

Completion of Lab Order Form

Laboratory Education
for
Physician Office Staff

October 2016

In a Nutshell...



LAB REQUEST FORM		Patient Name	Ordering Physician (FNPP order- enter Phys in charge)	Date	
		Last	First	M	
				Date of Birth	
CLINICAL DIAGNOSIS- TESTS THAT APPEAR IN THIS FORM require ICD-9 codes for medical necessity reasons. For compliance requirement, please number the Dx choice on the back of this form. Place Dx number to right of test ordered on front of form.					
<input type="checkbox"/>	LIST OF BASIC CHEMISTRIES	<input type="checkbox"/>	OTHER CHEMISTRIES	<input type="checkbox"/>	HEMATOLOGY/COAG
<input type="checkbox"/>	ALBUMIN	<input type="checkbox"/>	APP. (include info sheet)	<input type="checkbox"/>	CLOSURE TIME
<input type="checkbox"/>	ALKALINE PHOSPHATASE	<input type="checkbox"/>	AMYLASE	<input type="checkbox"/>	FIBRINOGEN
<input type="checkbox"/>	ALT (SGPT)	<input type="checkbox"/>	ANTI NUCLEAR ANTIBODY (ANA)	<input type="checkbox"/>	FIBRIN SPLIT PROD (FDP)
<input type="checkbox"/>	AST (SGOT)	<input type="checkbox"/>	CA ANTIGEN 125 (CA-125)	<input type="checkbox"/>	PARTIAL THROMBIN TIME (PTT)
<input type="checkbox"/>	BILIRUBIN, DIRECT	<input type="checkbox"/>	CA 27.29	<input type="checkbox"/>	PROTHROMBIN TIME (PT-INR)
<input type="checkbox"/>	BILIRUBIN, TOTAL	<input type="checkbox"/>	CEA	<input type="checkbox"/>	*CBC (PLATELET INCLUDED)
<input type="checkbox"/>	BUN	<input type="checkbox"/>	CORTISOL □ AM □ PM □ Ran	<input type="checkbox"/>	*CBC & DIFF - AUTO
<input type="checkbox"/>	CALCIUM	<input type="checkbox"/>	CPK, TOTAL	<input type="checkbox"/>	CBC & DIFF - MANUAL
<input type="checkbox"/>	CARBON DIOXIDE	<input type="checkbox"/>	□ CRP □ CARDO CRP	<input type="checkbox"/>	□ HEMOGLOBIN □ HEMATOCT
<input type="checkbox"/>	CHLORIDE	<input type="checkbox"/>	CMV IgG, IgM, AB	<input type="checkbox"/>	RETICULOCYTE COUNT
<input type="checkbox"/>	CREATININE	<input type="checkbox"/>	EBV AB PANEL	<input type="checkbox"/>	SED RATE (ESR)
<input type="checkbox"/>	GLUCOSE (8-10 hr fast)	<input type="checkbox"/>	ESTROGEN	<input type="checkbox"/>	MICROBIOLOGY
<input type="checkbox"/>	PHOSPHORUS	<input type="checkbox"/>	FERRITIN	<input type="checkbox"/>	Source:
<input type="checkbox"/>	POTASSIUM	<input type="checkbox"/>	FOLATE (8-10 hr fast)	<input type="checkbox"/>	□ Routine □ Urgent □ Stat
<input type="checkbox"/>	PROTEIN, TOTAL	<input type="checkbox"/>	FOLLICLE STIMULIN (FSH)	<input type="checkbox"/>	□ Fasting □ Nonfasting
<input type="checkbox"/>	SODIUM	<input type="checkbox"/>	GLUCOSE, COL 1 HOUR, PREG	<input type="checkbox"/>	□ Male □ Female
<input type="checkbox"/>	PANELS	<input type="checkbox"/>	H-PYLORI □ IgA □ IgG □ IgM	PATIENT INFORMATION - Please report to outpatient registration before going to lab. Have your insurance cards, policy numbers, and billing addresses available for the clerks. If your insurer requires you to submit a claim form, please have it completed and signed. Thank You! Phlebotomy Hours Liberty Street, Fax 333-5188 Monday - Friday 7:30 AM - 6:00 PM Saturday 8:00 AM - NOON Grove Street, Fax: 333-5663 Monday - Friday 7:30-11:30 AM Saturday 12:00-3:00 PM Yermol Lab, Fax 724-8943 Monday - Friday 8 AM - 2 PM Saturday 8:00 AM - NOON --Closed Sundays and Holidays-- * Manual diff is performed if WBC is >30,000, or if Hgb is <5 (Addnl info in manual). ** Urine microscopic is performed when dipstick is positive. + Positive AB screens and DAT will require additional testing. ‡ Reflex testing is possible if components are positive and considered medically appropriate. ◇ Crypto/Giardia antigen testing will be performed for an order of O&R that does not include a travel history outside the USA/Canada or other indication for testing.	
<input type="checkbox"/>	BASIC METABOLIC PANEL (8-10 hr fast)	<input type="checkbox"/>	HCG, TOTAL, QUANT		
<input type="checkbox"/>	BUN, CALCIUM, CARBON DIOXIDE	<input type="checkbox"/>	HEMOGLOBIN A1C		
<input type="checkbox"/>	CHLORIDE, CREATININE, GLUCOSE	<input type="checkbox"/>	HEMOGLOBIN ELECT		
<input type="checkbox"/>	POTASSIUM, SODIUM	<input type="checkbox"/>	HIV SCREEN		
<input type="checkbox"/>	COMPREHENSIVE METAB PANEL (8-10 hr fast)	<input type="checkbox"/>	HIV-1 RNA (PCR)		
<input type="checkbox"/>	ALBUMIN, ALKALINE PHOSPHATASE	<input type="checkbox"/>	HOMOCYSTEINE		
<input type="checkbox"/>	ALT/SGPT, AST/SGOT, T, BILIRUBIN	<input type="checkbox"/>	□ IgA □ IgG □ IgM □ IgE		
<input type="checkbox"/>	BUN, CALCIUM, CARBON DIOXIDE	<input type="checkbox"/>	IMMUNOELECTRO - SERUM		
<input type="checkbox"/>	CHLORIDE, CREATININE, GLUCOSE	<input type="checkbox"/>	□ IRON □ TIBC		
<input type="checkbox"/>	POTASSIUM, T, PROTEIN, SODIUM	<input type="checkbox"/>	IRON & TIBC % SATURATION		
<input type="checkbox"/>	ELECTROLYTE PANEL, SERUM	<input type="checkbox"/>	L CH		
<input type="checkbox"/>	CARBON DIOXIDE, CHLORIDE	<input type="checkbox"/>	LEAD, BLOOD (include info sheet)		
<input type="checkbox"/>	POTASSIUM, SODIUM	<input type="checkbox"/>	LIPASE		
<input type="checkbox"/>	HEPATIC FUNCTION PANEL	<input type="checkbox"/>	LIPID PROFILE ELECTRO		
<input type="checkbox"/>	ALBUMIN, ALKALINE PHOSPHATASE	<input type="checkbox"/>	LUTINIZING HORMONE (LH)		
<input type="checkbox"/>	ALT/SGPT, AST/SGOT, BILIRUBIN-TOT	<input type="checkbox"/>	MAGNESIUM		
<input type="checkbox"/>	BILIRUBIN-DIRECT, PROTEIN-TOTAL	<input type="checkbox"/>	METHYLMALONIC ACID, SERUM		
<input type="checkbox"/>	RENAL FUNCTION PANEL (8-10 hr fast)	<input type="checkbox"/>	MONO SCREEN		
<input type="checkbox"/>	ALBUMIN, BUN, CALCIUM, CARBON	<input type="checkbox"/>	± MONO SCREEN & TITER		
<input type="checkbox"/>	DIOXIDE, CHLORIDE, CREATININE,	<input type="checkbox"/>	MUMPS □ IgG □ IgM		
<input type="checkbox"/>	GLUCOSE, PHOSPHORUS,	<input type="checkbox"/>	PRO-BRAIN NAT PEP (PRO-BNP)		
<input type="checkbox"/>	POTASSIUM, SODIUM	<input type="checkbox"/>	PTH INTACT		
<input type="checkbox"/>	Components of the following panels are listed below. To meet the medical necessity requirements, individual tests may be ordered by checking the appropriate box. If the entire panel is medically necessary, check the box beside panel name.	<input type="checkbox"/>	PREG TEST - SERUM		
<input type="checkbox"/>	± ACUTE HEPATITIS PANEL	<input type="checkbox"/>	PROLACTIN		
<input type="checkbox"/>	HEPATITIS A ANTIBODY, IGM	<input type="checkbox"/>	PROSTATIC ACID PHOS		
<input type="checkbox"/>	HEPATITIS B CORE AB, IGM	<input type="checkbox"/>	PROSTATIC SPEC AG (PSA)		
<input type="checkbox"/>	± HEPATITIS B SURF ANTIGEN	<input type="checkbox"/>	PROSTATIC SPEC AG (PSA-SCREEN)		
<input type="checkbox"/>	HEPATITIS C ANTIBODY	<input type="checkbox"/>	PROTEIN ELECTRO, SERUM		
<input type="checkbox"/>	LIPID PANEL (12-14 hr fast)	<input type="checkbox"/>	± RHEUMATOID ARTHR (RA)		
<input type="checkbox"/>	CHOLESTEROL, TOTAL	<input type="checkbox"/>	RPR		
<input type="checkbox"/>	HDL CHOLESTEROL	<input type="checkbox"/>	RUBELLA □ IgG □ IgM		
<input type="checkbox"/>	LDL CHOLESTEROL (Calc only)	<input type="checkbox"/>	RUBELLA □ IgG □ IgM		
<input type="checkbox"/>	TBHQI SCREENING	<input type="checkbox"/>	RSV ANTIBODY		
<input type="checkbox"/>	OBSTETRIC PANEL	<input type="checkbox"/>	TESTOSTERONE, TOTAL		
<input type="checkbox"/>	ABO AND RH TYPE	<input type="checkbox"/>	TESTOSTERONE, TOTAL & FREE		
<input type="checkbox"/>	ANTIBODY SCREEN	<input type="checkbox"/>	T4 UPSTATE		
<input type="checkbox"/>	* CBC & DIFF - AUTO	<input type="checkbox"/>	T4 FREE		
<input type="checkbox"/>	HEP B SURFACE ANTIGEN	<input type="checkbox"/>	TRANSFERRIN		
<input type="checkbox"/>	RPR	<input type="checkbox"/>	TSH		
<input type="checkbox"/>	RUBELLA IGG	<input type="checkbox"/>	URIC ACID		
<input type="checkbox"/>		<input type="checkbox"/>	VIT B-12 (8-10 hr fast)		
<input type="checkbox"/>		<input type="checkbox"/>	VIT D 25 HYDROXY		
<input type="checkbox"/>		<input type="checkbox"/>	* CBC & DIFF - AUTO		
<input type="checkbox"/>		<input type="checkbox"/>	TERAPEUTIC DRUGS		
<input type="checkbox"/>		<input type="checkbox"/>	DIGOXIN		
<input type="checkbox"/>		<input type="checkbox"/>	DILANTIN (PHENYTOIN)		
<input type="checkbox"/>		<input type="checkbox"/>	LITHIUM		
<input type="checkbox"/>		<input type="checkbox"/>	PHENOBARB		
<input type="checkbox"/>		<input type="checkbox"/>	TEGRETOL		
<input type="checkbox"/>		<input type="checkbox"/>	RBC		
<input type="checkbox"/>		<input type="checkbox"/>	RBC - AUTOLOG		
<input type="checkbox"/>		<input type="checkbox"/>	APHERESD PLATELETS		
<input type="checkbox"/>		<input type="checkbox"/>	□ □ □ □ □		
<input type="checkbox"/>		<input type="checkbox"/>	□ □ □ □ □		
<input type="checkbox"/>		<input type="checkbox"/>	□ □ □ □ □		
<input type="checkbox"/>		<input type="checkbox"/>	□ □ □ □ □		
<input type="checkbox"/>		<input type="checkbox"/>	□ □ □ □ □		
<input type="checkbox"/>		<input type="checkbox"/>	□ □ □ □ □		

