MEADVILLE MEDICAL CENTER | MORE THAN A HOSPITAL

Laboratory Outpatient Services:

Terrace Street
Ph: 814-333-5182, Fax: 814-333-5188
Hours: Monday-Friday 7:00am - 4:30pm
Saturday 8:00am - 12:00pm

Vernon Lab
Ph: 814-724-7011, Fax: 814-724-8943
Hours: Monday-Friday 6am - 2pm

O R D E R S *

LABORATORY REQUISITION

Form #40410
Rev 03/23

PATIENT INFORMATION	PROVIDER INFORMATION

atient Name (Last, First): _____ Date: _____

ate of Birth: _____ Ordering Signature: _____

ender: ☐ Male ☐ Female ☐ Fasting ☐ Nonfasting Ordering Printed Name: _____

patient on anticoagulant? ☐ Yes ☐ No If yes, please specify _____ Priority: ☐ Routine ☐ Urgent ☐ Stat

PATIENT INFORMATION - Please report to outpatient registration before going to lab. Have insurance cards, policy numbers, and billing addresses available for the clerks.

Panels

- BASIC METABOLIC PANEL SST (Na, K, Cl, C02, Glucose, BUN, Creatinine, Ca) (8-10 hr fast)
- COMPREHENSIVE PANEL SST (Na, K, Cl, C02, Glucose, BUN, Creatinine, Ca, T Bili, TP, AST, ALT, Alk Phos, Alb) (8-10 hr fast)
- ELECTROLYTE PANEL, SERUM SST (Na, K, Cl, C02)
- HEPATIC FUNCTION PANEL SST (T Bili, D Bili, TP, AST, ALT, Alk Phos, Alb)
- RENAL FUNCTION PANEL SST (Na, K, Cl, C02, Glucose, BUN, Creatinine, Ca, Alb, Phos) (8-10hr fast)
- HEPATITS PANEL ACUTE *† (2X) SST
- ☐ HEPATITS A ANTIBODY IGM SST
- ☐ HEPATITIS B CORE AB IGM SST
- ☐ HEPATITIS BS ANTIGEN † SST
- ☐ HEPATITIS C AB SCRN w/rf) † SST
- LIPID PANEL* SST
- ☐ CHOLESTEROL* SST
- ☐ HDL CHOLESTEROL* SST
- LDL CHOLESTEROL, CALC SST
- ☐ TRIGLYCERIDES* SST
- LIPID PANEL w/rfx LDL DIRECT * SST
- OBSTETRIC PANEL
- ☐ ABO, RH TYPE P
- ☐ ANTIBODY SCREEN † P
- ☐ CBC & DIFF - AUTO *‡ L
- ☐ HEP B SURFACE ANTIGEN SST
- ☐ RPR SST
- ☐ RUBELLA IGG SST
- ☐ HIV SCREEN SST

CHEMISTRY

- AFP* (include info sheet) SST
- ALBUMIN SST
- ALKALINE PHOSPHATASE SST
- ALT (SGPT) SST
- AMYLASE SST
- ANTI NUCLEAR ANTIBODY (ANA) †SST
- AST (SGOT) SST
- BILIRUBIN, DIRECT SST
- BILIRUBIN, TOTAL SST
- BUN SST
- CA ANTIGEN 125 (CA-125)* SST
- CA 27.29* SST
- CALCIUM SST
- CARBON DIOXIDE SST
- CEA* SST
- CHLORIDE SST

CHEMISTRY (continued)

