Completion of Lab Order Form

Laboratory Education

for Physician Office Staff

In a Nutshell...

A CHILLE WARDING	LAB		Pa	itient Name				Ordering Phys	sician (FN	PP or	der-enter Phys in charge)	Date	
₹_ ™ _ <i>§</i>	REQUES	тΙ											
_ :	FORM	٠,	Las	t First				Ordering NPP				Date o	if Birth
THE LABORATO		MOS		t	iro IC	יח.ם	onder for	madical nacassi	m/ massani	- E-	v compliance requires	nont plac	ra numba
LABORE				of this form. Place Dx number to					ty reasons		r comprance requirer	ien, pres	de numbe
				OTHER CHEMISTRIES				LOGY/ COAG		C	oag Testing: Is patien	t on antic	namilani?
ALBUMIN	O OTTEMBOTICES		_	AFP (include info. sheet)	т	П	CLOSUR				Yes D No If yes		
ALKALINE PH	OSPHATASE	Н	Н	AMYLASE	Н	Н	FIBRINO			1 -	res Dino ilyes	, preuse s	peony
ALT (SGPT)			‡ ANTI NUCLEAR ANTIBODY (ANA)			FIBRIN S	PLIT PROD (FI	DP)	1			
AST (SGOT)			CA ANTIGEN 125 (CA-125)		П	PARTIAL T	HROMBIN TIME (P.	77)	1			
BILIRUBIN,	DIRECT	П		CA 27.29		П	PROTHRON	ABIN TIME (PT - IN	(R)	T	Routine 🗆 Ura	ent 🗆	Stat
BILIRUBIN,		Н	Н	Ø4	П	Ħ		ATELET INCLUDED			Fasting D Nor		0.0.
BUN BUN	TOTAL	Н		CORTISOL D Am D Pm D Ran	Н	Н	* CBC & DI	FF - AUTO	,	1 6	Male 🗆 Fen	ıale	
CALCIUM		Н	_	CPK, TOTAL		Н	CBC & DIFF	- MANUAL		1 -	maio D 1011		
CARBON D	IOXIDE	П		☐ CRP ☐ CARDIO CRP			☐ HENGLO	OBN - HEMATO		=			
CHLORIDE			П	CMV IgG, IgM AB				OCYTE COUNT	T	1 P	ATIENT INFOR	MATIC	ON - Plea
CREATININ		\vdash	Н	EBV AB PANEL		Ц	SED RAT				port to outpatient regis		
GLUCOSE (8		Н	Н	ESTROGEN	\vdash	Н	MICROB	IOLOGY		lai	 Have your insurance 	cards, po	licy
PHOSPHOR		ш	Ш	FERRITIN		ı	Source:				mbers, and billing add		
POTASSIUI		\vdash	Н	FOLATE (8-10 hr fast)		Н		DOUTINE (ebtet I	Ck	erks. If your insurer req aim form, please have i	complete	to submit a d and
PROTEIN, 1	IOIAL	\vdash	Н	FOLLICLE STIMHORM (FSH) GLUCOSE, COLA 1 HOUR, PREG	\vdash	\vdash		ROUTINE (aero ANAEROBIC	UDIC)		ned. Thank You!	Comprete	
		4		H-PYLORI 🗆 IqA 🗇 IqG 🗇 IqM		Н	1 CULT -			1 "	lebotomy Hours		
BASIC MET				HCG, TOTAL, QUANT	Н	Н	± CULT -		-	Li	berty Street, Fax 333-51	88	
PANEL	(8-10 hr fast)	П	Н	HEMOGLOBN A1C			DNA PRO			Me	nday - Friday 7:30 AM	- 6:00 PM	
BUN, CALCIUM	I, CARBON DIOXIDE,	Н	П	HEMOGLOBIN ELECT				CHLAMYDIA D	3 G.C	Se	turday 8:00 AM -NOON		
CHIORDE CE	REATININE, GLUCOSE		П	HIV SCREEN		Ħ	† CULT - T	HROAT WISTREP	enen	Gr	ove Street, Fax: 333-56	63	
POTASSIUM.		1	Н	HIV-1 RNA (PCR)	Н	Н		THROAT NO STREPS		Me	onday - Friday 7:30-11:3	0 AM	
	NSIVE METAB	Н	П	HOMOCYSTEINE		П		STREP -recto-wag		1 8.	12:00-3:0 turdey Closed	0 PM	
PANEL	(8-10 hr fast)	L		CLIAN CLIAN CLIAN CLIAE			INFLUENZ	A DA D			•		
	LINE PHOSPHATASE,			IMMUNOELECTRO - SERUM				lasal 🗆 Cult 🗇 I	PCR		rnon Lab, Fax 724-894; ondey – Fridey 6 AM-21		
	SGOT, T. BILIRUBIN,	П		U IRON U TIBC		П	RSV			Se	turday 8:00 AM -NOON	M	
	CARBON DIOXIDE, EATININE, GLUCOSE.	П	Н	IRON & TIBC/% SATURATION	\vdash	Ы		MONAS AG			Closed Sundays and H		
	PROTEIN, SODIUM	1 1	Н	LDH						1.5	Manual diff. is performe	EWBC is	
		ш	Ш	LDL CHOL -Direct (12-14 hr fast)		Ц		NTERIC PATH - ST	OOL	1	>30,000, or if Hgb is <6	(Addtn1 in	o in manual
	TE PANEL, SERUM	Н	Н	LEAD, BLOOD (include into sheet)	\vdash	Н		UM DIFF - STOOL		•	Urine microscopic is pe	formed wh	en
POTASSIUM, SI		П	Н	LIPASE LIPID PHENOTYPE ELECTRO	-	Н	CRYPTO A	G-STOOL AG-STOOL	_	┨.	dipstick is positive. Positive AB screens an		
	ICTION PANEL	Н	Н	LUTINIZING HORMONE (LH)		Н		OOL (Include travel I		ι.	additional testing.	DATWII	require
	INE PHOSPHATASE,	Н	Н	MAGNESIUM	\vdash	Н		OOD - STOOL	(Story)	łŧ	Reflex testing is possible	e if compo	nents are
	GOT, BILIFUBIN-TOT.	1 1	Н	METHYLMALONIC ACID, SERUM		Н		RI - STOOL	_	1	positive and considered	medically	appropriate
BILIRUBIN-DIRE	CT, PROTEIN-TOTAL	1 1	Н	MONO SCREEN	-	Н		NG SUB - STOC)L	1 *	Crypto/Giardia antigen		
RENAL FUI	NCTION PANEL		П	‡ MONO SCREEN & TITER		П		ACTOFERRIN		1	performed for an order include a travel history		
	(8-10 hr fast)			MUMPS 🗆 IgG 🗀 IgM			URINE	TESTING		1	USA/Canada or other i	ndication f	er testing.
ALBUMIN, BUN,	CALCIUM, CARBON			PRO-BRAIN NAT PEP (PRO-BNP)			‡ CULTURE	- URINE		1			
DIOXIDE, CHLO	RIDE, CREATININE,	П	Н	PTH INTACT		Н	MEDICAL	ORUG SCREEN - L	JRINE	0	THER		
GLUCOSE, PHO		П		PREG TEST - SERUM			IMMUNOE	LECTRO - URINE		1			
POTASSIUM, S		ш	П	PROLACTIN		П	MICROALE			1			
The components of the listed below. To meet to	e following panels are	П	Н	PROSTATIC ACID PHOS	Н	Н		O - URINE	_	1			
requirements, individ			Н	PROSTATIC SPEC AG (PSA) PROSTATIC SPEC AG (PSA-SCREEN)		Н		ST - URINE - LECTRO - URINE	-+	1			
	the appropriate box.	ı	Н	PROTEIN ELECTRO, SERUM	\vdash	Н	" URINA		-	1			
entire panel is medica	illy necessary, check]]	Н	‡ RHEUMATOID ARTHR (RA)	Н	ı		Idn catch □c	ath	ı			
the box beside pane	name.	L		RPR		П	URINALY	'SIS W/ MICROSO	OPIC		SCHEDULED TES	TS	
‡ ACUTE HEPA				RUBELLA 🗆 IgG 🗆 IgM		L	□ vold □	Idn catch □c	ath		DATE/ TIME		
HEPATITIS A	ANTIBODY, IGM			RUBEOLLA 🗆 IqG 🗆 IqM			24 HR C/	ATECHOLAMIN			PREGNANT DY		
	CORE AB, IGM	\Box	Ц	RSV ANTIBODY		Ц	24 HR CI			L	2 HR GLUCOSE TOLE		
	S B SURF ANTIGEN	\vdash	Н	TESTOSTERONE, TOTAL TESTOSTERONE, TOTAL& FREE	\vdash	Н		REATININE CLE ETANEPHRINE	AR	╌	3 HR GLUCOSE TOLE		
LIPID PANEL		Н	Н	T3 UPTAKE	\vdash	Н	24 HR PE		-	Н	SEMEN ANALY - CON SEMEN POST VAS (N		lad)
CHOLESTER		Н	Н	T4		\vdash	24 HR O			Н	(COC)-DRUG SCREE	V - URINE	
HDL CHOLES		Н	Н	T4, FREE	\vdash	Н	24 HR VI		-	1	(School Physicial		ומו
LDL CHOLES	STEROL (Calconly)	\Box	П	TRANSFERRIN				В	LOOD B/	NK			
TRIGLYCERIL	NES .	П	П	TSH	П		ABO, RH			۳	+ NEWBORN WORKP	(ABO, Rh. D	AT)
OBSTETRIC	PANEL			URIC ACID			+ ABO, RH	TYPE & AB SCRE	EN	Г	+ RHOGAM, ANTEPRI	(ABO, Rh,	ABS)
ABO AND	Rh TYPE	П	П	VIT B-12 (8-10 hr fest)		П	+ "TYPE 8	SCREEN ^a per poli	cy	Т	+ RHOGAM, POSTPRT	(ABO, Rh,	ABS)
	Y SCREEN			VIT D 25 HYDROXY				PROD (incl Type & S		Г	LEUKOCYTE FILT		
* CBC & DIFF				THERAPEUTIC DRUGS				roduct Type	Quant	ity	Special Attribute		
	ACE ANTIGEN	\Box	П	DIGOXIN		Ш	RBC				CO 10 LO		
RPR		\vdash	Ы	DILANTIN (PHENYTOIN)		П	RBC - AL	TOLOG	+	_	CO IO LO		_
RUBELLA	IQG	+	Н	LITHIUM PHENOBARB	Н	Н	APHERES	ED PLATELETS	+		CO 10 LO		
\vdash		Н	Н	TEGRETOL	\vdash	Н			C-CM	/ Ne	g I-Irradiation L-Le	ukoredu	ced
Form # 40410	(Ech 2013)	_	_			_			O CAN	1445	L'Ec		