ALL information requested on the Lab Request Form is required and must be legible.

Please provide this information to prevent unnecessary calls to your office, or delays in reporting results.

The following departments could call as they may require different information from this form: Registration, Lab and Billing



LAB REQUEST FORM

Patient Name: _____ Ordering Physician (FNPP order-enter Phys in charge): _____ Date: _____
 Last First M Initial Last First M Initial
 Ordering FNPP: _____ Date of Birth: _____

CLINICAL DIAGNOSIS - TESTS THAT APPEAR IN THIS FORM require ICD-9 codes for medical necessity reasons. For compliance requirement, please number the Dx choice on the back of this form. Place Dx number to right of test ordered on front of form.

LIST OF BASIC CHEMISTRIES	OTHER CHEMISTRIES	HEMATOLOGY/COAG	Coag Testing: Is patient on anticoagulant?
ALBUMIN	APP (include info sheet)	CLOSURE TIME	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please specify
ALKALINE PHOSPHATASE	AMYLAASE	FIBRINOGEN	
ALT (SGPT)	± ANTI NUCLEAR ANTIBODY (ANA)	FIBRIN SPLIT PROD. (FDP)	
AST (SGOT)	CA ANTIGEN 125 (CA-125)	PARTIAL THROMBIN TIME (PTT)	
BILIRUBIN, DIRECT	CA 27.29	PROTHROMBIN TIME (PT - INR)	<input type="checkbox"/> Routine <input type="checkbox"/> Urgent <input type="checkbox"/> Stat
BILIRUBIN, TOTAL	CEA	* CBC (PLATELET INCLUDED)	<input type="checkbox"/> Fasting <input type="checkbox"/> Nonfasting
BUN	CORTISOL □ Am □ Pm □ Ran	* CBC & DIFF - AUTO	<input type="checkbox"/> Male <input type="checkbox"/> Female
CALCIUM	CPK, TOTAL	CBC & DIFF - MANUAL	
CARBON DIOXIDE	□ CRP □ CARDIO CRP	□ HEMOGLOBIN □ HEMATOCRIT	
CHLORIDE	CMV IgG, IgM AB	RETICULOCYTE COUNT	
CREATININE	EBV AB PANEL	SED RATE (ESR)	
GLUCOSE (8-10 hr fast)	ESTROGEN	MICROBIOLOGY	
PHOSPHORUS	FERRITIN	Source:	
POTASSIUM	FOLATE (8-10 hr fast)	± CULT - ROUTINE (aerobic)	
PROTEIN, TOTAL	FOLLICLE STIMULIN (FSH)	± CULT - ANAEROBIC	
SODIUM	GLUCOSE, COLA 1 HOUR, PREG	± CULT - FUNGAL	
PANELS	H-PYLORI □ IgA □ IgG □ IgM	± CULT - VIRAL	
BASIC METABOLIC PANEL (8-10 hr fast)	HCG, TOTAL, QUANT	DNA PROBE	
BUN, CALCIUM, CARBON DIOXIDE, CHLORIDE, CREATININE, GLUCOSE, POTASSIUM, SODIUM	HEMOGLOBIN A1C	□ CHLAMYDIA □ G.C	
COMPREHENSIVE METABOLIC PANEL (8-10 hr fast)	HEMOGLOBIN ELECT	± CULT - THROAT w/ STREP SCRN	
ALBUMIN, ALKALINE PHOSPHATASE, ALT/SGPT, T. BILIRUBIN, BUN, CALCIUM, CARBON DIOXIDE, CHLORIDE, CREATININE, GLUCOSE, POTASSIUM, T. PROTEIN, SODIUM	HIV SCREEN	± CULT - THROAT w/ STREP SCRN	
ELECTROLYTE PANEL, SERUM	HIV-1 RNA (PCR)	GROUP B STREP - recto-vag	
CARBON DIOXIDE, CHLORIDE, POTASSIUM, SODIUM	HOMOCYSTEINE	INFLUENZA □ A □ B	
HEPATIC FUNCTION PANEL	□ IgA □ IgG □ IgM □ IgE	MRSA - Nasal □ Cult □ PCR	
ALBUMIN, ALKALINE PHOSPHATASE, ALT/SGPT, AST/SGOT, T. BILIRUBIN, BUN, CALCIUM, CARBON DIOXIDE, CHLORIDE, CREATININE, GLUCOSE, POTASSIUM, T. PROTEIN, SODIUM	□ IRON □ TIBC	RSV	
RENAL FUNCTION PANEL (8-10 hr fast)	IRON & TIBC/% SATURATION	TRICHOMONAS Oult	
ALBUMIN, BUN, CALCIUM, CARBON DIOXIDE, CHLORIDE, CREATININE, GLUCOSE, PHOSPHORUS, POTASSIUM, SODIUM	LDH	STOOL TESTING	
The components of the following panels are listed below. To meet the medical necessity requirements, individual tests may be ordered by checking the appropriate box. Entire panel is medically necessary, check the box beside panel name.	LDL CHOL - Direct (12-14 hr fast)	± CULT - ENTERIC PATH - STOOL	
± ACUTE HEPATITIS PANEL	LEAD, BLOOD (include info sheet)	CLOSTRIDIUM DIFF - STOOL	
HEPATIC HEPATITIS ANTIBODY, IGM	LIPASE	CRYPTO AG - STOOL	
HEPATIC HEPATITIS B CORE AB, IGM	LIPID PHENOTYPE ELECTRO	GIARDIA AG - STOOL	
± HEPATITIS B SURF ANTIGEN	LUTINIZING HORMONE (LH)	± OSP - STOOL (include travel history)	
HEPATIC HEPATITIS C ANTIBODY	MAGNESIUM	OCULIT BLOOD - STOOL	
LIPID PANEL (12-14 hr fast)	METHYLMALONIC ACID, SERUM	H-PYLORI - STOOL	
CHOLESTEROL, TOTAL	MONO SCREEN	REDUCING SUB - STOOL	
NON CHOLESTEROL	± MONO SCREEN & TITER	FECAL LACTOFERRIN	
LDL CHOLESTEROL (Calc only)	MUMPS □ IgG □ IgM	URINE TESTING	
TRIGLYCERIDES	PRO-BRAIN NAT PEP (PRO-BNP)	± CULTURE - URINE	
OBSTETRIC PANEL	PTH INTACT	MEDICAL DRUG SCREEN - URINE	
ABO AND RH TYPE	PREG TEST - SERUM	IMMUNOELECTRO - URINE	
ANTIBODY SCREEN	PROLACTIN	MICROB S OLAN	
* CBC & DIFF - AUTO	PROSTATIC ACID PHOS	P/C RATIO - URINE	
HEP B SURFACE ANTIGEN	PROSTATIC SPEC AG (PSA)	PREG TEST - URINE -	
RPR	PROSTATIC SPEC AG (PSA-SCREEN)	PROTEIN ELECTRO - URINE	
RUBELLA IgG	PROTEIN ELECTRO, SERUM	** URINALYSIS	
	± RHEUMATOID ARTHR (RA)	□ void □ oin catch □ cath	
	RPR	URINALYSIS w/ MICROSCOPIC	
	RUBELLA □ IgG □ IgM	□ void □ oin catch □ cath	
	RUBELLA □ IgG □ IgM	24 HR CATECHOLAMINE	
	RSV ANTIBODY	24 HR CITRATE	
	TESTOSTERONE, TOTAL	24 HR CREATININE CLEAR	
	TESTOSTERONE, TOTAL & FREE	24 HR METANEPHRINE	
	T3 UPTAKE	24 HR PROTEIN	
	T4	24 HR OXALATE	
	T4, FREE	24 HR VMA	
	TRANSFERRIN		
	TSH	ABO, RH, TYPE	± NEWBORN WORKP (ABO, Rh, DAT)
	URIC ACID	+ ABO, RH TYPE & AB SCREEN	± RHOGAM, ANTEPRT (ABO, Rh, ABO)
	VIT B-12 (8-10 hr fast)	+ *TYPE & SCREEN* per policy	± RHOGAM, POSTPRT (ABO, Rh, ABO)
	VIT D - 25 HYDROXY	+ BLOOD PROD (incl Type & Sern)	LEUKOCYTE FILTER
	THERAPEUTIC DRUGS	Product Type	Quantity
	DILANTIN (PHENYTOIN)	RBC	C □ I □ L □
	LITHIUM	RBC - AUTOLOG	C □ I □ L □
	PHENOBARB	APHERESED PLATELETS	C □ I □ L □
	SEPRETOL		C □ I □ L □

1 Discard old forms.

Version updates can include updated test options and ICD-10 codes. If an old ICD-10 code is used, insurances will not reimburse for the test ordered.

2 Use patient's proper name

Example: "Elizabeth" Jones, not "Betty" Jones (The patient's name must match her name in MMC's medical record.)

3 Date

Written order is considered valid for 6 months from date of written order.



LAB REQUEST FORM		Patient Name Last First MI		Ordering Physician (if NPP order- enter Phys in charge)	4
				Ordering NPP	5
CLINICAL DIAGNOSIS- TESTS THAT APPEAR IN THIS FORM require ICD-9 codes for medical necessity reasons. For compliance requirements, please enter the ICD-9 code on the back of this form. Place Dix number to right of test ordered on front of form.					
LIST OF BASIC CHEMISTRIES	OTHER CHEMISTRIES	HEMATOLOGY/ COAG	Coag Testing: Is patient on anticoagulant? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please specify		
ALBUMIN	APP- (include info sheet)	CLOSURE TIME	<input type="checkbox"/> Routine <input type="checkbox"/> Urgent <input type="checkbox"/> Stat		
ALKALINE PHOSPHATASE	AMYLASE	FIBRINOGEN	<input type="checkbox"/> Fasting <input type="checkbox"/> Nonfasting		
ALT (SGPT)	± ANTI NUCLEAR ANTIBODY (ANA)	FIBRIN SPLIT PROD (FDP)	<input type="checkbox"/> Male <input type="checkbox"/> Female		
AST (SGOT)	CA ANTIGEN 125 (CA-125)	PARTIAL THROMBIN TIME (PTT)			
BILIRUBIN, DIRECT	CA 27.29	PROTHROMBIN TIME (PT - INR)			
BILIRUBIN, TOTAL	CEA	* CRK (PLATELET INCLUDED)			
BUN	CORTISOL <input type="checkbox"/> Am <input type="checkbox"/> Pm <input type="checkbox"/> Ran	* CRK & DIFF - AUTO			
CALCIUM	CPK, TOTAL	CRK & DIFF - MANUAL			
CARBON DIOXIDE	<input type="checkbox"/> CRP <input type="checkbox"/> CARDIO OCP	<input type="checkbox"/> HEMGLOBIN <input type="checkbox"/> HEMATOCT			
CHLORIDE	CMV IgG, IgM, AB	RETICULOCYTE COUNT			
CREATININE	EBV AB PANEL	SED RATE (ESR)			
GLUCOSE (8-10 hr fast)	ESTROGEN	MICROBIOLOGY			
PHOSPHORUS	FERRITIN	Source:			
POTASSIUM	FOLATE (8-10 hr fast)	± CULT - ROUTINE (aerobic)			
PROTEIN, TOTAL	FOLLICLE STIMULIN (FSH)	± CULT - ANAEROBIC			
SODIUM	GLUCOSE, COLA 1 HOUR, PREG	± CULT - FUNGAL			
PANELS	H-PYLORI <input type="checkbox"/> IgA <input type="checkbox"/> IgG <input type="checkbox"/> IgM	± CULT - VIRAL			
BASIC METABOLIC PANEL (8-10 hr fast)	HCG, TOTAL, QUANT	DNA PROBE			
BUN, CALCIUM, CARBON DIOXIDE, CHLORIDE, CREATININE, GLUCOSE, POTASSIUM, SODIUM	HEMOGLOBIN A1C	<input type="checkbox"/> CHLAMYDIA <input type="checkbox"/> G.C			
COMPREHENSIVE METAB PANEL (8-10 hr fast)	HEMOGLOBIN ELECT	± CULT - THROAT W/ STREP BORN			
ALBUMIN, ALKALINE PHOSPHATASE, ALT/SGPT, AST/SGOT, T. BILIRUBIN, BUN, CALCIUM, CARBON DIOXIDE, CHLORIDE, CREATININE, GLUCOSE, POTASSIUM, T. PROTEIN, SODIUM	HIV SCREEN	± CULT - THROAT NO STREP BORN			
ELECTROLYTE PANEL, SERUM	HIV-1 RNA (PCR)	GROUP B STREP -recto-vag			
CARBON DIOXIDE, CHLORIDE, POTASSIUM, SODIUM	HOMOCYSTEINE	INFLUENZA <input type="checkbox"/> A <input type="checkbox"/> B			
HEPATIC FUNCTION PANEL	<input type="checkbox"/> IgA <input type="checkbox"/> IgG <input type="checkbox"/> IgM <input type="checkbox"/> IgE	MIRGA - Nessel <input type="checkbox"/> Cult <input type="checkbox"/> PCR			
	IMMUNOELECTRO - SERUM	RSV			
	<input type="checkbox"/> IRON <input type="checkbox"/> TIBC	TRICHOMONAS AG			
	IRON & TIBC % SATURATION	STOOL TESTING			
	LDH	± CULT-ENTERIC PATH - STOOL			
	LDL CHOL - Direct (12-14 hr fast)	CLOSTRIDIUM DIFF - STOOL			
	LEAD, BLOOD (include info sheet)	CRYPTO AG - STOOL			
	LIPASE	GIARDIA AG - STOOL			
	LIPID PHENOTYPE ELECTRO				
	LUTINIZING HORMONE (LH)	± O&P - STOOL (include travel history)			

