

PATIENT INFORMATION (PLEASE PRINT IN BLACK INK)
Last Name First MI
Address Birth Date Sex M F
City SS #
State Zip Home Phone
Hospital/Physician Office Patient ID # Accession #

CLIENT INFORMATION
Physician Name
Physician NPI#
Physician Phone
Physician Email
Call critical results to phone number: ()
Fax report to: ()

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.
INSURANCE BILLING INFORMATION (PLEASE ATTACH CARD OR PRINT IN BLACK INK)
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 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.

ORDERING PHYSICIAN CONTACT
Physician Name
Physician NPI#
Physician Phone
Physician Email
Call critical results to phone number: ()
Fax report to: ()

SPECIMEN INFORMATION
Collection Date: / / Time:
Specimen Type: Serum Plasma
Urine - volume #hours
Whole Blood Other (specify)
Fasting hours Non-fasting

INDICATE TESTS REQUESTED
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 * HSCR
Digoxin * DIG
EBV Antibody Panel EBVPNL
Ferritin FERR
Gamma GT * GGT
Glucose Fasting GLF
Glucose * 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 Screen * HIV12C
Iron and TIBC * IRON
Lead LEAD2 Heavy Metal Demographic required
Lipase LIPA
Lupus Anticoag Diagnostic Interpretive Panel LUPUSP
Magnesium MGI
Myoglobin MYOGLB
Prealbumin PREALB
PSA, Diagnostic PSA
PSA, Free and Total PSATF
PSA Screening PSASI
PT*/INR PT
Activated Partial Thromboplastin Time * PTT
RPR (titered if positive) RPR
Syphilis Treponemal with reflex SYPHTX
Sedimentation Rate, Westergren WSR
T3 Total * T3
T3 Free * FREET3
T4 Free * FT4
T4 * T4
Total Bilirubin TBIL
TSH * TSH
Uric Acid URIC
Urinalysis Only UA
Urinalysis with microscopic UAWMIC
Toxicology Screen, Urine * UTOX2
Vitamin B12 * B12
Vitamin D 25 Hydroxy * VITD
Staphylococcus aureus & MRSA Screen, PCR SAPCR
Group A Strep by PCR (throat) GASPCR
Urine Culture * (specify method of collection above) URUCUL
Wound Culture/Superficial (specify source above)
Wound Culture/Deep-Surgical (specify source above)
BLOOD BANK
ABO Rh Typing ABORH
Type and Screen TSCR
ADDITIONAL TEST/COMMENTS