Cleveland Clinic Laboratories

2119 E. 93rd / L15
Cleveland, OH 44106
216.444.5755 or 800.628.6816

EXTENDED CARE REQUISITION

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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 # | Room #

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. _____

CLIENT INFORMATION

ORDERING PHYSICIAN CONTACT

Physician Name

Physician NPI#

Physician Phone

Physician Email

Physician Signature

☐ 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 (* limited coverage tests – ABN may be needed)

ORGAN/DISEASE PANELS

**panel components may be ordered individually*

- ☐ **ACUTE HEPATITIS PANEL*** *HACUTP*: *AHAVM, AHBCM, AHCV1B, HBSAG*
- ☐ **BASIC METABOLIC PANEL** *BMP*: *BUN, CA, CL, CO2, CRET1, GLU, K1, NA*
- ☐ **COMPLETE METABOLIC PANEL** *CMP*: *ALB, BUN, CA, CO2, CL, CRET1, GLU, K1, NA, TBIL, TP, ALT, ALKP, AST*
- ☐ **ELECTROLYTE PANEL** *LYTE*: *CL, CO2, K1, NA*
- ☐ **LIPID PANEL*** *LIPB*: *CHOL, HDL, LDLDCT, TRIG*
- ☐ **HEPATIC FUNCTION PANEL*** *HFP*: *ALB, ALKP, ALT, AST, CBIL, TBIL, TP*
- ☐ **RENAL FUNCTION PANEL** *RFP*: *ALB, BUN, CA, CL, CO2, CRET1, GLU, K1, NA, PHOS*
- ☐ **OBSTETRIC SERIES (non-Medicare):** *ABORH, TSCR, CBCDIF, HBSAG, RUBQNT, RPR*

GENERAL LABORATORY TESTS

- ☐ 24 Hour Urine Calcium *UCALCD*
- ☐ 24 Hour Urine Creatinine *UCRD*
- ☐ 24 Hour Urine Creatinine Clearance *UXCC* Ht:_____ Wt:_____
- ☐ 24 Hour Urine Microalbumin Quant *UALBQ*
- ☐ 24 Urine Protein *UTP24*
- ☐ 24 Urine Urea Nitrogen *UUND*
- ☐ Albumin *ALB*
- ☐ Albumin/Creatinine Ratio, Urine *UACR*
- ☐ ALT (SGPT) *ALT*
- ☐ Amylase *AMYL*
- ☐ ANA (titered if positive) *ANA1*
- ☐ AST (SGOT) *AST*
- ☐ BNP, NT Pro* *NTBNP*
- ☐ BUN *BUN*
- ☐ C-Reactive Protein *CRP*
- ☐ CA 125 * *CA125*
- ☐ CA15-3 * *CA153*
- ☐ CA19-9 * *CA199*
- ☐ Calcium, Total *CA*
- ☐ CBC * *CBC*
- ☐ CBC/Diff * *CBCDIF*
- ☐ CEA * *CEA*
- ☐ Cholesterol, Total *CHOL*
- ☐ Creatinine *CRET1*
- ☐ Digoxin * *DIG*
- ☐ Dilantin (Phenytoin) *PHT*
- ☐ Ferritin *FERR*
- ☐ Gamma GT * *GGT*
- ☐ Glucose Blood * *GLU*
- ☐ Glucose ____ hr Postprandial *
- ☐ Glucose Tolerance ___ hr ____ gms
- ☐ HCG Quantitative Blood * *HCGQT*
- ☐ HDL * *HDL1*
- ☐ Hematocrit * *HCT*
- ☐ Hemoglobin * *HGB*
- ☐ Hemoglobin A1C * *HBA1C*
- ☐ Hepatitis A Antibody, Total *AHAVT*
- ☐ Hepatitis B Surface Antigen (confirmation if positive) *HBSAG*
- ☐ Hepatitis C Antibody IA w/Confirm *AHCV1B*
- ☐ High Sensitivity CRP * *HSCRP*
- ☐ High Sensitivity Troponin T *HSTNT*
- ☐ HIV 1,2 Combo (Antigen/Antibody)* *HIV12C*
- ☐ Iron * *IRN1*
- ☐ Lipase *LIPA*
- ☐ Lithium *LI*
- ☐ Magnesium *MG1*
- ☐ Myoglobin *MYOGLB*
- ☐ Partial Thromboplastin Time * *PTT*
- ☐ Phosphorus *PHOS*
- ☐ Platelet Count *PLTCT*
- ☐ Potassium *K1*
- ☐ Prealbumin *PREALB*
- ☐ Protein, Total *TP*
- ☐ PSA, Free and Total *PSATF*
- ☐ PSA Screening *PSAS1*
- ☐ PT*/INR *PT*
- ☐ Reticulocyte Count *RETIC*
- ☐ RPR (titered if positive) *RPR*
- ☐ Sedimentation Rate *WSR*
- ☐ Stool Occult Blood Screen *
- ☐ Stool Occult Blood Single Specimen *
- ☐ T3 * *T3*
- ☐ T4 Free * *FT4*
- ☐ T4 * *T4*
- ☐ TIBC and Iron * *IRON*
- ☐ Toxicology Screen, Urine * *UTOX2*
- ☐ Triglycerides *TRIG*
- ☐ TSH * *TSH*
- ☐ Uric Acid *URIC*
- ☐ Urinalysis with microscopic *UAWMIC*
- ☐ Urinalysis Only *UA*
- ☐ Vancomycin *VANCRA*
- ☐ Vitamin B12 * *B12*
- ☐ Vitamin D 25 Hydroxy * *VITD*
- ☐ WBC * *WBC*

MICROBIOLOGY

- ☐ Specimen Source/Method (specify: _____)
- ☐ Blood Culture
- ☐ Chlamydia Amplified DNA Probe (source: _____)
- ☐ GC Amplified DNA Probe (source: _____)
- ☐ *Clostridium Difficile* Toxin by PCR *CDPCR*
- ☐ Fungus Culture (hair, skin, nails)
- ☐ Group B Strep Culture (anal/genital) *GBPCR*
- ☐ HPV DNA PCR (Thinprep, no PAP incl.) *HPVHRT*
- ☐ Ova & Parasite exam *OVAP*
- ☐ *Cryptosporidium & Giarda* EIA *OVAPSC*
- ☐ *Aeromonas/Plesiomonas* Culture (stool – Salmonella, Shigella, Campylobacter) *AERPLE*
- ☐ Throat – Group A Strep by PCR *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*

ADDITIONAL TEST/COMMENTS

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_____

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*CPT codes available online at clevelandcliniclabs.com © 2026 Cleveland Clinic Laboratories 7/2026

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