- CORTISOL ☐AM ☐PM ☐RAND SST
- ☐ CPK, TOTAL SST
- ☐ CREATININE SST
- ☐ CRP ☐ CARDIO CRP* SST
- ☐ CMV IGG, IGM AB SST
- ☐ EBV AB PANEL SST
- ☐ ESTROGEN SST
- ☐ FERRITIN* SST
- ☐ FOLATE* (8-10 hr fast) SST
- ☐ FOLLICLE STIM HORMONE (FSH) SST
- ☐ GLUCOSE* (8-10 hr fast) SST
- ☐ GLUCOSE 1 HR COLA PREGNANT GY
- ☐ HCG, TOTAL, QUANT * SST
- ☐ HEMOGLOBIN A1C* L
- ☐ HEMOGLOBIN ELECTROPHORESIS L
- ☐ HIV SCREEN* SST
- ☐ HOMOCYSTEINE* R
- ☐ IgA ☐ IgG ☐ IgM ☐ IgE SST
- ☐ IMMUNOELECTRO - SERUM SST
- ☐ IRON* ☐ TIBC* SST
- ☐ IRON & TIBC/% SATURATION* SST
- ☐ LDH SST
- ☐ LDL CHOL - DIRECT* (12-14 hr fast) SST
- ☐ LEAD, BLOOD (include info sheet) T
- ☐ LIPASE SST
- ☐ LUTINIZING HORMONE (LH) SST
- ☐ LYME SCRN w/rfx WESTERN BLOT SST
- ☐ MAGNESIUM SST
- ☐ METHYLIVIALONIC ACID, SERUM SST
- ☐ MONO SCREEN SST
- MUMPS ☐IgG ☐ IgM SST
- ☐ PHOSPHOROUS SST
- ☐ POTASSIUM SST
- ☐ PREG TEST - SERUM SST
- ☐ PRO-BRAIN NAT PEP (PRO-BNP)* SST
- ☐ PROLACTIN SST
- ☐ PROSTATIC SPEC AG TOTAL (PSA)* SST
- ☐ PROSTATIC SPEC AG (PSA SCREEN)* SST
- ☐ PROTEIN ELECTRO, SERUM SST
- ☐ PROTEIN, TOTAL SST
- ☐ PTHINTACT* L/SST
- ☐ RHEUMATOID FACTOR SST
- ☐ RPR SST
- RUBELLA ☐ IgG ☐ IgM SST
- RUBEOLLA (MEASLES) ☐IgG ☐IgM SST
- ☐ SODIUM SST
- ☐ TESTOSTERONE, TOTAL R
- ☐ TESTOSTERONE, TOTAL & FREE R
- ☐ T3 UPTAKE* SST
- ☐ T4* SST
- ☐ T4, FREE* SST

CHEMISTRY (continued)

- ☐ TRANSFERRIN* SST
- ☐ TSH* SST
- ☐ TSH w/rfx FT4* SST
- ☐ URIC ACID SST
- ☐ VIT B-12 (8-10 hr fast)* SST
- ☐ VIT D 25 HYDROXY TOTAL* SST

THERAPEUTIC DRUG MONITORING

- ☐ DIGOXIN* R
- ☐ DILANTIN (PHENYTOIN) R
- ☐ LITHIUM R
- ☐ PHENOBARB R
- ☐ TEGRETOL R

HEMATOLOGY

- ☐ CBC (PLATELET INCLUDED)*‡ L
- ☐ CBC & DIFF - AUTO*‡ L
- ☐ CBC & DIFF - MANUAL* L
- ☐ HEMOGLOBIN* L
- ☐ HEMATOCRIT* L
- ☐ RETICULOCYTE COUNT L
- ☐ SED RATE (ESR) L

COAGULATION

- ☐ CLOSURE TIME B
- ☐ FIBRINOGEN B
- ☐ PARTIAL THROMBIN TIME (PTT)* B
- ☐ PROTHROMBIN TIME (PTINR)* B

MICROBIOLOGY

Source: _____

- ☐ CULT - ROUTINE (AEROBIC)†
- ☐ CULT - ANAEROBIC†
- ☐ CULT - FUNGAL†
- ☐ CULT - VIRAL†
- ☐ CULT - THROAT w/ STREP SCREEN†
- ☐ CULT - THROAT NO STREP SCREEN†

Source: _____

- ☐ CHLAMYDIA/G.C. RNA TMA*
- ☐ GROUP B STREP
- ☐ INFLUENZA A/B
- ☐ CORONAVIRUS/SARS CoV-2 PCR
- ☐ RSV
- ☐ MRSA - Nasal ☐ Cult ☐ PCR
- ☐ TRICHOMONAS RNA TMA

STOOL TESTING

- ☐ CULT - ENTERIC PATH † STL
- ☐ CLOSTRIDIUM DIFF STL
- ☐ CRYPTO AG STL
- ☐ GIARDIA AG STL
- ☐ FECAL LACTOFERRIN STL
- ☐ H-PYLORI STL
- ☐ O&P STL
- ☐ OCCULT BLOOD - SCREENING* STL
- ☐ OCCULT BLOOD-NON SCREENING* STL

