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**PATIENT INFORMATION**

LAST NAME	FIRST NAME	SEX M F	DATE OF BIRTH	DATE COLLECTED	COLLECT TIME
SOCIAL SECURITY NUMBER	HOME PHONE ( )	WORK PHONE ( )			
ADDRESS		CITY	STATE	ZIP	

**INSURANCE / BILLING INFORMATION MUST BE COMPLETED or attach front and back copies of insurance card.**

BILL TO: _____ CONTRACT / CLIENT <input type="checkbox"/> PATIENT MEDICARE / MEDICAID* <input type="checkbox"/> INSURANCE	*Note Medicare guidelines when ordering tests – “screening” tests are generally not covered. Submit a valid Advanced Beneficiary Notice as appropriate.		
SUBSCRIBER NAME	EMPLOYER	PRIMARY INSURANCE CO	SECONDARY INSURANCE CO
SUBSCRIBER ADDRESS	EMPLOYER ADDRESS	SUBSCRIBER ID NUMBER	SUBSCRIBER ID NUMBER
CITY / STATE / ZIP	CITY / STATE / ZIP	GROUP NUMBER	GROUP NUMBER

DOCTOR / PRACTITIONER SIGNATURE	DATE	SIGNS & SYMPTOMS	
ORDERING PHYSICIAN (PLEASE PRINT)	<input type="checkbox"/> FAX <input type="checkbox"/> CALL #	COPIES TO:	<input type="checkbox"/> STAT <input type="checkbox"/> ASAP

CHEMISTRIES		HEMATOLOGY		HEP B SURFACE ABY (HBSAB)	S	MICROBIOLOGY ** ADD SOURCE
BASIC METABOLIC (BMP)	S	ABSOLUTE NEUTROPHIL (ANC)	L	HEP B SURFACE AG (HBSAG)	S	** AFB CULTURE & STAIN
COMPREHENSIVE (COMP)	S	CBC W/ AUTO DIFF* (CBCA)	L	HEP C ANTIBODY (HCVAB)	S	BLOOD CULTURE (BC)
ELECTROLYTES (LYT)	S	HEMOGRAM (ABC)	L	HIV, 4TH GENERATION, (HIVREFX)	S	C. DIFFICILE BY PCR
HEPATIC FUNCTION PANEL (HFP)	S	HEMATOCRIT (HCT)	L	IRON (FE)	S	** CERVICAL VAG CULTURE
RENAL PANEL (REP)	S	HEMOGLOBIN (HGB)	L	IRON, TIBC & % SAT (FEIBC)	S	** CHLAMYDIA /GC AMPLIF(CTNG)
LIPID PANEL (LIPID)	S	PLATELET COUNT (PLT)	L	LUTENIZING HORMONE (LH)	S	ENERIC PATHOGENS,STOOL (EP)
HEPATITIS, ACUTE A,B,C (AHP)	S	PROTIME (PT)	B	LITHIUM (LI)	S	** FUNGUS CULTURE
ALT (SGPT) (ALT)	S	PTT (PTT)	B	PROGESTERONE (PROG)	S	** GRAM STAIN* (GS)
AST (SGOT) (AST)	S	SED RATE (SR)	L	PROLACTIN (PROL)	S	GROUP B STREP (STREPB)
BILIRUBIN, TOTAL (TBIL)	S	WBC (WBC)	L	PSA, FREE & TOTAL (FPSA)	S	NASAL CULTURE (NC)
BILIRUBIN, TOTAL & DIRECT (BTD)	S	<b>OTHER</b>		PSA, REFLEXIVE* (PSAR)	S	** SPECIAL SITE CULTURE (SSC)
BUN (BUN)	S	B12 (B12)	S	PSA SCREEN (PSAS) (V76.44)	S	SPUTUM CULTURE (SPC)
CALCIUM (CA)	S	B12 & FOLATE (B12F)	P	PSA, DIAGNOSTIC (PSA)	S	STREP SCREEN* (STREPA)
CARBAMAZEPINE (CAR)	S	B TYPE NATR. PEPTIDE (PBTPN)	L			TRICHOMONAS BY PCR (TVPCR)
CHOLESTEROL (CHOL)	S	CRP, INFLEMMATORY (CRP)	S	T4, FREE (FT4)	S	VIRUS CULTURE (VC)
CHLORIDE (CL)	S	DILANTIN (PHY)	S	TSH (TSH)	S	<b>URINE</b>
CREATININE (CRE)	S	ESTRADIOL (EST)	S	TSH, REFLEXIVE* (TSHR)	S	URINE CULTURE (UC)
GLUCOSE (GLU)	S	OCCULT BLOOD (IFOB)	O	<b>Blood Bank</b>		UA CULTURE IF INDICATED (UACI)
LDH (LDH)	S	FOLATE (FOL)	P	TYPE & SCREEN PRENATAL (TSNT)	O	URINALYSIS (UA)
LIPASE (LIP)	S	FOLLICLE STIM. HORMONE	S	BLOOD BANK SPECIMEN FOR POSSIBLE TRANFUSION (BBH) ARM BAND	O	UA MICROSCOPIC (UAM)
MAGNESIUM (MG)	S	FERRITIN (FER)	S			CREATININE CLEARANCE(CRC)
PHENOBARBITOL (PHB)	S	HEMOGLOBIN A1C (HA1C)	L			HT: WT:
PHOSPHORUS (PHOS)	S	HCG, REFLEX QUALITATIVE *	S	FOR TRANSFUSIONS, CONTACT TREATMENT & PROCEDURE CENTER AT		MICROALB CREAT RATIO (MCRU)
POTASSIUM (K)	S	HCG, QUALITATIVE (HCG)	S			
		HCG, QUANTITATIVE (BHCG)	S	PHONE 505-2860		

**OTHER TESTS:**