checkbox"/> ♦ Protime Ther <input type="checkbox"/>	
17	<input type="checkbox"/> Phenobarbital		35	<input type="checkbox"/> ♦ CEA		72A	<input type="checkbox"/> ♦ PSA Screen	V76.44
18	<input type="checkbox"/> Theophylline		36	<input type="checkbox"/> ♦ Cholesterol		72B	<input type="checkbox"/> ♦ PSA Diagnostic	
19	<input type="checkbox"/> Valproic Acid		37	<input type="checkbox"/> CK		3-4	<input type="checkbox"/> ♦ PTT Therapy <input type="checkbox"/>	
20	<input type="checkbox"/> Vancomycin peak		38	<input type="checkbox"/> Creatinine		71	<input type="checkbox"/> RA (rheumatoid)	
21	<input type="checkbox"/> Vanco trough		39	<input type="checkbox"/> ♦ CRPHS		72	<input type="checkbox"/> Reticulocyte Ct.	
OB AFP SCREEN			40	<input type="checkbox"/> Estradiol		73	<input type="checkbox"/> RPR	
PATIENT HISTORY REQUIRED			41	<input type="checkbox"/> ♦ Ferritin		74	<input type="checkbox"/> Rubella, IgG	
22	<input type="checkbox"/> ♦ OB Triple Scrn		42	<input type="checkbox"/> Folate		75	<input type="checkbox"/> ♦ Sed Rate	
103	<input type="checkbox"/> ♦ OB Quad Screen		43	<input type="checkbox"/> ♦ Gamma GT		76	<input type="checkbox"/> SGOT (AST)	
Race: <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Other			44	<input type="checkbox"/> ♦ Glucose		77	<input type="checkbox"/> SGPT (ALT)	
Maternal Weight: _____			45	<input type="checkbox"/> H. pylori IgG Ab		78	<input type="checkbox"/> Sodium	
Insulin dependent <input type="checkbox"/> Yes <input type="checkbox"/> No			46	<input type="checkbox"/> ♦ HCG Quant		79	<input type="checkbox"/> T3 Free	
Multiple gestation <input type="checkbox"/> Yes <input type="checkbox"/> No			47	<input type="checkbox"/> ♦ HCG Tumor		80	<input type="checkbox"/> T3 Total	
LMP Date: _____			48	<input type="checkbox"/> ♦ Hemogram		81	<input type="checkbox"/> ♦ T3 Uptake	
Ultrasound Date: _____			49	<input type="checkbox"/> ♦ Hep B Core Ab		82	<input type="checkbox"/> ♦ T4, Free	
Gestation At Ultrasound: _____			50	<input type="checkbox"/> Hep B Surf Ab		83	<input type="checkbox"/> ♦ T4, Total	
_____ Wks _____ Days			51	<input type="checkbox"/> ♦ Hep B Surf Ag		84	<input type="checkbox"/> Testosterone	
If patient did not have an ultrasound, the gestational age will be calculated from the LMP.			52	<input type="checkbox"/> ♦ Hep C Ab		85	<input type="checkbox"/> ♦ Transferrin	
Repeat sample? <input type="checkbox"/> Yes <input type="checkbox"/> No			53	<input type="checkbox"/> ♦ Hgb A1C		86	<input type="checkbox"/> ♦ Triglyceride	
			54	<input type="checkbox"/> ♦ HIV 1 & 2 Ab		87	<input type="checkbox"/> ♦ TSH	
			55	<input type="checkbox"/> ♦ Iron		88	<input type="checkbox"/> Uric Acid	
			56	<input type="checkbox"/> ♦ Iron/IBC		89	<input type="checkbox"/> Vitamin B12	
			57	<input type="checkbox"/> LD (LDH)		BLOOD BANK		
						90	<input type="checkbox"/> ABO/Rh	
						92	<input type="checkbox"/> Type & Screen	

ADDITIONAL TESTS: (INCLUDE COMPLETE TEST NAME AND ORDER CODES)

PANEL COMPONENTS

Comprehensive Metabolic Profile

Albumin	Glucose
Alkaline phosphatase	Potassium
Bilirubin, Total	Protein, total
Calcium	Sodium
Carbon dioxide	ALT – SGPT
Chloride	AST – SGOT
Creatinine	BUN

Acute Hepatitis Profile

Hepatitis A Antibody, IgM
Hepatitis B Core Antibody, IgM
Hepatitis B Surface Antigen
Hepatitis C Antibody

Renal Function Panel

Albumin	Glucose
Calcium	Phosphorus
Carbon dioxide	Potassium
Chloride	Sodium
Creatinine	BUN

Obstetric Panel

CBC	Rubella
Hepatitis B Surface Ag	Type and Screen
RPR, Qualitative	

Basic Metabolic Profile

Calcium	Glucose
Carbon dioxide	Potassium
Chloride	Sodium
Creatinine	BUN

Electrolytes

Carbon dioxide
Chloride
Potassium
Sodium

Lipid Profile

Cholesterol
HDL
Triglycerides
LDL (calculated)

Liver (Hepatic) Panel

Albumin	Protein, Total
Alkaline phosphatase	ALT – SGPT
Bilirubin, Total	AST – SGOT
Bilirubin, Direct	

Tests flagged with a # will automatically be interpreted by the Pathologist. Other tests which automatically include the Pathologist's interpretation are listed on the reverse of page 2 of this requisition. If you do not wish to have the interpretation performed please check this box:

Do not include the Pathologist's interpretation for the tests listed on the other side.