5 Non-Physician Practitioner

- Place the name of the physician in charge in Ordering Physician area.
- Place the NPP name in Ordering NPP area.
- (NOTE: NPP's name will appear as "other Dr" on the lab report.)

4 Ordering Physician/ NPP(s)

- Legible name, please!
- Include first and last name as we have many similar physician names in computer dictionary.

MMC requires NPPs to include on lab orders the name of the physician in charge at location of patient visit. (This is a requirement of MMC for billing/reimbursement purposes.)

6 Status – Fasting – Sex

Status

- Routine (default) – normally processed same day
- Urgent – within 4 hours of receipt
- STAT – within 1 hour of receipt

LAB REQUEST FORM

CLINICAL DIAGNOSIS-TESTS THAT APPEAR IN THIS FORM REQUIRE ICD-9 codes for medical necessity reasons. For compliance requirement, please number the Dx choice on the back of this form. Place Dx number to right of test ordered on front of form.

LAB REQUEST FORM		Patient Name		Ordering Physician (#NFP order- enter Phys in charge)		Date	
Last First MI		Last First MI		Ordering NPP		Date of Birth	
LIST OF BASIC CHEMISTRIES		OTHER CHEMISTRIES		HEMATOLOGY/ COAG		Coag Testing: Is patient on anticoagulant?	
ALBUMIN		APP_____ (include info sheet)		CLOSURE TIME		<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please specify	
ALKALINE PHOSPHATASE		AMYLASE		FIBRINOGEN			
ALT (GGT)		± ANTI-NUCLEAR ANTIBODY (ANA)		FIBRIN SPLIT PROD (FDP)			
AST (SGOT)		CA 27.29		PARTIAL THROMBIN TIME (PTT)			
BILIRUBIN, DIRECT		ESTROGEN		PROTHROMBIN TIME (PT - INR)		<input type="checkbox"/> Routine <input type="checkbox"/> Urgent <input type="checkbox"/> Stat	
BILIRUBIN, TOTAL		FERRITIN		* CBC (PLATELET INCLUDED)		<input type="checkbox"/> Fasting <input type="checkbox"/> Nonfasting	
BUN		FOLATE (8-10 hr fast)		* CBC & DIFF - AUTO		<input type="checkbox"/> Male <input type="checkbox"/> Female	
CALCIUM		FOLLICLE STIMULATING HORMONE (FSH)		CBC & DIFF - MANUAL			
CARBON DIOXIDE		GLUCOSE, COLA 1 HOUR, PREG		<input type="checkbox"/> HEMOGLOBIN <input type="checkbox"/> HEMATOCRIT			
CHLORIDE		H-PYLORI <input type="checkbox"/> IgA <input type="checkbox"/> IgG <input type="checkbox"/> IgM		RETICULOCYTE COUNT			
CREATININE		HCG, TOTAL, QUANT		SED RATE (ESR)			
GLUCOSE (8-10 hr fast)		HEMOGLOBIN A1C		MICROBIOLOGY		PATIENT INFORMATION - Please report to outpatient registration before going to lab. Have your insurance cards, policy numbers, and billing addresses available for the clerks. If your insurer requires you to submit a claim form, please have it completed and signed. Thank You!	
PHOSPHORUS		HEMOGLOBIN ELECT		Source:		Phlebotomy Hours Liberty Street, Fax 333-5188 Monday - Friday 7:30 AM - 5:00 PM Saturday 8:00 AM - NOON	
POTASSIUM		HIV SCREEN		± CULT - ROUTINE (aerobic)		Grove Street, Fax: 333-5663 Monday - Friday 7:30-1:30 AM Saturday 12:00-3:00 PM Saturday Closed	
PROTEIN, TOTAL		HIV-1 RNA (PCR)		± CULT - THROAT (aerobic)		Vernon Lab, Fax 724-8943 Monday - Friday 6 AM - 2 PM Saturday 8:00 AM - NOON Closed Sundays and Holidays	
SODIUM		HOMOCYSTEINE		± CULT - THROAT NO STREP BORN			
PANELS		IgA, IgG, IgM, IgE		± CULT - THROAT NO STREP-USA			
BASIC METABOLIC PANEL (8-10 hr fast)		INFLUENZA A B		GROUP B STREP -recto-ura			
BUN, CALCIUM, CARBON DIOXIDE, CHLORIDE, CREATININE, GLUCOSE, POTASSIUM, SODIUM		IRON, TIBC, % SATURATION		± CULT - ANAEROBIC			
COMPREHENSIVE METAB PANEL (8-10 hr fast)		LDL CHOL - Direct (12-14 hr fast)		± CULT - FUNGAL			
ALBUMIN, ALKALINE PHOSPHATASE, ALT, AST, BUN, BILIRUBIN, BILIRUBIN-DIRECT, BILIRUBIN-TOTAL, BUN, CALCIUM, CARBON DIOXIDE, CHLORIDE, CREATININE, GLUCOSE, POTASSIUM, T, PROTEIN, SODIUM		LEAD, BLOOD (include info sheet)		± CULT - VIRAL			
ELECTROLYTE PANEL, SERUM		LIPASE		DNA PROBE			
CARBON DIOXIDE, CHLORIDE, POTASSIUM, SODIUM		LIPID PHENOTYPE ELECTRO		<input type="checkbox"/> CHLAMYDIA <input type="checkbox"/> G.C			
HEPATIC FUNCTION PANEL		LUTINIZING HORMONE (LH)					
ALBUMIN, ALKALINE PHOSPHATASE, ALT, AST, BUN, BILIRUBIN-TOT, BILIRUBIN-DIRECT, PROTEIN-TOTAL		MAGNESIUM					
RENAL FUNCTION PANEL (8-10 hr fast)		METHYLMALONIC ACID, SERUM					
ALBUMIN, BUN, CALCIUM, CARBON DIOXIDE, CHLORIDE, CREATININE, GLUCOSE, POTASSIUM, SODIUM		MONO SCREEN					
The components of the following panels are listed below. To meet the medical necessity requirements, individual tests may be ordered by checking the appropriate box. The entire panel is medically necessary, check the box beside panel name.		MUMPS <input type="checkbox"/> IgG <input type="checkbox"/> IgM					
		PRO-BRAIN NAT PEP (PRO-BNP)					
		PTH INTACT					
		PREG TEST - SERUM					
		PROLACTIN					
		PROLACTIN					
		PROSTATIC ACID PHOS					
		PROSTATIC SPEC AG (PSA)					
		PROSTATIC SPEC AG (PSA-SCREEN)					
		PROTEIN ELECTRO - SERUM					
		RHEUMATOID ARTHR (RA)					
		RPR					
		RUBELLA <input type="checkbox"/> IgG <input type="checkbox"/> IgM					
		RUBELLA <input type="checkbox"/> IgG <input type="checkbox"/> IgM					
		RSV ANTIBODY					
		TESTOSTERONE, TOTAL					
		TESTOSTERONE, TOTAL & FREE					
		T3, FREE					
		T4, FREE					
		TRANSFERRIN					
		TRIGLYCERIDES					
		TSH					
		URIC ACID					
		VIT B-12 (8-10 hr fast)					
		VIT D 25 HYDROXY					
		THERAPEUTIC DRUGS					
		DIVIGIN					
		DILANTIN (PHENYTOIN)					
		LITHIUM					
		PHENOBARB					
		TEGRETOL					