URINE TESTING

- ☐ CULTURE - URINE*† U
- ☐ MEDICAL DRUG SCREEN w/CONF* U
- ☐ IMMUNOELECTRO - URINE U
- ☐ ALBUMIN/CREAT RATIO URINE U
- ☐ P/C RATIO - URINE U
- ☐ PREG TEST - URINE U
- ☐ PROTEIN ELECTRO - URINE U
- ☐ URINALYSIS† U
- ☐ CLEAN CATCH ☐ CATH U
- ☐ URINALYSIS W/ MICROSCOPIC
- ☐ CLEAN CATCH ☐ CATH U
- ☐ URINALYSIS W/ REFLEX CULT
- ☐ CLEAN CATCH ☐ CATH U
- ☐ 24 HR 5-HIAA U
- ☐ 24 HR CATECHOLAMINE U
- ☐ 24 HR CITRATE U
- ☐ 24 HR CREATININE CLEARANCE U
- ☐ 24 HR METANEPHRINE U
- ☐ 24 HR PROTEIN U
- ☐ 24 HR OXALATE U
- ☐ 24 HR VMA U

BLOOD BANK

- ☐ ABO, RH TYPE
- ☐ ABO, RH TYPE & AB SCREEN†
- ☐ TYPE & SCREEN†
- ☐ BLOOD PROD † (incl Type & Scm)

RBC _____ PLATELETS _____
Special needs:
- ☐ CMV neg
- ☐ Irradiation
- ☐ Leukoreduced

- ☐ NEWBORN WORKUP † (ABO, RH, DAT)
- ☐ RHOGAM, ANTEPRT † (ABO, RH, ABS)
- ☐ RHOGAM, POSTPRT † (ABO, RH, ABS)

SCHEDULED TESTS

DATE/TIME: _____

PREGNANT: ☐ Y ☐ N

- ☐ 2 HR GLUCOSE TOLERANCE G
- ☐ 3 HR GLUCOSE TOLERANCE G

OTHER

imited coverage test: Medical necessity, dx code or ABN required
Reflex testing is possible if components are positive and considered medically appropriate
Manual diff. is performed if WBC is >30,000, or HGB is <6

(SST)=SERUM SEPARATOR TUBE (R)=RED (L)=LAVENDER
(B)=BLUE (GRLH)=GREEN LITHIUM HEPARIN (GY)=GRAY
(P)=PINK (U)=URINE (STL)=STOOL

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* O R D E R S *

LABORATORY REQUISITION

Form #40410
Rev 02/23

(Lab Use) STT___ Lav___ Blu___ Gn___ Um___ Mcro___ Othr___

Phone/Fx to Dr's Name	Number	Ph	Fx
1		☐	☐
2		☐	☐
3		☐	☐
4		☐	☐

Courier Transportation Specimens	Record # of Specimens	Collection Date	Copy of Reports to
Room Temp._____ Refrigerated_____ Frozen_____		Collected By Time	

Patient Name		Patient S.S. #	Birth Date
Last	First		
Address		Medicare #	Phone
Street	City		
Employer Name		Employer Phone	
Name of Insured		S.S.# of Insured	
Name of Insurance		Group Number	Policy Number

Listing of Common ICD-10 Codes **-OR- Attach a copy of insurance card and/or patient demographic face sheet**