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

5	Altre WED	LAB		Pa	itient Name			45	ering Physic	an (f	NPP o	rder-enter Phys in	charge)	Date	4
N.	LAB REQUEST		Τ						ering NPP					Date of Birth	
G.	ሩ ⊢∦	FORM		Las	t First			M	anng m					Daw or Direct	
3	LABORNIO	CLINICAL DIAG	NOS	IS- I	TESTS THAT APPEAR IN THIS FONT (OQU	ire iC	:D-8	odes for med	lical necessity	reason	s. F	or compliance r	equireme	nt, please nui	mber
-	· ZABO*	the Dx choice on	the		of this form. Place Dx number to	right (of te				_				_
		C CHEMISTRIES	7				F	HEMATOLO				oaq Testing: Is			ant?
H	ALBUMIN ALKALINE PH	DODUATAGE	⊢	Н	AFF (include info. sheet) AMYLASE	Н	⊢	CLOSURE T FIBRINOGE		+	40	JYes □ No	If yes, p	lease specify	
Н	ALT (SGPT		+	Н	1 ANTI NUCLEAR ANTIBODY (ANA)	Н	⊢		T PROD (FDF	2)	1				
Н	AST (SGOT		+	Н	CA ANTIGEN 125 (CA-125)	Н	Н		MBIN TIME (PTT	_	1				
Н	BILIRUBIN,		+	Н	CA 27.29	Н	Н		TIME (PT - INR)	_	ł-] Routine [J Urgen	t 🗆 Stat	_
Н	BILIRUBIN,		+	Н	CEA .	Н	H		LET INCLUDED)	+	₩ċ	J Fasting D			
Н	BUN	TOTAL	₩	b	CORTISOL	\vdash	⊢	* CBC & DIFF -	AUTO	+	_	_	J Femal	-	
П	CALCIUM		$^{+}$	П	CPK, TOTAL		H	CBC & DIFF - N	IANUAL	\neg	1	, maio _		•	
	CARBON D	IOXIDE			☐ CRP ☐ CARDIO CRP				☐ HEMATOCI	77	=				
	CHLORIDE	_	\vdash		CMV IgG, IgM AB EBV AB PANEL		L	SED RATE	YTE COUNT	\perp	_ F	PATIENT IN	VFORM	IATION -	Pleas
Н	CREATININ GLUCOSE (8-		+	Н	ESTROGEN		Н	MICROBIOL		_	Į,	port to outpatie	nt registra	tion before go	ing to
	PHOSPHOR		+	Н	FERRITIN		Н		061			<u>b</u> . Have your in umbers, and bill			for th
	POTASSIUI		₩	Н	FOLATE (8-10 hr fast)	\vdash	ı	Source:			- I "	umbers, and bili lerks. If your ins	ing addres turer redui	res you to sub	or un
П	PROTEIN, 1		+	Н	FOLLICLE STIMHORM (FSH)		Н	1 CULT - RO	OUTINE (aerob	lc)	C	laim form, pleasi	e have it c	ompleted and	
	SODIUM				GLUCOSE, COLA 1 HOUR, PREG			‡ CULT - AN	AEROBIC		S	igned. Thank Yo	ou!		
Ŧ			T		H-PYLORI □ IgA □ IgG □ IgM		L	‡CULT-FU				hlebotomy Hour			
	BASIC MET		1	Н	HCG, TOTAL, QUANT	Ш	L	‡ CULT - VIF		+		iberty Street, Fa: londay – Friday 7			
		(8-10 hr fast) , CARBON DIOXIDE,	⊢	Н	HEMOGLOBN A1C HEMOGLOBIN ELECT	\vdash		DNA PROBE			S	onaey – rnaey <i>i</i> eturdey 8:00 AM	-NOON	.00 PM	
				Н		\vdash	F			_	_	rove Street, Fax			
ï	POTASSIUM.	EATININE, GLUCOSE	1	Н	HIV SCREEN HIV-1 RNA (PCR)	\vdash	\vdash		OAT WISTREPSOR			londay - Friday 7	:30-11:30	AM	
		NSIVE METAB	┿	Н	HOMOCYSTEINE		⊢	GROUP B STR		N	١,		2:00-3:00 F Closed	M	
	PANEL	(8-10 hr fast)	1		□ lgA □ lgG □ lgM □ lgE			INFLUENZA		\neg	1 -				
		LINE PHOSPHATASE,	1	г	IMMUNOELECTRO - SERUM		i .		Cult DPC	R		ernon Lab, Fax 7			
		SGOT, T. BILIRUBIN,	1		□ IRON □ TIBC			RSV		\Box	٦š	londay - Friday 6 aturday 8:00 AM	-NOON		
m		CARBON DIOXIDE, SATININE, GLUCOSE,	1	Н	IRON & TIBC/% SATURATION		_	TRICHOMO:		_		Closed Sunday		days	
Н		PROTEIN, SODIUM	1	Н	LDH	\vdash	-		RIC PATH - STO	7	- :	Manual diff. is p	erformed if	WBC is	_
		E PANEL, SERUM	⊢	Н	LDL CHOL -Direct (12-14 br fast) LEAD, BLOOD (include into sheet)	\vdash	⊢	CLOSTRIDIUM		_	4	>30,000, or if H	lgbis<6(A	ddtn'i info in ma	anual).
	CARBON DIOXI		⊢	Н	LIPASE		⊢	CRYPTO AG -		+	┨"	Urine microsco dipstick is posit		med when	
П	POTASSIUM, SO		1	Н	LIPID PHENOTYPE ELECTRO	\vdash	Н	GIARDIA AG -	STOOL	\dashv	┨.	Positive AB son		AT will require	
		ICTION PANEL		П	LUTINIZING HORMONE (LH)		Г		L (Include trevel hist	ory)	1	additional testin	ng.		
		NE PHOSPHATASE,			MAGNESIUM			OCCULT BLOOD	- STOOL		‡	Reflex testing is positive and co	s possible i	f components a	re
ш		GOT, BILIRUBIN-TOT,	1		METHYLMALONIC ACID, SERUM		ᆫ	H-PYLORI -			٦ ,	Crypto/Giardia			noic.
		CT, PROTEIN-TOTAL	╄	Н	MONO SCREEN 1 MONO SCREEN & TITER	\vdash	⊢	FECAL LAC	SUB - STOOL	\rightarrow	Η.	performed for	an order of	O&P that does	not
	KENAL FUI	(8-10 hr fast)	1		MUMPS DIGG DIGM	\vdash	Н	URINE TES		_	١.	include a trave			
	ALBUMIN, BUN.	CALCIUM, CARBON	╆	т	PRO-BRAIN NAT PEP (PRO-BNP)		_	1 CULTURE - U			٩.	USA/Canada d	or other indi	cation for testin	g.
H		RIDE, CREATININE,		Н	PTH INTACT	\vdash	\vdash		G SCREEN - UR	NE	0	THER			_
Ш	GLUCOSE, PHO		1	Н	PREG TEST - SERUM	\vdash	Н	IMMUNOELEC	TRO - URINE	-	٦ĭ				
	POTASSIUM, SC		\perp		PROLACTIN			MICROALB QU	IAN		1				
		e following panels are ne medical necessity	1	Н	PROSTATIC ACID PHOS	\vdash	⊢	P/C RATIO -	URINE	\rightarrow	4				
	guirements, individ		1	Н	PROSTATIC SPEC AG (PSA) PROSTATIC SPEC AG (PSA-SCREEN)	\vdash	⊢	PREG TEST PROTEIN ELEC	- URINE -	+	1				
		the appropriate box.		Н	PROTEIN ELECTRO, SERUM		Н	" URINALY	SIS	o	1				
ent	tre panel is medica	ly necessary, check	1		‡ RHEUMATOID ARTHR (RA)		L		n catch □cat		L				
the	box beside pane		┺	Ш	RPR	\perp	ı	1	W/ MICROSCO	- 1	Щ	SCHEDULE	ED TEST	S	
	1 ACUTE HEPA		╄	ĮIII	RUBELLA D IgG D IgM		┡		n catch 🗆 cat	h	-111	DATE/TIME_			4
		ANTIBODY, IGM CORE AB, IGM	⊢	P	RUBEOLLA D IQG D IQM RSV ANTIBODY	\vdash	⊢	24 HR CATE 24 HR CITRA	CHOLAMINE	+	P	PREGNANT 2 HR GLUCOS			
Н		B SURF ANTIGEN	+	Н	TESTOSTERONE, TOTAL	\vdash	Н		ATE (TININE CLEA)	R	+	3 HR GLUCOS			\vdash
٥	HEPATITIS C	ANTIBODY			TESTOSTERONE, TOTAL& FREE		L	24 HR META	NEPHRINE		\pm	SEMEN ANAL	Y - COMP	LETE)	
	LIPID PANEL (12-14 br fast)			T3 UPTAKE			24 HR PROT	TEIN		Г	SEMEN POST			
	CHOLESTERO			\Box	74		L	24 HR OXAL	ATE	\perp	4	(COC)-DRUG			
	HDL CHOLES		+	Н	T4, FREE TRANSFERRIN	\vdash	Н	24 HR VMA		200.5	AND	(School PI - Tests	nysicial / i	Pre-emp)	4
	TRIGLY CERIE	TEROL (Calconly)	+	Н	TRANSFERRIN	\vdash	H	ABO, RH, TY		OOD B	ANK	+ NEWBORN	WORKE (AT	O Rh DATI	
Н	OBSTETRIC		+	Н	URIC ACID	\vdash	Н	+ ABO, RH TY	PE & AB SCREEN		+	+ RHOGAM, A			\vdash
П	ABO AND		T	⊓	VIT B-12 (8-10 hr fast)		Г		REEN® per policy	\top	T	+ RHOGAM, P			\Box
	ANTIBODY	SCREEN			VIT D 25 HYDROXY			+ BLOOD PRO	D (incl Type & Scr		\perp	LEUKOCYT	TE FILTE		
	* CBC & DIFF		Г		THERAPEUTIC DRUGS			Prod		Quar	tity	Special Att			
ш		ACE ANTIGEN	\perp		DIGOXIN		L	RBC				C			\vdash
1	RPR		1	ı	DILANTIN (PHENYTOIN)	1	ı	RBC - AUTO	LOG	I		CDID			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.