6

Sex

Many reference ranges are sex specific. This is very important for reference lab orders (specimens collected at office and sent to lab).

Fasting/ Nonfasting

Significant to many tests. If marked as requesting "fasting", patient will be asked, and given an opportunity to return if they are NOT fasting.



LAB REQUEST FORM

Patient Name: _____ Ordering Physician (if NPP order- enter Phys in charge): _____ Date: _____
 Last First MI Ordering NPP _____ Date of Birth: _____

CLINICAL DIAGNOSIS- TESTS THAT APPEAR IN THIS FORM require ICD-9 codes for medical necessity reasons. For compliance requirement, please number the Dx choice on the back of this form. Place Dx number to right of test ordered on front of form.

7 Is Patient on Anticoagulant?

LIST OF BASIC CHEMISTRIES	OTHER CHEMISTRIES	HEMATOLOGY/COAG	Coag Testing: Is patient on anticoagulant?
ALBUMIN	APP. (include info sheet)	CLOSURE TIME	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please specify
ALKALINE PHOSPHATASE	AMYLASE	FIBRINOGEN	
ALT (SGPT)	± ANTI NUCLEAR ANTIBODY (ANA)	FIBRIN SPLIT PROD (FDP)	
AST (SGOT)	CA ANTIGEN 125 (CA-125)	PARTIAL THROMBIN TIME (PTT)	
BILIRUBIN, DIRECT	CA 27-29	PROTHROMBIN TIME (PT-INR)	<input type="checkbox"/> Routine <input type="checkbox"/> Urgent <input type="checkbox"/> Stat
BILIRUBIN, TOTAL	CEA	* CBC (PLATELET INCLUDED)	<input type="checkbox"/> Fasting <input type="checkbox"/> Nonfasting
BUN	CORTISOL <input type="checkbox"/> Am <input type="checkbox"/> Pm <input type="checkbox"/> Ran	* CBC & DIFF - AUTO	<input type="checkbox"/> Male <input type="checkbox"/> Female
CALCIUM	CPK, TOTAL	CBC & DIFF - MANUAL	
CARBON DIOXIDE	<input type="checkbox"/> CRP <input type="checkbox"/> CARDIO CRP	<input type="checkbox"/> HEMOGLOBIN <input type="checkbox"/> HEMATOCRIT	
CHLORIDE	CMV IgG, IgM, AB	RETICULOCYTE COUNT	
CREATININE	EBV AB PANEL	SED RATE (ESR)	
GLUCOSE (8-10 hr fast)	ESTROGEN	MICROBIOLOGY	
PHOSPHORUS	FERRITIN	Source:	
POTASSIUM	FOLATE (8-10 hr fast)	± CULT - ROUTINE (aerobic)	
PROTEIN, TOTAL	FOLLICLE STIMULIN (FSH)	± CULT - ANAEROBIC	
SODIUM	GLUCOSE COLA 1 HOUR, PREG	± CULT - FUNGAL	
PANELS	H-PYLORI <input type="checkbox"/> IgA <input type="checkbox"/> IgG <input type="checkbox"/> IgM	± CULT - VIRAL	
BASIC METABOLIC PANEL (8-10 hr fast)	HCG, TOTAL, QUANT	DNA PROBE	
BUN, CALCIUM, CARBON DIOXIDE, CHLORIDE, CREATININE, GLUCOSE, POTASSIUM, SODIUM	HEMOGLOBIN A1C	<input type="checkbox"/> CHLAMYDIA <input type="checkbox"/> GC	
COMPREHENSIVE METAB PANEL (8-10 hr fast)	HEMOGLOBIN ELECT	± CULT - THROAT w/ STREP BORN	
ALBUMIN, ALKALINE PHOSPHATASE, ALT/SGPT, AST/SGOT, T. BILIRUBIN, BUN, CALCIUM, CARBON DIOXIDE, CHLORIDE, CREATININE, GLUCOSE, POTASSIUM, T. PROTEIN, SODIUM	HIV SCREEN	± CULT - THROAT NO STREP BORN	
ELECTROLYTE PANEL, SERUM	HIV-1 RNA (PCR)	GROUP B STREP - recto-vag	
CARBON DIOXIDE, CHLORIDE, POTASSIUM, SODIUM	HOMOCYSTEINE	INFLUENZA <input type="checkbox"/> A <input type="checkbox"/> B	
HEPATIC FUNCTION PANEL	<input type="checkbox"/> IgA <input type="checkbox"/> IgG <input type="checkbox"/> IgM <input type="checkbox"/> IgE	MRSA - Navel <input type="checkbox"/> Cult <input type="checkbox"/> PCR	
ALBUMIN, ALKALINE PHOSPHATASE, ALT/SGPT, AST/SGOT, BILIRUBIN-TOT, BILIRUBIN-DIRECT, PROTEIN-TOTAL	IMMUNOELECTRO - SERUM	RSV	
RENAL FUNCTION PANEL (8-10 hr fast)	<input type="checkbox"/> IRON <input type="checkbox"/> TIBC	TRICHOMONAS AG	
ALBUMIN, BUN, CALCIUM, CARBON DIOXIDE, CHLORIDE, CREATININE, GLUCOSE, PHOSPHORUS, POTASSIUM, SODIUM	IRON & TIBC/% SATURATION	STOOL TESTING	
The components of the following panels are listed below. To meet the medical necessity requirements, individual tests may be ordered by checking the appropriate box. If entire panel is medically necessary, check the box beside panel name.	LDL CHOL - Direct (12-14 hr fast)	± CULT-ENTERIC PATH - STOOL	
± ACUTE HEPATITIS PANEL	LEAD, BLOOD (include info sheet)	CLOSTRIDIUM DIFF - STOOL	
HEPATITIS B ANTIBODY, IGM	LIPASE	CRYPTO AG - STOOL	
HEPATITIS B CORE AB, IGM	LIPID PHENOTYPE ELECTRO	GIARDIA AG - STOOL	
± HEPATITIS B SURF ANTIGEN	LUTINIZING HORMONE (LH)	± OSP - STOOL (include travel history)	
HEPATITIS C ANTIBODY	MAGNESIUM	OCULT BLOOD - STOOL	
LIPID PANEL (12-14 hr fast)	METHYLMALONIC ACID, SERUM	H-PYLORI - STOOL	
CHOLESTEROL, TOTAL	MONO SCREEN	REDUCING SUB - STOOL	
HDL CHOLESTEROL	± MONO SCREEN & TITER	FECAL LACTOFERRIN	
LDL CHOLESTEROL (Calc only)	MUMPS <input type="checkbox"/> IgG <input type="checkbox"/> IgM	URINE TESTING	
TRANSFERRIN	PRO-BRAIN NAT PEP (PRO-BNP)	± CULTURE - URINE	
TRIGLYCERIDES	PTH INTACT	MEDICAL DRUG SCREEN - URINE	
OBSTETRIC PANEL	PREG TEST - SERUM	IMMUNOELECTRO - URINE	
ABO AND RH TYPE	PROLACTIN	MICROALS QUAN	
ANTIBODY SCREEN	PROSTATIC ACID PHOS	P/C RATIO - URINE	
* CBC & DIFF - AUTO	PROSTATIC SPEC AG (PSA)	PREG TEST - URINE -	
HEP B SURFACE ANTIGEN	PROSTATIC SPEC AG (PSA-SCREEN)	PROTEIN ELECTRO - URINE	
RPR	PROTEIN ELECTRO, SERUM	*** URINALYSIS	
RUBELLA IgG	± RHEUMATOID ARTHR (RA)	<input type="checkbox"/> void <input type="checkbox"/> dm catch <input type="checkbox"/> cath	
	RPR	URINALYSIS w/ MICROSCOPIC	
	RUBELLA <input type="checkbox"/> IgG <input type="checkbox"/> IgM	<input type="checkbox"/> void <input type="checkbox"/> dm catch <input type="checkbox"/> cath	
	RUBEOLLA <input type="checkbox"/> IgG <input type="checkbox"/> IgM	24 HR CATECHOLAMINE	
	RSV ANTIBODY	24 HR CITRATE	
	TESTOSTERONE, TOTAL	24 HR CREATININE CLEAR	
	TESTOSTERONE, TOTAL & FREE	24 HR METANEPHRINE	
	T3 UPTAKE	24 HR PROTEIN	
	T4	24 HR OXALATE	
	T4, FREE	24 HR VMA	
	TRANSFERRIN	BLOOD BANK - Tests	
	TSN	ABO, RH, TYPE	+ NEWBORN WORKP (ABO, Rh, DAT)
	URIC ACID	+ ABO, RH TYPE & AB SCREEN	+ RHOGAM, ANTEPR (ABO, Rh, ABO)
	VIT B-12 (8-10 hr fast)	+ 'TYPE & SCREEN' per policy	+ RHOGAM, POSTPR (ABO, Rh, ABO)
	VIT D 25 HYDROXY	+ BLOOD PROD (red Type & Sam)	LEUKOCYTE FILTER
	THERAPEUTIC DRUGS	Product Type	Special Attributes
	DIGOXIN	RBC	C <input type="checkbox"/> I <input type="checkbox"/> L <input type="checkbox"/>
	DILANTIN (PHENYTOIN)	RBC - AUTOLOG	C <input type="checkbox"/> I <input type="checkbox"/> L <input type="checkbox"/>
	LITHIUM	APHERESIS PLATELETS	C <input type="checkbox"/> I <input type="checkbox"/> L <input type="checkbox"/>
	PHENOBARB		C <input type="checkbox"/> I <input type="checkbox"/> L <input type="checkbox"/>
	TEGRETOL		

