

Client : _____ Client Contact Phone: _____

**SSM Health
ST MARY'S
LABORATORY
SERVICES**
700 South Park Street
Madison, WI 53715
258-6917
800-236-6917

Name: _____
(Last) (First) (MI)

DOB ____/____/____ Sex M F

Physician _____ Physician Phone : _____

Physician Signature _____ Physician Address _____

Specimen Source _____ Collected ____/____/____ Time _____ AM / PM

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

ICD-10	#	TEST NAME	CPT	ICD-10	#	TEST NAME	CPT
	04096	Bronchial Lavage (BAL) Panel	89051		04217	Culture VRE	87081
	11945	Chlamydia & Gonorrhea by NAA	87491		04229	Giardia / Cryptosporidium Ag	**
	04280	Clostridium Diff by PCR	87493		06351	Legionella Antigen Urine	87449
	04851	Clostridium Diff Toxin Reflex to PCR	87324				
	08476	Culture AFB	**		04169	O + P Stool	**
	04031	Culture Anaerobic Only	**		04871	Organism ID & Sensitivity	**
	90826	Culture Anaerobic + Aerobic Routine	**		10885	Bordetella Pertussis DNA	87798
	04084	Culture Blood	**		04117	Rotavirus Ag	87425
	04154	Culture Blood Fungus Isolator	**				
	04866	Culture Blood Isolator Bacteria	87040				
	04183	Culture Fungus Other	**				
	04050	Culture Fungus Hair, Skin, Nails	**		03996	Respiratory Panel by PCR	87252
	11983	Culture GC	**		07119	Strep Pneumonia Ag Urine	87449
	04041	Culture MRSA / MSSA	87081		07352	Viral Culture CMV ARUP	**
	11950	Culture Respiratory	**				
	4160	Culture Aerobic Routine	**		00487	Viral Culture Non-Resp ARUP	87252
	10440	Stool Enteric Pathogens	87505				
	04040	Culture Stool + Yersinia	**		10041	Blood Culture ID Panel PCR	87150
	04345	Strep Group B DNA Probe	87653		90369	Trichomonas Vaginalis by NAA	87491
	04107	Culture Throat	87060		04078	Smear Pinworms	87208
	04047	Culture Urine	**				
	02521	Fecal Lactoferrin	83630				
	11429	HSV & VZV DNA PCR					

See www.testmenu.com/SSMWI for details

Rev 08/19

*Please provide patient Insurance and billing information with the order