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	P	atient Name			Ordering Physician	(If NPP order-enter Phys in charge)
¥ di	-					•
					Ordering NPP	P
% STEP ∦ FORM	Le			M		
		TESTS THAT APPEAR IN THIS FORT FOQUIF				sons. For compliance requirement, imber
the Dx choice on t	he bac	k of this form. Place Dx number to ri	ght of t			
LIST OF BASIC CHEMISTRIES	+	OTHER CHEMISTRIES		HEMAT	DLOGY/ COAG	Coag Testing: Is patient on anticoagulant?
ALBUMIN		AFP (include info. sheet)	$\neg \Gamma$	CLOSUF	RETIME	☐ Yes ☐ No If yes, please specify
ALKALINE PHOSPHATASE		AMYLASE		FIBRING		
ALT (SGPT)		‡ ANTI NUCLEAR ANTIBODY (ANA)		FIBRIN S	SPLIT PROD (FDP)	
AST (SGOT)		CA ANTIGEN 125 (CA-125)		PARTIAL 1	THROMBIN TIME (PTT)	
BILIRUBIN, DIRECT		CA 27.29		PROTHRO	MBIN TIME (PT - INR)	☐ Routine ☐ Urgent ☐ Stat
BILIRUBIN, TOTAL	Т	CEA	┰⋿	* CBC (P	LATELET INCLUDED)	☐ Fasting ☐ Nonfasting
BUN		CORTISOL D Am D Pm D Ran	\neg	* CBC & D	IFF - AUTO	☐ Male ☐ Female
CALCIUM		CPK, TOTAL		CBC & DIF	F – MANUAL	
CARBON DIOXIDE	-11	☐ CRP ☐ CARDIO CRP		□ HEMGL		
CHLORIDE		CMV IgG, IgM AB			LOCYTE COUNT	PATIENT INFORMATION - Please
CREATININE		EBV AB PANEL			TE (ESR)	report to outpatient registration before going to
GLUCOSE (8-10 hr fast)		ESTROGEN		MICROE	BIOLOGY	lab. Have your insurance cards, policy
PHOSPHORUS		FERRITIM		Source:	•	numbers, and billing addresses available for the
POTASSIUM	\top	FOLATE (8-10 hr fast)	┪.			clerks. If your insurer requires you to submit a
PROTEIN, TOTAL		FOLLICLE STIMHORM (FSH)		‡ CULT-	- ROUTINE (aerobic)	claim form, please have it completed and
SODIUM		GLUCOSE, COLA 1 HOUR, PREG		‡CULT-	ANAEROBIC	signed. Thank You!
PANELS	68 B	H-PYLORI □ IgA □ IgG □ IgM		‡CULT-	FUNGAL	Phlebotomy Hours
BASIC METABOLIC		HCG, TOTAL, QUANT		‡ CULT		Liberty Street, Fax 333-5188
PANEL (8-10 hr fast)		HEMOGLOBN A1C		DNA PR	OBE	Monday - Friday 7:30 AM - 6:00 PM
BUN, CALCIUM, CARBON DIOXIDE,		HEMOGLOBIN ELECT		0	CHLAMYDIA G.C	Saturday 8:00 AM -NOON
CHLORIDE, CREATININE, GLUCOSE	Г	HIV SCREEN	F	i CULT-	THROAT W/STREP SCRN	Grove Street, Fax: 333-5663
POTASSIUM, SODIUM		HIV-1 RNA (PCR)	\neg	‡ CULT -	THROAT NO STREP SORN	Monday - Friday 7:30-11:30 AM 12:00-3:00 PM
COMPREHENSIVE METAB	$\neg \vdash$	HOMOCYSTEINE	\neg	GROUP B	STREP -recto-veg	Saturday Closed
PANEL (8-10 hr fast)		□ lqA □ lqG □ lqM □lqE		INFLUENZ	A DA DB	,
ALBUMIN, ALKALINE PHOSPHATASE,	\neg	IMMUNOELECTRO - SERUM		MRSA-	Nasal 🗆 Cult 🗆 PCR	Vernon Lab, Fax 724-8943
ALT/SGPT, AST/SGOT, T. BILIRUBIN,		□ IRON □ TIBC	\neg	RSV		Monday - Friday 6 AM - 2 PM Saturday 8:00 AM -NOON
BUN, CALCIUM, CARBON DIOXIDE,		IRON & TIBC/% SATURATION		TRICHO	MONAS AG	Closed Sundays and Holidays
CHLORIDE, CREATININE, GLUCOSE,		LDH		STOOL	TESTING	
POTASSIUM, T. PROTEIN, SODIUM		LDL CHOL -Direct (12-14 hr fast)	Т	‡ CULT-E	NTERIC PATH - STOOL	* Manual diff. is performed if WBC is >30,000, or if Hgb is <6 (Addtn'l info in manual).
ELECTROLYTE PANEL, SERUM		LEAD, BLOOD (include info sheet)		CLOSTRID	IUM DIFF - STOOL	** Urine microscopic is performed when
CARBON DIOXIDE, CHLORIDE,		LIPASE		CRYPTO	AG - STOOL	dipstick is positive.
POTASSIUM, SODIUM	\bot	LIPID PHENOTYPE ELECTRO		GIARDIA	AG-STOOL	† Positive AB screens and DAT will require
HEDATIC CUNCTION DANCE	_	LITTRITANO HODRIONE (LU)	\neg	A 045 C		additional testing