7


- For clarification, only coagulation tests require this information.
- The coagulation tests listed on this form are surrounded in a triple line frame.

“Site” information

Include the “Site Stamp” of your location in the top margin of the lab form.

Site designations are used by providers that see patients at multiple locations, but prefer the reports to only print at one office.

Many Insurances Require Medical Necessity



LAB REQUEST FORM		Patient Name	Ordering Physician (#NPP order-enter Phys in charge)	Date
		Last First M	Ordering NPP	Date of Birth
CLINICAL DIAGNOSIS- TESTS THAT APPEAR IN THIS FONT require ICD-9 codes for medical necessity reasons. For compliance requirement, please number the Dx choice on the back of this form. Place Dx number to right of test ordered on front of form.				
LIST OF BASIC CHEMISTRIES	OTHER CHEMISTRIES	HEMATOLOGY/ COAG		Coag Testing: Is patient on anticoagulant?
ALBUMIN	AFP_____ (include info. sheet)	CLOSURE TIME	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please specify	
ALKALINE PHOSPHATASE	AMYLASE	FIBRINOGEN		
ALT (SGPT)	± ANTI NUCLEAR ANTIBODY (ANA)	FIBRIN SPLIT PROD (FDP)		
AST (SGOT)	CA ANTIGEN 125 (CA-125)	PARTIAL THROMBIN TIME (PTT)		
BILIRUBIN, DIRECT	CA 27.29	PROTHROMBIN TIME (PT - INR)	<input type="checkbox"/> Routine <input type="checkbox"/> Urgent <input type="checkbox"/> Stat	
BILIRUBIN, TOTAL	CEA	* CBC (PLATELET INCLUDED)	<input type="checkbox"/> Fasting <input type="checkbox"/> Nonfasting	
BUN	CORTISOL <input type="checkbox"/> Am <input type="checkbox"/> Pm <input type="checkbox"/> Ran	* CBC & DIFF - AUTO	<input type="checkbox"/> Male <input type="checkbox"/> Female	
CALCIUM	CPK, TOTAL	CBC & DIFF - MANUAL		
CARBON DIOXIDE	<input type="checkbox"/> CRP <input type="checkbox"/> CARDIO CRP	<input type="checkbox"/> HEMGLOBIN <input type="checkbox"/> HEMATOCRIT		
CHLORIDE	CMV IgG, IgM AB	RETICULOCYTE COUNT		
CREATININE	EBV AB PANEL	SED RATE (ESR)		
GLUCOSE (8-10 hr fast)	ESTROGEN	MICROBIOLOGY	PATIENT INFORMATION - Please report to outpatient registration before going to lab. Have your insurance cards, policy numbers, and billing addresses available for the clerks. If your insurer requires you to submit a claim form, please have it completed and signed. Thank You!	
PHOSPHORUS	FERRITIN	Source:	Phlebotomy Hours Liberty Street, Fax 333-5188 Monday - Friday 7:30 AM - 6:00 PM Saturday 8:00 AM - NOON Grove Street, Fax: 333-5663	
POTASSIUM	FOLATE (8-10 hr fast)	± CULT - ROUTINE (aerobic)		
PROTEIN, TOTAL	FOLLICLE STIM HORM (FSH)	± CULT - ANAEROBIC		
SODIUM	GLUCOSE, COL 1 HOUR, PREG	± CULT - FUNGAL		
PANELS	H-PYLORI <input type="checkbox"/> IgA <input type="checkbox"/> IgG <input type="checkbox"/> IgM	± CULT - VIRAL		
BASIC METABOLIC PANEL (8-10 hr fast)	INR, TOTAL, QUALITY	DNA PROBE		
BUN, CALCIUM, CARBON DIOXIDE, CHLORIDE, CREATININE, GLUCOSE	HEMOGLOBIN A1C	<input type="checkbox"/> CHLAMYDIA <input type="checkbox"/> G.C		
	HEMOGLOBIN ELECT	± CULT - THROAT (MUST BE SPECIFIED)		

Many insurances have similar requirements to Medicare. They follow the same guidelines and will also deny payment. Meadville Medical Center's *Lab Request Form* indicates **tests requiring Medicare's medical necessity IN THIS FONT.**

If the test ordered has Medicare medical necessity requirements, please refer to *Medical Coverage Determination* module, featuring the resource below, for further information.

MEADVILLE MEDICAL CENTER
Contact Meadville: 814,333,5000 Contact Titusville: 814,827,1851

MORE THAN A HOSPITAL
Meadville Medical Center | MMC Foundation | Hospice of Crawford County | Locations | Payments

HOME
A-LIST
TEST MENU
GENERAL
REFERENCE SPECIMENS
CONTACT US

A-LIST (ABN's- Lab ICD-10 Search Tool)

Additional Information

What is the A-LIST?

How do I find the diagnostic information I need?

National Coverage Determination (NCD) – Complete Document (Published July 2015)
[NCD documents appear in blue](#)

LCD – PLEASE READ CAREFULLY

Local Coverage Determination (LCD) documents appear in orange. These documents are written differently than the NCD documents. Some test groups have specific coverage determinations for each test, and some test groups have special conditions.

