



Memorial Hospital
 1400 East Boulder
 Colorado Springs, CO
 80909
 719-365-5260

BILL TO:

My Account

Patient's Insurance

Attach a copy of patient's demographic and insurance information

Department of Laboratory Services Memorial Central CLIA # 06D0663026 Memorial North CLIA # 06D1065861
 OB/GYN Test Requisition

Last Name	First Name	MI	Diagnosis code/description #1
Birthdate:	Ordering Physician:		Diagnosis code/description #2
Collection Date	<input type="checkbox"/> STAT <input type="checkbox"/> Phone results to		Diagnosis code/description #3
Collection Time AM PM	<input type="checkbox"/> Fax results to		

[] Prenatal Profile

CBC w/o diff (85027), ABO RH Type (86900,86901), Antibody screen (86850), Hbsag (84144), RPR (86592), Rubella IgG (86762), HIV 1/2 AB (86703)

[] Sequential Prenatal Screen II (NTD Lab) Lab4308

AFP (82105), BHCG (84702), Estriol (82677), PAPP-A (84163)

[] Quad Screen (ARUP) Lab5083

81511 AFP, Estriol, HCG, Inhibin A

[] Sequential Prenatal Screen II (Integrated Genetics) Lab5573

AFP (82105), BHCG (84702), Estriol (82677), Inhibin A (86336) PAPP-A (84163)

[] Maternal Screen AFP only (ARUP) Lab692

82105

All screens require the following information:

Crown-rump length measurement (cm) _____ Date of ultrasound: _____ Current weight: _____ Due date: _____

of fetuses present: _____ Patient's race: _____ Requires insulin? _____ Known family history of neural tube defects? _____

Previous pregnancy with a chromosome abnormality? _____ Is the patient taking valproic acid or carbamazepine (Tegretol®): _____

Ultrasonographer's name and certification number _____

Physician's name and phone number _____

For in-vitro fertilization pregnancies, the age of the egg donor: _____

<input type="checkbox"/> ABO RH 86900, 86901	<input type="checkbox"/> Fetal Fibronectin 82731	<input type="checkbox"/> Chlamydia RNA 87491	<input type="checkbox"/> Vaginosis Panel (candida, trichomonas, & gardnerella) 87480, 87660, 87510 Requires BD Affirm ATTS Device
<input type="checkbox"/> Antenatal Rhogam	<input type="checkbox"/> Fetal Maternal Hemorrhage 85460	<input type="checkbox"/> Gonorrhea RNA 87591	<input type="checkbox"/> Chlamydia IgG/IgM Antibodies 3 specimens 86631x3, 86632x3
<input type="checkbox"/> Antibody Screen 86850	<input type="checkbox"/> Pregnancy Test, qual serum 84703	<input type="checkbox"/> Aerobic Culture 87070 Source:	Other Tests
<input type="checkbox"/> Type & Screen 86850, 86900, 86901	<input type="checkbox"/> Pregnancy Test, qual urine 81025	<input type="checkbox"/> Herpes PCR 87529x2 Source:	
<input type="checkbox"/> CBC w/diff 85025 <input type="checkbox"/> CBC w/o diff 85027	<input type="checkbox"/> Pregnancy Test, qual with reflex to quant serum 84703	<input type="checkbox"/> GBS PCR 87150 Source:	
<input type="checkbox"/> Glucose 1 hr 82950	<input type="checkbox"/> Urinalysis with culture if indicated (81003)		
<input type="checkbox"/> Glucose 3 hr tolerance 82951			