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

LAB		P	atient Name			Ordering Physicia	n (FN	PP order-enter Phys in charge) Date
FEQUES	T.							
	•	Las	st First			Ordering NPP		Date of Birth
	GNO			ire Ir	יחים	onies for medical necessity re-	senne	For compilance requirement, please number
LABOR the Dx choice of	on the	bac	k of this form. Place Dx number to	right (of te	st ordered on front of form.	000110	ror comprance requirement, prease number
LIST OF BASIC CHEMISTRIES		\mathbf{H}	OTHER CHEMISTRIES			HEMATOLOGY/ COAG		Coag Testing: Is patient on anticoagulant?
ALBUMIN	Т	Т	AFP (include info. sheet)			CLOSURE TIME		☐ Yes ☐ No If yes, please specify
ALKALINE PHOSPHATASE	\perp	L	AMYLASE	Ш	ᆮ	FIBRINOGEN	+	
ALT (SGPT)	+	╄	‡ ANTI NUCLEAR ANTIBODY (ANA)	Н	⊢	FIBRIN SPLIT PROD (FDP)	╨	
AST (SGOT)	+	╄	CA ANTIGEN 125 (CA-125)	Н	⊢	PARTIAL THROMBIN TIME (PTT)	+	
BILIRUBIN, DIRECT	_	╄	CA 27.29	Щ	ᆫ	PROTHROMBIN TIME (PT - INR)	Щ	☐ Routine ☐ Urgent ☐ Stat
BILIRUBIN, TOTAL	\perp	L	CEA	<u> </u>		* CBC (PLATELET INCLUDED)		☐ Fasting ☐ Nonfasting
BUN	+	н	CORTISOL		⊢	* CBC & DIFF - AUTO CBC & DIFF - MANUAL	+	☐ Male ☐ Female
CARBON DIOXIDE	+	ы	D CRP D CHRONO CRP		-	☐ HEMGLOBN ☐ HEMATOCRT	+	
CHLORIDE	\top	т	CMV IgG, IgM AB		г	RETICULOCYTE COUNT	+	PATIENT INFORMATION - Please
CREATININE	\perp	F	EBV AB PANEL			SED RATE (ESR)	\perp	report to outpatient registration before going to
GLUCOSE (8-10 hr fast)	_	╄	ESTROGEN		ш	MICROBIOLOGY		lab. Have your insurance cards, policy
PHOSPHORUS		┺			ı	Source:		numbers, and billing addresses available for the clerks. If your insurer requires you to submit a
POTASSIUM PROTEIN, TOTAL	+	₽	FOLATE (8-10 hr fast) FOLLICLE STIMHORM (FSH)		⊢	1 CULT - ROUTINE (aerobic)		claim form, please have it completed and
SODIUM SODIUM	+	۰	GLUCOSE, COLA 1 HOUR, PREG		Н	CULT - ANAEROBIC	+	signed. Thank You!
PANELS			H-PYLORI 🗆 IgA 🗇 IgG 🗇 IgM		Г	‡ CULT - FUNGAL	\top	Phlebotomy Hours
BASIC METABOLIC		П	HCG, TOTAL, QUANT			‡ CULT - VIRAL		Liberty Street, Fax 333-5188
PANEL (8-10 hr fast		┖	HEMOGLOBN A1C		Į	DNA PROBE		Monday - Friday 7:30 AM - 6:00 PM Saturday 8:00 AM - NOON
BUN, CALCIUM, CARBON DIOXID	-,	⊢	HEMOGLOBIN ELECT		╘	☐ CHLAMYDIA ☐ G.C		•
CHLORIDE, CREATININE, GLUCO	SE	ᆫ	HIV SCREEN			‡ CULT - THROAT WISTREP SCRN		Grove Street, Fax: 333-5663 Monday - Friday 7:30-11:30 AM
POTASSIUM, SODIUM COMPREHENSIVE METAB	+	╀	HIV-1 RNA (PCR)		⊢	‡ CULT - THROAT NO STREP SCRN	+	12:00-3:00 PM
PANEL (8-10 hr fast)	, I	ы	HOMOCYSTEINE IgA IgG IgM IlgE		Н	GROUP B STREP -recto-veq	+	Saturday Closed
ALBUMIN, ALKALINE PHOSPHATASE		m	IMMUNOELECTRO - SERUM		i	MRSA - Nasal	+	Vernon Lab, Fax 724-8943
ALT/SOPT, AST/SOOT, T. BILIRUBIN			□ IRON □ TIBC			RSV		Monday - Friday 6 AM-2 PM Saturday 8:00 AM -NOON
BUN, CALCIUM, CARBON DIOXIDE,		⊢	IRON & TIBC/% SATURATION		ᆫ	TRICHOMONAS AG		Closed Sundays and Holidays
CHLORIDE, CREATININE, GLUCOSE POTASSIUM, T. PROTEIN, SODIUM		⊢	LDH		_	\$TOOL TESTING ‡ CULT-ENTERIC PATH - STOOL	_	Manual diff. is performed if WBC is
ELECTROLYTE PANEL, SERUM		╀	LDL CHOL -Direct (12-14 hr fast)		⊢	CLOSTRIDIUM DIFF - STOOL	+	>30,000, or if High is <6 (Addtn1 info in manual).
CARBON DIOXIDE, CHLORIDE.	-	╀	LEAD, BLOOD (include into sheet)	\vdash	⊢	CRYPTO AG - STOOL	+	** Urine microscopic is performed when diostick is positive.
POTASSIUM, SODIUM		Н	LIPIO PHENOTYPE ELECTRO		⊢	GIARDIA AG - STOOL	+	Positive AB screens and DAT will require
HEPATIC FUNCTION PANEL	$\overline{}$	1	LUTINIZING HORMONE (LH)		Г	OSP - STOOL (Include trevel history)		additional testing.