Quick Reference Chart (Quick Reference Chart contains only data for the following):
Stool-Colorectal Screen
Pap Smear
PSA Screen

RESOURCES:
[Medicare NCDs](#)
[Medicare Quick Reference Chart](#)
[LCD-Active Test Group Index](#)
[LCD-Laboratory Test List \(JL- LCD, located at bottom of page\)](#)

Test Group Coverage Determination	CPT	MMC Tests	Details	Date Published
Acute Hepatitis Panel/ Hepatitis Panel	80074	CODE LOCK UP Hepatitis Panel W/Rfx, Acute	Details	NCD July 2015
Alpha-fetoprotein	82105	CODE LOCK UP AFP Tumor Marker, Serum Integrated Screen Part 2 Maternal Quad Screen Maternal Serum AFP Maternal Serum Screen 5	Details	NCD July 2015
Allergy Testing	82785	CODE LOCK UP Gammaglobulin (immunoglobulin); IgE	Details	LCD 10/01/15
	86003	allergen specific IgE, each allergen		
Assays for Vitamins and Metabolic Function	Code lists are different for each test group.		Details	LCD 08/25/16
	82180	Assay of ascorbic acid		
	82306	Vitamin D 25 hydroxy		
	82379	Assay of carnitine		
	82607	Vitamin B12		
	82652	Vitamin D,1,25-Dihydroxy		
	82746	Assay of folic acid serum		

Additional Details

Highlight

Highlight tests ordered in YELLOW to ensure visibility. (Other colors scan as "black" and can not be read.)

Avoid Abbreviations

Abbreviations encourage interpretation, thus increase possible test order error.

Legible

Illegible entry encourages interpretation, thus increase possible test order error.