	R10.0	Abdominal Pain, acute		R19.7	Diarrhea, Unspec		E16.2	Hypoglycemia, Unspec		K85.90	Pancreatitis, Acute, unspec
	R10.9	Abdominal Pain, unspec		K57.92	Diverticulitis of Colon, unspec		E87.6	Hypokalemia, unspec		I73.9	Peripheral Vascular Disease, unspec
	N93.9	Abnormal Uterine Bleeding		I82.403	DVT, Lower ext, unspec, Bilateral			(hypopotassemia)		Z85.3	Personal History of Breast Cancer
	G30.9	Alzheimer's Disease, unspec		I82.402	DVT, Lower ext, unspec, LEFT		I95.9	Hypotension, unspec		I80.9	Phlebitis, unspec
	D50.9	Anemia, Iron defiency, unspec		I82.401	DVT, Lower ext, unspec, RIGHT		E03.9	Hypothyroidism, unspec		J18.9	Pneumonia, unspec
	D64.9	Anemia, unspec		I82.623	DVT, Upper ext, unspec, Bilateral		K30	Indigestion Unspec,		M35.3	Polymyalgia Rheumatica
	I20.9	Angina, unspec		I82.622	DVT, Upper ext, unspec, LEFT			(functional Dyspepsia)		Z33.1	Pregnancy, incidental
	I35.0	Aortic Stenosis, unspec		I82.621	DVT. Upper ext, unspec, RIGHT		N97.9	Infertility, FEMALE, unspec		O26.90	Preg, unspec comp, unspec trimester
	I70.90	Arteriosclerosis, unspec		J81.1	Edema, Pulmonary, Chronic,unspec		N46.9	Infertility, MALE, unspec		N41.9	Prostatitis, unspec
	I25.10	Arteriosclerotic Heart Dis (ASHD)		R60.9	Edema, unspec		J11.1	Influenza, unspec		L29.9	Pruritis, unspec
	M12.9	Arthritis, Unspec, unspec		E87.8	Electrolyte Imbalance, Unspec		N92.6	Irregular Menstruation,unspec cause		R21	Rash,unspec
	M10.9	Arthritis,Gouty, unspec		R97.20	Elevated PSA		K58.9	Irritable Bowel Syndrome w/o		K62.5	Rectal Bleeding, unspec
	J45.909	Asthma, Childhood, unspec (extrinsic)		I74.9	Embolism of unspec Artery			diarrhea		N18.9	Renal Failure, Chronic, unspec
	J45.909	Asthma, unspec		Z51.11	Encounter for Antineoplastic		R17	Jaundice, Adult, unspec		N19	Renal Failure, unspec
	I48.91	Atrial Fibrillation unspec			Chemotherapy		P59.9	Jaundice, Newborn, unspec		N28.9	Renal Insufficiency, unspec
	M54.9	Back Pain, Unspec		Z34.0	Encounter for Normal Preg,		N15.9	Kidney Infection, unspec		R06.89	Respiratory Insufficiency,
	N40.0	BPH Benign Prostatic			1st pregnancy, unspec		H83.03	Labyrinthitis, Bilateral ears			unspec (dyspnea)
		Hypertrophy w/o LUTS		Z34.80	Encounter for Normal		H83.02	Labyrinthitis, LEFT ear		Z12.4	Screening for Cervical cancer
	J20.9	Bronchitis, Acute, unspec			Pregnancy, multigravida, unspec		H83.01	Labyrinthitis, RIGHTear		Z11.8	Screening for Chlamydia
	J42	Bronchitis, Chronic, unspec		Z32.00	Encounter for Pregnancy test,		H83.09	Labyrinthitis, unspec ears		Z12.5	Screening for Prostate cancer
	C18.9	Cancer, Colon, unspec			unspec outcome		K76.9	Liver Disease, unspec		R06.02	Shortness or Breath, unspec
	C19	Cancer, Colorectal, unspec		R59.9	Enlarged Lymph Nodes, unspec		Z79.01	Long Term Use of Anticoagulant		M25.511	Shoulder Pain, unspec, Bilateral
	C61	Cancer, Prostate, unspec		G40.909	Epilepsy, unspec, w/o intractable			(Cournadin use)		M25.512	Shoulder Pain, unspec, LEFT
	C20	Cancer, Rectum, unspec		R63.1	Excessive Thirst unspec, (polydipsia)		Z79.899	Long Term Use of Other Drug		M25.512	Shoulder Pain, unspec, RIGHT
	I49.9	Cardiac Dysrhythmia, Unspec		Z80.3	Family History of Breast cancer		C34.91	Lung Cancer, Unspec Part, Bilateral		M25.511	Shoulder Pain, unspec, Unspec
	L03.90	Cellulitis, unspec		R53.83	Fatigue and Malaise, unspec		C34.92			M25.519	Sinusitis, Acute, unspec
	I67.89	Cerebrovascular Disease,		R50.9	Fever, Unspec		C34.92	Lung Cancer, Unspec Part, LT sided		J01.90	Sinusitis, unspec
