

22715.2170 Breath Hydrogen Test Requisition

Copy of version 1.0 (approved and current)

**Last Approval or
Periodic Review Completed** 6/06/2019

Periodic review not required


Effective Date 6/06/2019

Controlled Copy ID 227981

Location Online PCH lab test catalog

Organization Phoenix Children's Hospital

Approval and Periodic Review Signatures

Type	Description	Date	Version	Performed By	Notes
Approval	Lab Director	6/06/2019	1.0	 Megan Dishop	

Signatures from prior revisions are not listed.

Version History

Version	Status	Type	Date Added	Date Effective	Date Retired
1.0	Approved and Current	Initial version	6/05/2019	6/06/2019	Indefinite

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LABORATORY
BREATH HYDROGEN
TEST REQUEST

Apply Patient Label

Breath Hydrogen Test
<input type="checkbox"/> Lactose
<input type="checkbox"/> Sucrose

<u>Patient Information:</u>			
Patient Name:		Date of Birth:	
Address:			Male <input type="checkbox"/> Female <input type="checkbox"/>
		Home Phone:	()
Insurance Company:		ID Number:	

<u>Order Information:</u>			
Diagnosis:		ICD 10 Code:	
Ordering Physician:		Physician Phone:	
Physician Address:		Physician Fax:	

Practitioner Signature:		Date:	
Printed Name:		Time:	

THESE TESTS MUST BE SCHEDULED IN ADVANCE WITH THE PCH SWEAT LAB 602-933-0314

NOTE: Diagnosis/ICD-10 Codes, Insurance Authorization and Practitioner's Signature are required before testing can be performed.