LAB REQUEST FORM		Patient Name	Ordering Physician (if NFP order- enter Phys in charge)	Date
Last First M			Ordering NPP	Date of Birth
CLINICAL DIAGNOSIS- TESTS THAT APPEAR IN THIS FORM require ICD-9 codes for medical necessity reasons. For compliance requirement, please number the Dx choice on the back of this form. Place Dx number to right of test ordered on front of form.				
LIST OF BASIC CHEMISTRIES	OTHER CHEMISTRIES	HEMATOLOGY/ COAG	Coag Testing: Is patient on anticoagulant?	
ALBUMIN	APP_____ (include info sheet)	CLOSURE TIME	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please specify	
ALKALINE PHOSPHATASE	AMYLASE	FIBRINOGEN		
ALT (SGPT)	± ANTI NUCLEAR ANTIBODY (ANA)	FIBRIN SPLIT PROD. (FDP)		
AST (SGOT)	CA ANTIGEN 125 (CA-125)	PARTIAL THROMBIN TIME (PTT)		
BILIRUBIN, DIRECT	CA 27.29	PROTHROMBIN TIME (PT - INR)	<input type="checkbox"/> Routine <input type="checkbox"/> Urgent <input type="checkbox"/> Stat	
BILIRUBIN, TOTAL	CEA	* CBC (PLATELET INCLUDED)	<input type="checkbox"/> Fasting <input type="checkbox"/> Nonfasting	
BUN	CORTISOL <input type="checkbox"/> Am <input type="checkbox"/> Pm <input type="checkbox"/> Ran	* CBC & DIFF - AUTO	<input type="checkbox"/> Male <input type="checkbox"/> Female	
CALCIUM	CPK, TOTAL	CBC & DIFF - MANUAL		
CARBON DIOXIDE	□ CRP □ CARDIO CRP	□ HEMOGLOBIN □ HEMATOCRIT		
CHLORIDE	CMV Igg, IGM AB	RETICULOCYTE COUNT		
CREATININE	ESV AB PANEL	SED RATE (ESR)		
GLUCOSE (8-10 hr fast)	ESTROGEN	MICROBIOLOGY	PATIENT INFORMATION - Please report to outpatient registration before going to lab. Have your insurance cards, policy numbers, and billing addresses available for the clerks. If your insurer requires you to submit a claim form, please have it completed and signed. Thank You!	
PHOSPHORUS	FERRITIN	Source:	Phlebotomy Hours	
POTASSIUM	FOLATE (8-10 hr fast)	± CULT - ROUTINE (aerobic)	Liberty Street, Fax 333-5188	
PROTEIN, TOTAL	FOLLICLE STIMULATING HORMONE (FSH)	± CULT - ANAEROBIC	Monday - Friday 7:30 AM - 6:00 PM	
SODIUM	GLUCOSE COLA 1 HOUR, PREG	± CULT - FUNGAL	Saturday 8:00 AM - NOON	
PANELS	H-PYLORI <input type="checkbox"/> IgA <input type="checkbox"/> IgG <input type="checkbox"/> IgM	± CULT - VIRAL	Grove Street, Fax: 333-5663	
BASIC METABOLIC PANEL (8-10 hr fast)	HCG, TOTAL, QUANT	DNA PROBE	Monday - Friday 7:30-11:30 AM	
BUN, CALCIUM, CARBON DIOXIDE, CHLORIDE, CREATININE, GLUCOSE, POTASSIUM, SODIUM	HEMOGLOBIN A1C	□ CHLAMYDIA □ GC	Saturday 8:00 AM - NOON	
COMPREHENSIVE METABOLIC PANEL (8-10 hr fast)	HIV SCREEN	± CULT - THROAT W/ STREP BORN	Vernon Lab, Fax 724-8943	
ALBUMIN, ALKALINE PHOSPHATASE, ALT (SGPT), AST (SGOT), BILIRUBIN, BUN, CALCIUM, CARBON DIOXIDE, CHLORIDE, CREATININE, GLUCOSE, POTASSIUM, T. PROTEIN, SODIUM	HIV-1 RNA (PCR)	± CULT - THROAT NO STREP BORN	Monday - Friday 8 AM- 2 PM	
ELECTROLYTE PANEL, SERUM	HOMOCYSTEINE	GROUP B STREP - recto-vag	Saturday Closed	
CARBON DIOXIDE, CHLORIDE, POTASSIUM, SODIUM	□ IgA □ IgG □ IGM □ IgE	IMMUNOELECTRO-SERUM	Closed Sundays and Holidays	
HEPATIC FUNCTION PANEL	IMMUNOELECTRO-SERUM	□ IRON □ TBIC	* Manual diff. is performed if WBC is >30,000, or if high is <4 (add'l info in manual).	
ALBUMIN, ALKALINE PHOSPHATASE, ALT (SGPT), AST (SGOT), BILIRUBIN, BUN, CALCIUM, CARBON DIOXIDE, CHLORIDE, CREATININE, GLUCOSE, POTASSIUM, T. PROTEIN, SODIUM	IRON & TBIC/% SATURATION	TRICHOMONAS AG	† Urine microscopic is performed when dipstick is positive.	
RENAL FUNCTION PANEL (8-10 hr fast)	LDH	STOOL TESTING	‡ Positive AB screens and DAT will require additional testing.	
ALBUMIN, BUN, CALCIUM, CARBON DIOXIDE, CHLORIDE, CREATININE, GLUCOSE, PHOSPHORUS, POTASSIUM, SODIUM	LDL CHOL - Direct (12-14 hr fast)	± CULT-ENTERIC PATH - STOOL	‡ Reflex testing is possible if components are positive and considered medically appropriate.	
HEPATIC FUNCTION PANEL	LEAD, BLOOD (include info sheet)	CLOSTRIDIUM DIFF- STOOL	♦ CycloGardia antigen testing will be performed for an order of OSP that does not include a travel history outside the USA/Canada or other indication for testing.	
ALBUMIN, ALKALINE PHOSPHATASE, ALT (SGPT), AST (SGOT), BILIRUBIN, BUN, CALCIUM, CARBON DIOXIDE, CHLORIDE, CREATININE, GLUCOSE, POTASSIUM, SODIUM	LIPASE	CRYPTO AG - STOOL		
RENAL FUNCTION PANEL (8-10 hr fast)	LIPID PHENOTYPE ELECTRO	GIARDIA AG - STOOL		