ALBUMIN, ALKALINE PHOSPHATASE,	\neg	1	MAGNESIUM		Г	OCCULT BLOOD - STOOL	\top	Reflex testing is possible if components are positive and considered medically appropriate.
ALT/SGPT, AST/SGOT, BILIRUBIN-TOT,			METHYLMALONIC ACID, SERUM			H-PYLORI - STOOL		Crypto/Giardia antigen testing will be
BILIRUBIN-DIRECT, PROTEIN-TOTA		╀	MONO SCREEN		⊢	REDUCING SUB - STOOL	+	performed for an order of O&P that does not
RENAL FUNCTION PANE		ы	# MONO SCREEN & TITER MUMPS DIGG DIGM		ь	FECAL LACTOFERRIN URINE TESTING	4	include a travel history outside the
ALBUMIN, BUN, CALCIUM, CARBON		m	PRO-BRAIN NAT PEP (PRO-BNP)	Н	_	1 CULTURE - URINE	7	USA/Canada or other indication for testing.
DIOXIDE, CHLORIDE, CREATININE.		Н	PTHINTACT		⊢	MEDICAL DRUG SCREEN - URINE	+	OTHER
GLUCOSE, PHOSPHORUS,		Н	PREG TEST - SERUM		Н	IMMUNOELECTRO - URINE	+	OHEK
POTASSIUM, SODIUM		ㅁ	PROLACTIN			MICROALB QUAN		
The components of the following panels are listed below. To meet the medical necessity	Ţ	Н	PROSTATIC ACID PHOS	\vdash	L	P/C RATIO - URINE	+	
requirements, individual tests may be		\vdash	PROSTATIC SPEC AG (PSA) PROSTATIC SPEC AG (PSA-SCREEN)	\vdash	\vdash	PREG TEST - URINE - PROTEIN ELECTRO - URINE	+	
ordered by checking the appropriate box	c I	Н	PROTEIN ELECTRO, SERUM	Н	Н	"URINALYSIS	+	
entire panel is medically necessary, check			‡ RHEUMATOID ARTHR (RA)		L	□ void □ cin catch □cath	\perp	
the box beside panel name.	4	Ļ.,	RPR	Ш	ı	URINALYSIS W/ MICROSCOPIC		SCHEDULED TESTS
‡ ACUTE HEPATITIS PANEL	+	40	RUBELLA D IgG D IgM	\vdash	\vdash	□ vold □ cin catch □ cath	+	DATE/TIME
HEPATITIS A ANTIBODY, IGM HEPATITIS B CORE AB. IGM	+	F	RUBEOLLA DIQG DIQM RSV ANTIBODY	\vdash	\vdash	24 HR CATECHOLAMINE 24 HR CITRATE	+	PREGNANT DY N 2 HR GLUCOSE TOLERANCE
1 HEPATITIS B SURF ANTIGE	N	t	TESTOSTERONE, TOTAL		Н	24 HR CREATININE CLEAR	+	3 HR GLUCOSE TOLERANCE
HEPATITIS C ANTIBODY			TESTOSTERONE, TOTAL& FREE			24 HR METANEPHRINE		SEMEN ANALY - COMPLETE)
LIPID PANEL (12-14 br fast)	I		T3 UPTAKE		Ĺ	24 HR PROTEIN	\Box	SEMEN POST VAS (No apt needed)
CHOLESTEROL, TOTAL HDL CHOLESTEROL	T	┺	T4 T4, FREE	Ш	\vdash	24 HR OXALATE	+	(COC)-DRUG SCREEN - URINE
LDL CHOLESTEROL (Calc only	a	╀	T4, FREE TRANSFERRIN	\vdash	Н	24 HR VMA	D BA	(School Physicial / Pre-emp) NK - Tests
TRIGLYCERIDES	1	✝	TSH	Н	М	ABO, RH, TYPE	-	+ NEWBORN WORKP (ABO, Rh, DAT)
OBSTETRIC PANEL	+	1	URIC ACID		Н	+ ABO, RH TYPE & AB SCREEN	+	+ RHOGAM, ANTEPRT (ABO, Rh, ABS)
ABO AND Rh TYPE		1	VIT B-12 (8-10 hr fast)			+ "TYPE & SCREEN" per policy		+ RHOGAM, POSTPRT (ABO, Rh, ABS)
ANTIBODY SCREEN	Τ	L	VIT D 25 HYDROXY			+ BLOOD PROD (incl Type & Sam)		LEUKOCYTE FILTER
* CBC & DIFF - AUTO	4	ď	THERAPEUTIC DRUGS				Quanti	
HEP B SURFACE ANTIGEN RPR	+	+	DIGOXIN DILANTIN (PHENYTOIN)	\vdash	\vdash	RBC - AUTOLOG		00 10 10
RPR RUBELLA IQG	+	✝	LITHIUM	\vdash	\vdash	APHERESED PLATELETS		CO 10 LO
	\top	t	PHENOBARB	П	Г			CD 1D LD
T 1	_	1	TECRETOI		_	^	CHAZ	Non Ultradiation I Loukemoused

Status

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

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.

TOWILLE MEDIA	LAB	Patient Name			Ordering Physician (FNP	P order-enter Phys in charge)	Date
୬୮୮୮ ବୁ	REQUEST						
	REQUEST				Ordering NPP		Date of Birth
TARRELABORATO	FORM	Last	First	M	_		
300 - 105°	CLINICAL DIAGNOS	SIS-TESTS THAT APPEAR IN 1	NIS FORT require ICD-9	codes for	medical necessity reasons.	For compilance requireme	ent, please number
LABOW	the Dx choice on the	back of this form. Place I	ox number to right of tes	st ordered (on front of form.		

