

Client: _____ Contact Phone: _____

Patient Name: _____ Pt Label Here
 (Last) (First) (MI)

DOB ____/____/____ Sex M F

**SSM Health
 ST MARY'S
 LABORATORY
 SERVICES**
 700 South Park Street
 Madison, WI 53715
 258-6917

Physician _____ Physician Signature _____
 Physician Fax _____ Physician Address _____

Collected: ____/____/____ Time: _____ AM / PM For Drug Levels - Last Dose ____/____/____ Time: _____ AM / PM
 ___ Plasma ___ Serum ___ Whole Blood ___ CSF ___ Ur. Mid ___ Ur. 24 Hr Vol. _____ Fluid (Type) _____ Other _____

* Call /Fax (Circle One) Urgent Results To: _____ at: _____ or after 5 pm at: _____

Regulations mandate that a medical justification (ICD code) be assigned for each test requested. Please indicate an ICD code in the space provided.

✓	ICD	#	TEST NAME	CPT	✓	ICD	#	TEST NAME	CPT
		1735	Basic Metabolic Panel	80048			1355	Creatinine Clearance [Ht_____]	82575
		1669	Comprehensive Metabolic Panel	80053			1050	Digoxin	80162
		1577	Hepatic Function Panel	80076			1626	Drug Screen Urine	**
		1667	Renal Function Panel	80069			1055	Ferritin	82728
		1042	Lipid Panel (Includes Calc LDL)	80061			6260	FSH	83001
		1720	Lytes	80051			1461	Glucose 1 Hr Gestational	82950
		1210	Albumin	82040			1630	HCG Beta Quant	84702
		1665	ALT (SGPT)	84460			6476	Helicobacter Pylori Ab	86677
		1660	AST (SGOT)	84450			6285	Hemoglobin A1C	83036
		1270	Bilirubin Total + Direct	**			1077	Hepatitis B Panel	**
		1265	Bilirubin, Total only	82247			1487	Hepatitis Surface Ab (Immune Status)	86706
		1285	Calcium	82310			1066	Hepatitis C Ab	86803
		1300	Carbon Dioxide	82374			1086	Hepatitis Screen Acute	80074
		1320	Chloride	82435			7228	HIV-1/HIV-2 Ab	87389
		1330	Cholesterol	82465			1107	Iron + Transferrin (TIBC)	83540
		1365	Creatinine	82565			6405	LH	83002
		1810	Glucose	82947			1535	Lipase	83690
		1335	HDL Cholesterol	83718			8081	Lyme Ab Screen	86618
		1220	Alkaline Phosphatase	84075			8117	Micro albumin Urine Random	82043
		1595	Phosphorus	80185			6470	Prolactin	84146
		1615	Potassium	84132			6475	Prostatic Specific Antigen (PSA)	84153
		1650	Protein Total	84155			1666	Prostatic Specific Antigen (PSA) Screen	
		1675	Sodium	84295			1655	Protein, Urine Timed	84155
		1690	Triglycerides	84478			6514	PTH Intact	83970
		1280	BUN	84520			2401	PT/INR	85610
		1230	Amylase	82150			2402	PTT	85730
		7000	ANA [Titer 86039, if indicated]	86038			2191	Retic Count	85044
		7058	Arthritis Panel				7050	RPR	86592
		1263	Bilirubin Neonatal	82247			7093	Rubella Ab IgG (Immune Status)	86762
		1301	Bilirubin Total+Direct NB (Neonatal)	82251			7046	Rheumatoid Factor Quant	86431
		8624	BNP	83880			6392	T3 Free	84481
		2029	CBC w Diff	85025			1147	T4 Free	84439
		2026	CBC w/o Diff	85027			6520	Testosterone Total	84403
		1040	CEA	82378			3029	Type and Screen	**
		2103	Cell Count w Diff Fluid	89051			1160	TSH	84443