ALBUMIN, BUN, CALCIUM, CARBON DIOXIDE, CHLORIDE, CREATININE, GLUCOSE, PHOSPHORUS, POTASSIUM, SODIUM	LUTINIZING HORMONE (LH)	□ OSP - STOOL (include travel history)		
HEPATIC FUNCTION PANEL	MAGNESIUM	OCULT BLOOD - STOOL		
ALBUMIN, ALKALINE PHOSPHATASE, ALT (SGPT), AST (SGOT), BILIRUBIN, BUN, CALCIUM, CARBON DIOXIDE, CHLORIDE, CREATININE, GLUCOSE, POTASSIUM, SODIUM	METHYLMALONIC ACID, SERUM	H-PYLORI - STOOL		
RENAL FUNCTION PANEL (8-10 hr fast)	MONO SCREEN	REDUCING SUB - STOOL		
ALBUMIN, BUN, CALCIUM, CARBON DIOXIDE, CHLORIDE, CREATININE, GLUCOSE, PHOSPHORUS, POTASSIUM, SODIUM	± MONO SCREEN & TITER	FECAL LACTOFERRIN		
HEPATIC FUNCTION PANEL	MUMPS. <input type="checkbox"/> Igg <input type="checkbox"/> Igm	URINE TESTING		
ALBUMIN, BUN, CALCIUM, CARBON DIOXIDE, CHLORIDE, CREATININE, GLUCOSE, PHOSPHORUS, POTASSIUM, SODIUM	PRO-BRAIN NAT PEP (PRO-BNP)	± CULTURE - URINE		
RENAL FUNCTION PANEL (8-10 hr fast)	PTH INTACT	MEDICAL DRUG SCREEN - URINE		
ALBUMIN, BUN, CALCIUM, CARBON DIOXIDE, CHLORIDE, CREATININE, GLUCOSE, PHOSPHORUS, POTASSIUM, SODIUM	PREG TEST - SERUM	IMMUNOELECTRO - URINE		
HEPATIC FUNCTION PANEL	PROLACTIN	MICROALB UAN		
ALBUMIN, ALKALINE PHOSPHATASE, ALT (SGPT), AST (SGOT), BILIRUBIN, BUN, CALCIUM, CARBON DIOXIDE, CHLORIDE, CREATININE, GLUCOSE, POTASSIUM, SODIUM	PROSTATIC ACID PHOS	PIC RATIO - URINE		
RENAL FUNCTION PANEL (8-10 hr fast)	PROSTATIC SPEC AG (PSA)	PREG TEST - URINE		
ALBUMIN, BUN, CALCIUM, CARBON DIOXIDE, CHLORIDE, CREATININE, GLUCOSE, PHOSPHORUS, POTASSIUM, SODIUM	PROSTATIC SPEC AG (PSA-SCREEN)	REDUCING SUB - URINE		
HEPATIC FUNCTION PANEL	PROTEIN ELECTRO, SERUM	** URINALYSIS		
ALBUMIN, ALKALINE PHOSPHATASE, ALT (SGPT), AST (SGOT), BILIRUBIN, BUN, CALCIUM, CARBON DIOXIDE, CHLORIDE, CREATININE, GLUCOSE, POTASSIUM, SODIUM	± RHEUMATOID ARTHR (RA)	□ void □ clin catch □oath		
RENAL FUNCTION PANEL (8-10 hr fast)	RPR	URINALYSIS w/ MICROSCOPIC		
ALBUMIN, BUN, CALCIUM, CARBON DIOXIDE, CHLORIDE, CREATININE, GLUCOSE, PHOSPHORUS, POTASSIUM, SODIUM	RUBELLA <input type="checkbox"/> Igg <input type="checkbox"/> Igm	□ void □ clin catch □oath		
HEPATIC FUNCTION PANEL	RUBELLA <input type="checkbox"/> Igg <input type="checkbox"/> Igm	24 HR CATECHOLAMINE		
ALBUMIN, ALKALINE PHOSPHATASE, ALT (SGPT), AST (SGOT), BILIRUBIN, BUN, CALCIUM, CARBON DIOXIDE, CHLORIDE, CREATININE, GLUCOSE, POTASSIUM, SODIUM	RSV ANTIBODY	24 HR CITRATE		
RENAL FUNCTION PANEL (8-10 hr fast)	TESTOSTERONE, TOTAL	24 HR CREATININE CLEAR		
ALBUMIN, BUN, CALCIUM, CARBON DIOXIDE, CHLORIDE, CREATININE, GLUCOSE, PHOSPHORUS, POTASSIUM, SODIUM	TESTOSTERONE, TOTAL & FREE	24 HR HEPATITIS PHOSPHINE		
HEPATIC FUNCTION PANEL	T3 HTIAGE	24 HR PROTEIN		
ALBUMIN, ALKALINE PHOSPHATASE, ALT (SGPT), AST (SGOT), BILIRUBIN, BUN, CALCIUM, CARBON DIOXIDE, CHLORIDE, CREATININE, GLUCOSE, POTASSIUM, SODIUM	T4	24 HR OXALATE		
RENAL FUNCTION PANEL (8-10 hr fast)	T4, FREE	24 HR VMA		
ALBUMIN, BUN, CALCIUM, CARBON DIOXIDE, CHLORIDE, CREATININE, GLUCOSE, PHOSPHORUS, POTASSIUM, SODIUM	TRANSFERRIN	BLOOD BANK - Tests		
HEPATIC FUNCTION PANEL	TRIGLYCERIDES	ABO, RH, TYPE	+ NEWBORN WORKP (ABO, Rh, DAT)	
ALBUMIN, ALKALINE PHOSPHATASE, ALT (SGPT), AST (SGOT), BILIRUBIN, BUN, CALCIUM, CARBON DIOXIDE, CHLORIDE, CREATININE, GLUCOSE, POTASSIUM, SODIUM	URIC ACID	+ ABO, RH TYPE & AB SCREEN	+ RHOGAM, ANTPRT (ABO, Rh, AB)	
RENAL FUNCTION PANEL (8-10 hr fast)	VIT B-12 (8-10 hr fast)	+ TYPE & SCREEN per policy	+ RHOGAM, POSTRT (ABO, Rh, AB)	
ALBUMIN, BUN, CALCIUM, CARBON DIOXIDE, CHLORIDE, CREATININE, GLUCOSE, PHOSPHORUS, POTASSIUM, SODIUM	VIT D 25 HYDROXY	+ BLOOD PROD (red Type & Sor)	LEUKOCYTE FILTER	
HEPATIC FUNCTION PANEL	THERAPEUTIC DRUGS	Product Type	Quantity	Special Attributes
ALBUMIN, ALKALINE PHOSPHATASE, ALT (SGPT), AST (SGOT), BILIRUBIN, BUN, CALCIUM, CARBON DIOXIDE, CHLORIDE, CREATININE, GLUCOSE, POTASSIUM, SODIUM	INFORM	RBC	□ □ □ □ □ □	
RENAL FUNCTION PANEL (8-10 hr fast)	DILANTIN (PHENYTOIN)	RBC - AUTOLOG	□ □ □ □ □ □	
ALBUMIN, BUN, CALCIUM, CARBON DIOXIDE, CHLORIDE, CREATININE, GLUCOSE, PHOSPHORUS, POTASSIUM, SODIUM	LITHIUM	ADHERED PLATELETS	□ □ □ □ □ □	
HEPATIC FUNCTION PANEL	PHENOBARB	□ □ □ □ □ □		
ALBUMIN, ALKALINE PHOSPHATASE, ALT (SGPT), AST (SGOT), BILIRUBIN, BUN, CALCIUM, CARBON DIOXIDE, CHLORIDE, CREATININE, GLUCOSE, POTASSIUM, SODIUM	TEGRETOL	C-MV Neg	M-irradiation	L-Leukoreduced

Thank you for completing the
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