LABOUR the Dx cl	hoice on the	back	k of this form. Place Dx number to	right	of t	est ordered on front of form.	0000110	. For compilation requirement, predict number
LIST OF BASIC CHEMIST	RIES	-	OTHER CHEMISTRIES		Е	HEMATOLOGY/ COAG		Coag Testing: Is patient on anticoagulant?
ALBUMIN	Т	т	AFF (include info. sheet)	Т	Г	CLOSURE TIME	T	☐ Yes ☐ No If yes, please specify
ALKALINE PHOSPHATAS	Ε		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		т	CA 27.29	Т	1	PROTHROMBIN TIME (PT - INR)	$\neg \neg$	☐ Routine ☐ Urgent ☐ Stat
BILIRUBIN, TOTAL		+	Œ4	+	⊭	* CBC (PLATELET INCLUDED)	+	☐ Fasting ☐ Nonfasting
BUN BUN		100	CORTISOL	+	⊢	* CBC & DIFF - AUTO	-	☐ Male ☐ Female
CALCIUM		17	CPK, TOTAL	+	⊢	CBC & DIFF - MANUAL	-	D Male D Felliale
CARBON DIOXIDE	_	100	☐ CRP ☐ CARDIO CRP	+	1	☐ HEMGLOBN ☐ HEMATOCR.	r	
CHLORIDE		т.	CMV IgG, IgM_AB	+	г	RETICULOCYTE COUNT	+	PATIENT INFORMATION - Pleas
CREATININE		T	EBV AB PANEL	\top	T	SED RATE (ESR)		report to outpatient registration before going to
GLUCOSE (8-10 hr fast)		П	ESTROGEN			MICROBIOLOGY		lab. Have your insurance cards, policy
PHOSPHORUS		Т	FERRITIN	П	Г	Source:	_	numbers, and billing addresses available for the
POTASSIUM		+	FOLATE (8-10 hr fast)	-	1			clerks. If your insurer requires you to submit a
PROTEIN, TOTAL			FOLLICLE STIMHORM (FSH)		L	‡ CULT - ROUTINE (aerobic	(3)	claim form, please have it completed and
SODIUM		Т	GLUCOSE, COLA 1 HOUR, PREG			‡ CULT - ANAEROBIC		signed. Thank You!
PANELS			H-PYLORI 🗆 IgA 🗇 IgG 🗇 Ig1	А	L	‡ CULT - FUNGAL		Phlebotomy Hours
BASIC METABOLIC			HCG, TOTAL, QUANT			‡ CULT - VIRAL		Liberty Street, Fax 333-5188
PANEL (8-10 h			HEMOGLOBN A1C			DNA PROBE		Monday - Friday 7:30 AM - 6:00 PM Saturday 8:00 AM -NOON
BUN, CALCIUM, CARBON I	DIOXIDE,	L	HEMOGLOBIN ELECT	1		☐ CHLAMYDIA ☐ G	.C	
CHLORIDE, CREATININE,	GLUCOSE	1	HIV SCREEN	1	Г	‡ CULT - THROAT W/STREP SCR	en .	Grove Street, Fax: 333-5663
POTASSIUM, SODIUM		\perp	HIV-1 RNA (PCR)	\perp	L	‡ CULT - THROAT NO STREP SCIN		Monday - Friday 7:30-11:30 AM 12:00-3:00 PM
COMPREHENSIVE ME		L	HOMOCYSTEINE	L	L	GROUP B STREP -recto-veq		12:00-3:00 PM Saturday Closed
PANEL (8-10 hr			□ lgA □ lgG □ lgM □ lgE			INFLUENZA DA DB		'
ALBUMIN, ALKALINE PHOSP			IMMUNOELECTRO - SERUM			MRSA - Nasal	3	Vernon Lab, Fax 724-8943
ALT/SGPT, AST/SGOT, T. BIL			□ IRON □ TIBC		Г	RSV		Monday - Friday 6 AM-2 PM Saturday 8:00 AM -NOON
BUN, CALCIUM, CARBON DI		\vdash	IRON & TIBC/% SATURATION	\perp	L	TRICHOMONAS AG		Closed Sundays and Holidays
CHLORIDE, CREATININE, GL		ᆫ	LDH	_		STOOL TESTING		
POTASSIUM, T. PROTEIN, S	DDIUM	1	LDL CHOL -Direct (12-14 hr fast)	1	Г	‡ CULT-ENTERIC PATH - STOO	-	 Manual diff. is performed if WBC is >30,000, or if Hgb is <6 (Addtn1 info in manual
ELECTROLYTE PANEL,			LEAD, BLOOD (include info sheet)		Г	CLOSTRIDIUM DIFF - STOOL		** Urine microscopic is performed when
CARBON DIOXIDE, CHLORIC	E,	Ъ	LIPASE		L	CRYPTO AG - STOOL		dipatick is positive.
POTASSIUM, SODIUM		_	LIPID PHENOTYPE ELECTRO	\perp	┖	GIARDIA AG - STOOL		† Positive AB screens and DAT will require
HEPATIC FUNCTION PAI			LUTINIZING HORMONE (LH)		L	♦ O&P — STOOL (Include trevel history)	90	additional testing.
ALBUMIN, ALKALINE PHOSPHA		┖	MAGNESIUM		Г	OCCULT BLOOD - STOOL		 Reflex testing is possible if components are positive and considered medically appropriate.
ALT/SSPT, AST/SSOT, BILIRUE			METHYLMALONIC ACID, SERUM		L	H-PYLORI - STOOL		♦ Crypto/Giardia antigen testing will be
BILIRUBIN-DIRECT, PROTEIN		┸	MONO SCREEN	\perp	┖	REDUCING SUB - STOOL	\perp	performed for an order of O&P that does not
RENAL FUNCTION F		L.	‡ MONO SCREEN & TITER	╄	┺	FECAL LACTOFERRIN		include a travel history outside the
(8-10 h		-	MUMPS DigG DigM	₩		URINE TESTING		USA/Canada or other indication for testing.
ALBUMIN, BUN, CALCIUM, C	- 1	L	PRO-BRAIN HAT PEP (PRO-BNP)		L	‡ CULTURE - URINE		
DIOXIDE, CHLORIDE, CREAT	ININE,		PTHINTACT			MEDICAL DRUG SCREEN - URIN	/E	OTHER
GLUCOSE, PHOSPHORUS,		\vdash	PREG TEST - SERUM	1	1	IMMUNOELECTRO - URINE	\perp	
POTASSIUM, SODIUM The components of the following pe		+	PROLACTIN	+	⊢	MICROALB QUAN	+	
The components of the following pa listed below. To meet the medical nec		\vdash	PROSTATIC ACID PHOS	+	⊢	P/C RATIO - URINE	+	
requirements, individual tests ma		\vdash	PROSTATIC SPEC AG (PSA) PROSTATIC SPEC AG (PSA-SCREEN)	+	۰	PREG TEST - URINE - PROTEIN ELECTRO - URINE	+	
ordered by checking the appropr		\vdash	PROTEIN ELECTRO, SERUM	+	۰	" URINALYSIS	+	
entire panel is medically necessary.	check	\vdash	‡ RHEUMATOID ARTHR (RA)	1	1	□ void □ cin catch □ cath		
the box beside panel name.			RPR	T	T	URINALYSIS W/ MICROSCOP		SCHEDULED TESTS
‡ ACUTE HEPATITIS PANE	L	1	RUBELLA 🗆 IgG 🗆 IgM	\top	1	□ void □ cin catch □cath		DATE/TIME
HEPATITIS A ANTIBODY		1	RUBEOLLA 🗆 IqG 🗆 IqM		T	24 HR CATECHOLAMINE	\top	PREGNANT DY DN
HEPATITIS B CORE AB,	IGM	\mathbf{L}	RSV ANTIBODY	\perp	L	24 HR CITRATE	工	2 HR GLUCOSE TOLERANCE
‡ HEPATITIS B SURF A		L	TESTOSTERONE, TOTAL		L	24 HR CREATININE CLEAR	1	3 HR GLUCOSE TOLERANCE
HEPATITIS C ANTIBOD			TESTOSTERONE, TOTAL& FREE		Г	24 HR METANEPHRINE		SEMEN ANALY - COMPLETE)
LIPID PANEL (12-14 hr fi	ıst)		T3 UPTAKE			24 HR PROTEIN	\perp	SEMEN POST VAS (No apt needed)
CHOLESTEROL, TOTAL			74	1	1	24 HR OXALATE	\perp	(COC)-DRUG SCREEN - URINE
HDL CHOLESTEROL		\perp	T4, FREE	1	ш	24 HR VMA		(School Physicial / Pre-emp)
LDL CHOLESTEROL (C	alc only)	1	TRANSFERRIN				OD BA	NK - Tests
TRIGLYCERIDES		4	TSH	1	1	ABO, RH, TYPE	\perp	+ NEWBORN WORKP (ABO, Rh, DAT)
OBSTETRIC PANEL		4	URIC ACID		┺	+ ABO, RH TYPE & AB SCREEN	+	+ RHOGAM, ANTEPRT (ABO, Rh, ABS)
ABO AND Rh TYPE		┺	VIT B-12 (8-10 hr fest)		┺	+ "TYPE & SCREEN" per policy	\rightarrow	+ RHOGAM, POSTPRT (ABO, Rh, ABS)
ANTIBODY SCREE	N	┺-	VIT D 25 HYDROXY	_	L	+ BLOOD PROD (incl Type & Som		LEUKOCYTE FILTER
* CBC & DIFF - AUTO			THERAPEUTIC DRUGS			Product Type	Quanti	
HEP B SURFACE ANTIG	EN		DIGOXIN	1	1	RBC		CD 10 L0
RPR		-	DILANTIN (PHENYTOIN)		┺	RBC - AUTOLOG		CO 10 LO
RUBELLA IQG	-+	+	LITHIUM PHENOBARB	+	⊢	APHERESED PLATELETS		
	-	+	TECRETOL	+	⊢	ļ	C-CIA/	Non Hradiation I Joukemburge