		Acute, unspec		K29.00	Gastritis, Acute w/o bleeding		C34.91	Lung Cancer, Unspec Part, RT sided		J32.9	Sore Throat, Acute, unspec
	N87.9	Cervical Dysplasia, unspec		K29.70	Gastritis, Unspec		C34.90	Lung Cancer,Unspec Part, Unspec		J02.9	Strep Throat, unspec
	N72	Cervicitis, unspec		K52.9	Gastroenteritis, unspec		A69.20	Lyme Disease, Unspec		J02.0	Sweating, Generalized
	R07.9	Chest Pain, unspec		K92.2	Gastrointestinal Bleed, Unspec		C85.90	Lymphoma, Unspec		R61	Syncope and Collapse
	K81.9	Cholecystitis, unspec		K21.9	GERD		N95.1	Menopause, Symptomatic		R55	Tachycardia, unspec
	K80.20	Cholelithiasis w/o		M10.9	Gout, unspec		G43.909	Migraine, not intractable, unspec		R00.0	TIA, unspec
		cholecystitis w/o obstruction		R51.9	Headache,unspec		B27.90	Mononucleosis, unspec		G45.9	Tinnitus, Bilateral
	N18.9	Chronic Kidney Disease, unspec		R31.9	Hematuria, unspec		R11.0	Nausea Alone		H93.13	Tinnitus, LEFT
	K70.30	Cirrhosis, Alcoholic, w/o ascites		K64.9	Hemorrhoids, unspec		R11.2	Nausea with Vomiting, unspec		H93.12	Tinnitus, RIGHT
	K74.60	Cirrhosis, unspec		K75.9	Hepatitis, unspec		M79.2	Neuralgia, Unspec		H93.11	Tinnitus, unspec ear
	I50.9	Congestive Heart Failure,		B19.9	Hepatitis, Viral, unspec		E66.9	Obesity, unspec		H93.19	Tonsillitis, Acute, unspec:
		Unspec (CHF)		B00.9	Herpes Simplex, Unspec		I25.2	Old Myocardial Infarction		J03.90	Upper Respiratory Infection, unspec
	H10.9	Conjuctivitis, unspec		K44.9	Hiatal Hernia w/o obstruction or		M19.90	Osteoarthritis, unspec		J06.9	Urethritis, unspec
	K59.00	Constipation		M25.551	Gangrene		M81.0	Osteoporosis, unspec		N34.2	Urinary Tract Infection, unspec
	R56.9	Convulsions, unspec		M25.552	Hip Pain, Bilateral		H60.93	Otitis Externa, unspec, Bilateral		N39.0	Uterine Bleeding, unspec
	J44.9	COPD unspec		M25.552	Hip Pain, LEFT		H60.92	Otitis Externa, unspec, LT ear		N93.9	Vaginal Discharge, unspec
	I25.10	Coronary Artery Disease,		M25.551	Hip Pain, RIGHT		H60.91	Otitis Externa, unspec, RT ear		N89.8	Vaginitis, unspec, ACUTE
		Unspec (CAD)		M25.559	Hip Pain, Unspec		H60.90	Otitis Externa, unspec, Unspec		N76.0	Vertigo, unspec (Dizziness)
	R05.9	Cough, unspec		B20	HIV unspec		H66.93	Otitis Media, unspec, Bilateral		R42	Viral Infection, unspec
	I63.9	CVA, unspec		L50.9	Hives unspec (urticaria)		H66.92	Otitis Media, unspec, LEFT ear		B34.9	Vomiting Alone, unspec
	N30.00	Cystitis, Acute, Unspec		E78.00	Hypercholesterolemia, unspec		H66.91	Otitis Media, unspec, RT ear		R11.10	
	E86.0	Dehydration, unspec		E78.5	Hyperlipidernia, unspec		H66.90	Otitis Media, unspec, Unspec			
	F03.90	Dementia, unspec		I10	Hypertension, Benign		C56.9	Ovarian Cancer		Other Seldom Used	
	E10.9	Diabetes, Type 1, unspec		I10	Hypertension, unspec		E66.3	Overweight			
	E11.9	Diabetes, Type 2 unspec		E05.90	Hyperthyroidism, unspec		R00.2	Palpitations			

Notification to Physician and Other Persons Legally Authorized to Order Tests for Which Medicare Reimbursement Will Be Sought. Medicare will pay only for tests that meet the Medicare coverage criteria and are reasonable and necessary to treat or diagnose an individual patient. Medicare does not pay for tests for which documentation, including the patient record, does not support that the tests were reasonable and necessary. Medicare generally does not cover routine screening tests even if the physician or other authorized provider considers the tests appropriate for the patient. Clinical consultants are available should you require help in selecting appropriate tests.