



2401 Gillham Road Kansas City, MO 64108
(816) 234-3835

Additional CMH collection locations:

Broadway (816) 960-8460 Northland (816) 413-2520
East (816) 478-5211 South (913) 696-8210
CMH is a member of the Regional Laboratory Alliance

<p>2401 Gillham Road Kansas City, MO 64108 (816) 234-3835</p> <p>Additional CMH collection locations: Broadway (816) 960-8460 Northland (816) 413-2520 East (816) 478-5211 South (913) 696-8210 CMH is a member of the Regional Laboratory Alliance</p>	Patient ID	Date of Birth	Age	Sex	Social Security	
	Name (last)			Name (first)		MI
	Address			Telephone		
	City		State	Zip		
	Billing (circle one)		Client	Insurance	Self	
	Client Demographics			Insurance Information – attach copy of card (both sides)		
Facility/Practice			Responsible Party Patient is: <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other (specify)			
Address			Subscriber: Last, First MI			
Phone			Employer			
Fax			Primary: carrier & policy number			
Ordering Provider (first & last name)			Secondary: carrier & policy number			
PRINT LEGIBLY			ICD9 (DIAGNOSIS) REQUIRED:			
			(1)	(2)	(3)	

Certain payors will only pay for the services that they determine to be "reasonable and necessary." Some payors generally do not cover routine screening tests. By submitting this requisition, the ordering physician attests that all requested laboratory tests are medically necessary and that the patient's medical record contains all appropriate documentation. Orders billed to the patient's insurance or Medicare / Medicaid must have appropriate ICD-9 codes to support medical necessity. If ICD-9 codes are not provided, the laboratory reserves the right to refuse service to the patient. If an individual test is not supported by a diagnosis, is for screening, or is a non-covered test, the order must be accompanied by a completed Advanced Beneficiary Notice (ABN). Service to the patient may be refused without proper completion of the ABN.

Specimen Information				STAT	Results
Collection Date:	Time:	Collected by:	Hours fasting:	<input type="checkbox"/>	Call results to:
	AM/PM				Fax results to: 913-588-8158

ORGAN or DISEASE ORIENTED PANELS
Panels in bold print are considered as individually ordered tests by CMS for Gov't patients. All orders must be Medically Necessary and accompanied by a diagnosis in ICD-9 format. If ordered for screening purposes, a properly executed Advanced Beneficiary Notice must accompany the order.
<input type="checkbox"/> Comprehensive Metabolic Glucose, BUN, Creatinine, Total Protein, Albumin, Calcium, Total Bilirubin, Alk Phos, AST, ALT, Sodium, Potassium, Chloride, CO ₂
<input type="checkbox"/> Basic Metabolic Glucose, BUN, Creatinine, Calcium, Sodium, Potassium, Chloride, CO ₂
<input type="checkbox"/> Hepatic Function Albumin, Total Bili, Direct Bili, Indirect Bili, Alk Phos, Total Protein, ALT, AST
<input type="checkbox"/> Lipid Cholesterol total, Triglycerides, HDL, LDL (calculated)

MICROBIOLOGY / VIROLOGY
SOURCE Required
<input type="checkbox"/> Bordetella Pertussis PCR and Culture <input type="checkbox"/> Enterovirus PCR <input type="checkbox"/> Blood Culture (sensitivity if indicated) <input type="checkbox"/> Flu A/B , Rapid Ag <input type="checkbox"/> Culture, Bacterial (sensitivity if indicated) <input type="checkbox"/> O & P (Ova & Parasite screen) <input type="checkbox"/> Culture, Viral <input type="checkbox"/> O & P (foreign travel/ adoptions) <input type="checkbox"/> Culture, Viral Respiratory Shell Vial <input type="checkbox"/> Rotavirus, Rapid Ag <input type="checkbox"/> EBV PCR <input type="checkbox"/> RSV, Rapid Ag

ADDITIONAL TESTS: [Test Directory](#)
We will not accept orders for tests we do not perform

INDIVIDUAL TESTS
<input type="checkbox"/> Allergen, IgE (specify or use ALLERGY Requisition) <input type="checkbox"/> Insulin Like Growth Factor 1 <input type="checkbox"/> ALT <input type="checkbox"/> Insulin Like Growth Factor BP3 <input type="checkbox"/> Amikacin <input type="checkbox"/> Iron (Fe) <input type="checkbox"/> Bilirubin (Total, Direct & Indirect) <input type="checkbox"/> Lead <input type="checkbox"/> CBC with auto diff <input type="checkbox"/> LH (Luteinizing Hormone) <input type="checkbox"/> CBC without auto diff <input type="checkbox"/> Magnesium <input type="checkbox"/> Celiac Diagnostic Algorithm <input type="checkbox"/> Methotrexate <input type="checkbox"/> CRP (C-Reactive Protein) <input type="checkbox"/> Mono Test <input type="checkbox"/> EBV Antibody Profile <input type="checkbox"/> Phenytoin, Free <input type="checkbox"/> ESR (Sedimentation Rate) <input type="checkbox"/> Phosphorous <input type="checkbox"/> Factor 8 Assay <input type="checkbox"/> PT/INR <input type="checkbox"/> Ferritin <input type="checkbox"/> PTT (Partial Thromboplastin Time) <input type="checkbox"/> Fibrinogen <input type="checkbox"/> Reticulocyte <input type="checkbox"/> FK 506 (Tacrolimus) <input type="checkbox"/> T3 Total <input type="checkbox"/> Glucose <input type="checkbox"/> T4 Free <input type="checkbox"/> Hemoglobin <input type="checkbox"/> T4 Thyroxine <input type="checkbox"/> Hematocrit <input type="checkbox"/> Testosterone Total <input type="checkbox"/> Hgb A1c <input type="checkbox"/> TSH (Thyroid Stimulating Hormone) <input type="checkbox"/> HVA/VMA <input type="checkbox"/> TSH Algorithm <input type="checkbox"/> IgE Total Immunoglobulin <input type="checkbox"/> Urinalysis with Microscopic <input type="checkbox"/> IgG Total Immunoglobulin <input type="checkbox"/> Urinalysis without Microscopic <input type="checkbox"/> Insulin <input type="checkbox"/> Vitamin D, 25-Hydroxy

TOXICOLOGY
<input type="checkbox"/> Volatile/Alcohol Panel, Quant <input type="checkbox"/> Meconium Drug Screen, 9 drugs <input type="checkbox"/> Basic Drug of Abuse Screen, 5 drugs <input type="checkbox"/> Common Overdose Screen, 12 drugs <input type="checkbox"/> with ethanol <input type="checkbox"/> with volatiles <input type="checkbox"/> Expanded Drug of Abuse Screen, <input type="checkbox"/> Expanded Overdose Screen, 9 drugs <input type="checkbox"/> >150 drugs <input type="checkbox"/> with ethanol <input type="checkbox"/> with volatiles