Form # 40410 (Feb 2013)

Is Patient on Anticoagulant?

- 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.

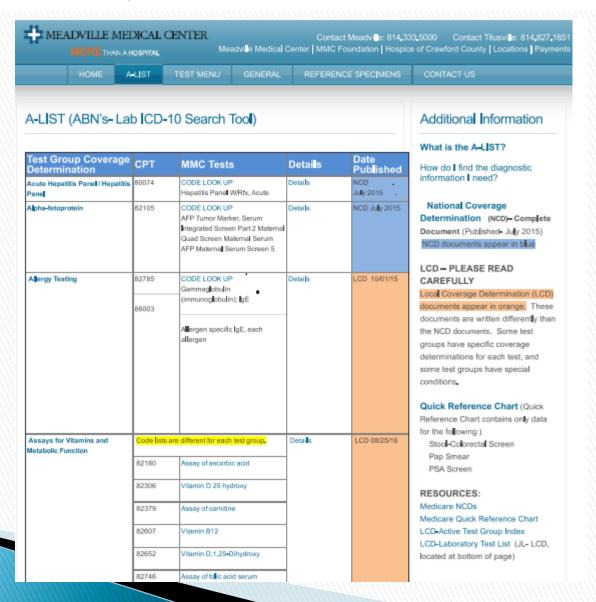
Site designations are used by providers that see patients at multiple locations, but prefer the reports to only print at one office.

Many Insurances Require Medical Necessity

LAB REQUEST	Patient Name	Ordering Physician (FN	
	Last First	Ordering NPP	Date of Birth
76 171 8		I/CD-0 codes for medical necessity reasons	. For compliance requirement, please number
the Dx choice on the	e back of this form. Place Dx number to rig		. For comprainte requirement, prease number
LIST OF BASIC CHEMISTRIES	OTHER CHEMISTRIES	HEMATOLOGY/ COAG	Coag Testing: Is patient on anticoagulant?
ALBUMIN	AFP (include info. sheet)	CLOSURE TIME	☐ Yes ☐ 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)	☐ Routine ☐ Urgent ☐ Stat
BILIRUBIN, TOTAL	CEA	* CBC (PLATELET INCLUDED)	☐ Fasting ☐ Nonfasting
BUN	CORTISOL Am Pm Ran	* CBC & DIFF - AUTO	☐ Male ☐ Female
CALCIUM	CPK, TOTAL	CBC & DIFF - MANUAL	
CARBON DIOXIDE	☐ CRP ☐ CARDIO CRP	☐ HEMGLOBN ☐ HEMATOCRT	
CHLORIDE	CMV IgG, IgM AB	RETICULOCYTE COUNT	PATIENT INFORMATION - Please
CREATININE	EBV AB PANEL	SED RATE (ESR)	report to outpatient registration before going to
GLUCOSE (8-10 br fast)	ESTROGEN	MICROBIOLOGY	lab. Have your insurance cards, policy
PHOSPHORUS	FERRITIN	Source:	numbers, and billing addresses available for the
POTASSIUM	FOLATE (1 P0 hr fast)		clerks. If your insurer requires you to submit a
PROTEIN, TOTAL	FOLLICLE STIL HORM (FSH)	CULT – ROUTINE (aerobic)	claim form, please have it completed and
SODIUM	GLUCOSE, COL 1 HOUR, PREG	‡ CULT - ANAEROBIC	signed. Thank You!
PANELS	H-PYLORI 🗆 🗚 🗆 IgG 🗆 IgM	‡ CULT - FUNGAL	Phlebotomy Hours
BASIC METABOLIC	YCG, TOTAL, QUALT	‡ CULT - VIRAL	Liberty Street, Fax 333-5188
PANEL (8-10 hr fast)	HL MOGLOBN A1C	DNA PROBE	Monday - Friday 7:30 AM - 6:00 PM
BUN, CALCIUM, CARBON DIOXIDE,	HEM RIGLOBIN ELECT	☐ CHLAMYDIA ☐ G.C	Saturday 8:00 AM -NOON
CHLORIDE CREATININE CLUCOSE	HIV CORE SW	+ CLIT - THROAT WISTESS SHOW	Grove Street, Fax: 333-5663

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.



