

PATIENT INFORMATION (PLEASE PRINT IN BLACK INK)
CLIENT INFORMATION
ORDERING PHYSICIAN CONTACT
INSURANCE BILLING INFORMATION (PLEASE ATTACH CARD OR PRINT IN BLACK INK)
MEDICAL NECESSITY NOTICE: When ordering tests for which Medicare reimbursement will be sought, physicians (or other individuals authorized by law to order tests) should only order tests that are medically necessary for the diagnosis or treatment of a patient, rather than for screening purposes.
BILL TO: Client/Institution Medicare Insurance (Complete insurance information below) Patient
PATIENT STATUS: Inpatient Outpatient Non-Hospital Patient Hospital discharge date:
WORKERS COMP: Yes No DOI:
PRIMARY: Medicare Medicaid (OH only) Other Ins. Self Spouse Child
SUBSCRIBER INFORMATION: Subscriber Last Name First MI Beneficiary / Member # Group # Claims Address City State Zip
SECONDARY: No Yes (if Yes, please attach) ABN: Yes No
DIAGNOSIS CODE (REQUIRED) ICD-10 Codes 1. 2. 3.
INDICATE TESTS REQUESTED (* limited coverage tests – ABN may be needed)
ORGAN/DISEASE PANELS
*panel components may be ordered individually
ACUTE HEPATITIS PANEL* HACUTP: AHAVM, AHBCM, AHCY1B, HBSAG
BASIC METABOLIC PANEL BMP: BUN, CA, CL, CO2, CRETI, GLU, KI, NA
COMPREHENSIVE METABOLIC PANEL CMP: ALB, BUN, CA, CO2, CL, CRETI, GLU, KI, NA, TBIL, TP, ALT, ALKP, AST
LIPID PANEL* LIPB: CHOL, HDL, LDLCT, TRIG
HEPATIC FUNCTION PANEL* HFP: ALB, ALKP, ALT, AST, CBIL, TBIL, TP
RENAL FUNCTION PANEL RFP: ALB, BUN, CA, CL, CO2, CRETI, GLU, KI, NA, PHOS
OBSTETRIC SERIES (non-Medicare): ABORH, TSCR, CBCDIF, HBSAG, RUBIGG, RPR
GENERAL LABORATORY TESTS
Albumin ALB
Albumin/Creatinine Ratio, Urine UACR
ALT (SGPT) ALT
Amylase AMYL
ANA (titered if positive) ANAI
AST (SGOT) AST
BNP, NT Pro* NTBNP
BUN BUN
CA 125* CA125
CA15-3* CA153
CA19-9* CA199
Ionized Calcium ICA
CBC* CBC
CBC/Diff* CBCDIF
CEA* CEA
CRP CRP
High Sensitivity CRP* HSCRIP
Digoxin* DIG
EBV Panel EBVPNL
Ferritin FERR
Gamma GT* GGT
Glucose Fasting GLF
Glucose Random* GLU
HCG Quantitative Blood* HCGQT
HCG Qualitative Urine* UHCG
Hemoglobin A1C* HBA1C
Hepatitis A Antibody, IgG AHAVG
Hepatitis A Antibody, IgM AHAVM
Hepatitis B Surface Antigen HBSAG
Hepatitis C Antibody AHCY1B
HIV 1,2 Combo (Antigen/Antibody)* HIV12C
Iron and TIBC* IRON
Lead LEAD2 Heavy Metal Demographic required HMDEMO
Lipase LIPA
Lupus Anticoag Diagnostic Interpretive Panel LUPUSP
Magnesium MGI
Myoglobin MYOGLB
Pertussis IgG, IgM, IgA BPPABS
Prealbumin PREALB
PSA, Diagnostic PSA
PSA, Free PSATF
PSA Screen PSASI
PT*/INR PT
PTT* PTT
RPR (titered if positive) RPR
Syphilis IgG with Confirmation SYPHGX
Sedimentation Rate WSR
T3 Total* T3
T3 Free* FREET3
T4 Free* FT4
T4* T4
Total Bilirubin TBIL
TSH* TSH
Uric Acid URIC
Urinalysis UA
Urinalysis with microscopic UAWMIC
Urine Drug Screen* UTOX2
Vitamin B12* B12
Vitamin D* VITD
Group A Strep by PCR (throat) GASPCR
Urine Culture* (specify method of collection above) URCUL
Wound Culture/Superficial (specify source above)
Wound Culture/Deep-Surgical (specify source above)
BLOOD BANK
ABO Rh Typing ABORH
Type and Screen TSCR
MICROBIOLOGY
Specimen Source/Method (specify:)
Chlamydia Amplified DNA Probe (specify:)
GC Amplified DNA Probe (specify:)
Trichomonas Vaginalis Amplification TRVAMP (specify:)
Clostridium Difficile Toxin by PCR CDPCR
Fungus Culture (hair, skin, nails)
Group B Strep Culture (anal/genital)
HSV, PCR HSPCR
Blood Culture BLCUL
Staphylococcus aureus by PCR SAPCR
ADDITIONAL TEST/COMMENTS