Additional Details

LAB REQUEST	P	atient Name		Ordering Physic	ian (FN	PP order-enter Phys in charge) Date
REQUEST	-				•	
, , , , , , , , , , , , , , , , , , , ,	\ L	est First		Ordering NPP		Date of Birth
			ICD-9 cod	as for medical necessity r	nasons	s. For compliance requirement, please number
the Dx choice on t		k of this form. Place Dx number to righ				To the part of the
LIST OF BASIC CHEMISTRIES	+	OTHER CHEMISTRIES		MATOLOGY/ COAG	\rightarrow	Coag Testing: Is patient on anticoagulant?
ALBUMIN	\perp	AFF (include info. sheet)		OSURE TIME	_[_	☐ Yes ☐ No If yes, please specify
ALKALINE PHOSPHATASE ALT (SGPT)	+	AMYLASE ‡ ANTI NUCLEAR ANTIBODY (ANA)		RINOGEN RIN SPLIT PROD (FDP)	1	1
AST (SGOT)	+	CA ANTIGEN 125 (CA-125)		TIAL THROMBIN TIME (PTT)		1
BILIRUBIN, DIRECT	\top	CA 27.29	-	THROMBIN TIME (PT - INR)		☐ Routine ☐ Urgent ☐ Stat
BILIRUBIN, TOTAL	\top	GA .		SC (PLATELET INCLUDED)	$\overline{}$	T Fasting Nonfasting
BUN		CORTISOL Am Pm Ran	1 .0	SC & DIFF - AUTO	\neg	☐ Male ☐ Female
CALCIUM	\perp	CPK, TOTAL	CBO	& DIFF - MANUAL		
CARBON DIOXIDE CHLORIDE	-	CMV IqG, IqM AB		HEMGLOSH D HEMATOCK.	7	DATIENT INFORMATION
CREATININE	+	EBV AB PANEL		D RATE (ESR)	+	PATIENT INFORMATION - Please
GLUCOSE (8-10 hr fast)		ESTROGEN	MI	CROBIOLOGY		report to outpatient registration before going to lab. Have your insurance cards, policy
PHOSPHORUS		FERRITIM	So	urce:		numbers, and billing addresses available for the
POTASSIUM	\perp	FOLATE (8-10 hr fast)	1	ULT DOUTING (COOK)	- 1	clerks. If your insurer requires you to submit a claim form, please have it completed and
PROTEIN, TOTAL SODIUM	+	FOLLICLE STIMHORM (FSH) GLUCOSE, COLA 1 HOUR, PREG		ULT – ROUTINE (aerobic ULT - ANAEROBIC	C)	signed. Thank You!
PANELS		H-PYLORI 🗆 igA 🗆 igG 🗆 igM		ULT - FUNGAL	\top	Phiebotomy Hours
BASIC METABOLIC		HCG, TOTAL, QUANT		ULT - VIRAL		Liberty Street, Fax 333-5188
PANEL (8-10 hr fast)	Щ.	HEMOGLOBN A1C	- DN	A PROBE	<u>,</u> []	Monday - Friday 7:30 AM - 6:00 PM Saturday 8:00 AM -NOON
BUN, CALCIUM, CARBON DIOXIDE,	⊢	HEMOGLOBIN ELECT		☐ CHLAMYDIA ☐ G		Grove Street, Fax: 333-5663
CHLORIDE, CREATININE, GLUCOSE POTASSIUM, SODIUM	⊢	HIV SCREEN HIV-1 RNA (PCR)	10	ULT - THROAT W/STREP SCR	en .	Monday - Friday 7:30-11:30 AM
COMPREHENSIVE METAB	+	HOMOCYSTEINE	GP.	ULT - THROAT NO STREP SCRN DUP B STREP -resto-veg	+	12:00-3:00 PM Seturdey Closed
PANEL (8-10 hr fast)		□ IgA □ IgG □ IgM □ IgE	INF	LUENZA DA DB	\pm	'
ALBUMIN, ALKALINE PHOSPHATASE,		IMMUNOELECTRO - SERUM	ME	SA - Nasal	3	Vernon Lab, Fax 724-8943 Monday – Friday 6 AM-2 PM
ALT/SOPT, AST/SOOT, T. BILIRUBIN, BUN. CALCIUM. CARBON DIOXIDE.		IRON TIBC	RS	V ICHOMONAS AG	+	Saturday 8:00 AM -NOON
CHLORIDE, CREATININE, GLUCOSE.	⊢	I DH		TOOL TESTING		Closed Sundays and Holidays
POTASSIUM, T. PROTEIN, SODIUM	⊢	LDL CHOL -Direct (12-14 kr fast)		ULT-ENTERIC PATH - STOO		Manual diff. is performed if WBC is
ELECTROLYTE PANEL, SERUM		LEAD, BLOOD (include info sheet)		STRIDIUM DIFF - STOOL		>30,000, or if Hgb is <6 (Addtn'l info in manual). ** Urine microscopic is performed when
CARBON DIOXIDE, CHLORIDE,	┖	LIPASE	CR	PTO AG - STOOL	\perp	dipatick is positive.
POTASSIUM, SODIUM HEPATIC FUNCTION PANEL	+	LIPID PHENOTYPE ELECTRO LUTINIZING HORMONE (LH)		RDIA AG - STOOL	-	Positive AB screens and DAT will require additional testing.
ALBUMN, ALKALINE PHOSPHATASE.	+	MAGNESIUM	Q 00	P - STOOL (Include travel histor WLT BLOOD - STOOL	9)	1 Reflex testing is possible if components are
ALT/SGPT, AST/SGOT, BILIRUBIN-TOT,	⊢	METHYLMALONIC ACID, SERUM		YLORI - STOOL	\neg	positive and considered medically appropriate.
BILIRUBIN-DIRECT, PROTEIN-TOTAL	╧	MONO SCREEN		DUCING SUB - STOOL		 CryptolGiardia antigen testing will be performed for an order of O&P that does not
RENAL FUNCTION PANEL	L	‡ MONO SCREEN & TITER		CAL LACTOFERRIN	_	include a travel history outside the
(8-10 hr fast)		MUMPS I IgG I IgM PRO-BRAIN NAT PEP (PRO-BNP)		ULTURE - URINE	_	USA/Canada or other indication for testing.
DIOXIDE, CHLORIDE, CREATININE,	⊢	PTH INTACT		DICAL DRUG SCREEN - URIN	uF	OTHER
GLUCOSE, PHOSPHORUS,		PREG TEST - SERUM	IMA	UNOELECTRO - URINE	-	1
POTASSIUM, SODIUM	\perp	PROLACTIN		ROALB QUAN	\perp]
The components of the following panels are listed below. To meet the medical necessity	⊢	PROSTATIC ACID PHOS PROSTATIC SPEC AG (PSA)	P/C	RATIO - URINE EG TEST - URINE -	+	1
requirements, individual tests may be		PROSTATIC SPEC AG (PSA-SCREEN)	PR	TEIN ELECTRO - URINE	\pm	1
ordered by checking the appropriate box. If entire panel is medically necessary, check		PROTEIN ELECTRO, SERUM 1 RHEUMATOID ARTHR (RA)		JRINALYSIS	T	1
the box beside panel name.	⊢	RPR		rold □ cin catch □cath INALYSIS w/ MICROSCOP		SCHEDULED TESTS
I ACUTE HEPATITIS PANEL		RUBELLA DIGG DIGM	-	old □ cin catch □cath		DATE/TIME
HEPATITIS A ANTIBODY, IGM		RUBEOLLA 🗆 IqG 🗆 IqM	24	HR CATECHOLAMINE		PREGNANT DY DN
HEPATITIS B CORE AB, IGM ‡ HEPATITIS B SURF ANTIGEN	\perp	RSV ANTIBODY TESTOSTERONE, TOTAL		HR CITRATE HR CREATININE CLEAR	. —	2 HR GLUCOSE TOLERANCE 3 HR GLUCOSE TOLERANCE
HEPATITIS C ANTIBODY	+	TESTOSTERONE, TOTAL TESTOSTERONE, TOTAL& FREE		HR CREATININE CLEAR HR METANEPHRINE	-	SEMEN ANALY - COMPLETE)
LIPID PANEL (12-14 hr fast)		T3 UPTAKE	24	HR PROTEIN	\equiv	SEMEN POST VAS (No apt needed)
CHOLESTEROL, TOTAL	\Box	14		HR OXALATE	T	(COC)-DRUG SCREEN - URINE
HDL CHOLESTEROL LDL CHOLESTEROL (Calc only)	+	T4, FREE TRANSFERRIN	24	HR VMA	OD P	(School Physicial / Pre-emp) ANK - Tests
TRIGLYCERIDES	+	TSH TSH	AB	O, RH, TYPE	10 01	+ NEWBORN WORKP (ABO, Rh, DAT)
OBSTETRIC PANEL		URIC ACID		BO, RH TYPE & AB SCREEN	土	+ RHOGAM, ANTEPRT (ABO, Rh, ABS)
ABO AND Rh TYPE		VIT B-12 (8-10 hr fast)		TYPE & SCREEN® per policy		+ RHOGAM, POSTPRT (ABO, Rh, ABS)
ANTIBODY SCREEN		WIT D 25 HYDROXY		LOOD PROD (incl Type & Son		LEUKOCYTE FILTER
* CBC & DIFF - AUTO HEP B SURFACE ANTIGEN	F	THERAPEUTIC DRUGS	RB	Product Type	Quant	ity Special Attributes
RPR	+	DILANTIN (PHENYTOIN)	RB	C - AUTOLOG		CD 1D LD
RUBELLA IQG		LITHIUM	API	HERESED PLATELETS		CO IO LO
\vdash	\vdash	PHENOBARB TEGRETOL	+		C-CIC	C I L
		TEGRETUL			U-CMN	Neg I-Irradiation L-Leukoreduced

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.

Thank you for completing the Completion of Lab Order Form educational module.