



TRINITY MEDICAL CENTER LABORATORY

Trinity Medical Center West | 4000 Johnson Road, Steubenville, Ohio 43952 | 740-264-8185

Patient Information			Billing / Insurance Information	
Patient Name:	Patient Phone#:		<input type="checkbox"/> BILL CLIENT <input type="checkbox"/> BILL PATIENT/ INS	
Patient Address (City, State, Zip):			Primary Insurance Plan:	
Patient SS#: XXX-XX-_____	DOB:	Sex:	Policy #:	
Ordering Physician:			Primary Subscriber (If other than Patient):	
<p>ATTENTION PHYSICIAN: Laboratory tests must be ordered individually and based on medical necessity. Medical necessity is defined as services which are necessary for the diagnosis or treatment of disease, illness or injury and meet accepted standards of medical practice. Tests ordered MUST include diagnosis. When Medicare coverage is sought, only tests which meet the Medicare definition of reasonable and necessary should be ordered. Medicare may deny payment for tests which do not meet that definition. The patient must be informed of potential denial of payment and sign the Provider/Supplier Notice to Beneficiary form (available under separate cover).</p>				
Diagnoses:				

✓	Test Name
	Chemistry Panels
	Basic Metabolic <i>(Lytes, Glu, BUN, Cr, CA)</i>
	Comprehensive Metabolic <i>(Basic, AST, ALT, ALP, TP, ALB)</i>
	Electrolytes <i>(Na, K, Cl, CO2)</i>
	Liver Profile <i>(ALT, AST, Tbil, Dbil, TP, ALB)</i>
	Lipid Profile <i>(HDL, LDL, TRIG, CHOL)</i>
	Routine Chemistry
	AST/SGOT
	ALT/SGPT
	ALP
	Bilirubin, Total
	Bilirubin, Direct
	B12
	BNP
	BUN
	Calcium
	CEA
	Cholesterol
	C-Reactive Protein
	Creatinine
	Estradiol
	Ferritin
	Folate
	FSH
	GGT
	Glucose
	Glucose Tolerance 2 Hour Post-Prandial
	HBA1C
	Iron

✓	Test Name
	Routine Chemistry
	Lead
	Microalbumin
	Potassium
	PSA Diagnostic
	PSA Screen
	Phosphorus
	Pregnancy, urine
	Pregnancy, serum Qualitative
	Pregnancy, Quantitative HCG
	Free T4
	T4, total
	T3, total
	TSH
	TIBC
	Triglyceride
	Uric Acid
	Therapeutic Drug Testing
	Digoxin
	Dilantin
	Lithium
	Vanco peak trough
	Hematology
	CBC (includes differential)*
	CBC, no differential
	CBC with manual differential
	ESR
	Hgb/Hct
	Platelet
	WBC
	Coagulation
	PT/INR
	APTT
	Anticoagulant?

✓	Test Name
	Serology
	Mono
	ASO
	RF
	ANA
	RPR
	Urinalysis
	Complete Urinalysis, includes microscopic if indicated**
	Complete Urinalysis \ reflex culture if indicated***
	Urinalysis with microscopic
	Urinalysis, no microscopic
	Occult Blood
	Microbiology
	CDIFF
	Rotavirus
	Ova/Parasite
	Acid Fast Culture
	Routine Culture
	Source?
	Gram Stain
	Anaerobic Culture
	Fungal Culture
	Strep Screen Rapid
	Strep Screen Routine
	Antibiotic?
	Miscellaneous

Fasting? Non-Fasting?

MD/DO Signature: _____

Date/Time of Sample Collection: _____

Date: _____

MD/DO Address: _____

SPECIMEN REQUIREMENTS
All specimens are to be labeled with:

1. Patient's full name
2. Medical Record number or DOB
3. Date of Collection
4. Time of collection
5. Collector's initials

SPECIMEN COLLECTION GUIDELINES									
GR GREEN	R RED	LA LAVENDER	BL BLUE	P PINK	TA TAN	SS GOLD	UR URINE SAMPLE	ST STOOL SAMPLE	SW SWAB
Chemistry Panels			Routine Chemistry			Serology			
GR	Basic Metabolic <i>(Lytes, Glu, BUN, Cr, Ca)</i>		GR	Iron		SS	Mono Test		
GR	Comprehensive Metabolic <i>(Basic, AlkPhos, ALT, AST, Tbil, TP, Alb)</i>		TA	Lead		SS	ASO		
GR	Electrolytes		UR	Microalbumin		SS	Rheumatoid Factor (RF)		
GR	Liver Profile <i>(AlkPhos, ALT, AST, Tbil, Dbil, TP, Alb)</i>		GR	Potassium		SS	ANA		
GR	Lipid Profile <i>(HDL, LDL, Trig, Chol)</i>		GR	PSA		SS	RPR		
Routine Chemistry			GR	Phosphorus		Urinalysis			
GR	AST/SGOT		UR	Pregnancy, urine		UR	Routine Urine		
GR	ALT/SGPT		SS	Pregnancy, serum Qualitative		ST	Occult Blood		
GR	Alkaline Phosphatase (AlkPhos)		SS	Pregnancy, Quantitative HCG		Microbiology			
GR	Bilirubin, Total (Tbil)		GR	Free T4		ST	C. difficile (CDIFF)		
GR	Bilirubin, Direct (Dbil)		GR	T4, total		ST	Rotavirus		
GR	B12, Vitamin		SS	T3, total		ST	Ova/Parasite		
LA	BNP (brain natriuretic peptide)		GR	TSH		SW	Strep Screen Rapid		
GR	BUN		GR	TIBC		SW	Strep Screen Routine		
GR	Calcium		GR	Triglyceride		Bloodbank			
SS	CEA		GR	Uric Acid		P+LA	Type and Screen		
GR	Cholesterol		Therapeutic Drug Testing						
GR	C-Reactive Protein		GR	Digoxin					
GR	Creatinine		GR	Dilantin					
SS	Estradiol		SS	Lithium					
GR	Ferritin		GR	Vancomycin					
GR	Folate		Hematology						
SS	FSH		LA	CBC					
GR	GGT		LA	ESR					
GR	Glucose		LA	Hgb/Hct					
GR	Glucose Tolerance		LA	Platelet					
GR	2 Hour Post-Prandial		LA	WBC					
LA	HBA1C		Coagulation						
			BL	PT (with INR)					
			BL	APTT					

Please use the following link for specific collection guidelines:
<http://www.trinityhealth.com/patients-and-visitors/patient-guide/lab-tests/>

<p>*Criteria for performing a Manual Differential (MDIFF):</p> <ol style="list-style-type: none"> 1. Suspect flag is generated for WBC: 2. WBC <2.0 or > 20.0 3. Neutrophils <20% or >85% 4. Lymphocytes >65% 5. Monocytes >15% 6. Eosinophils >25% 7. Basophils >3.4% 8. When physician orders MDIFF 9. All children 12 and under <p>IF A MANUAL DIFFERENTIAL HAS BEEN DONE WITHIN THE PAST 72 HOURS ANOTHER MDIFF IS NOT REQUIRED UNLESS:</p> <ol style="list-style-type: none"> 1. Physician specifically orders MDIFF 2. There has been a significant change in WBC 3. Children 12 and under. 	<p>**Criteria for performing microscopic exam on urinalysis</p> <ol style="list-style-type: none"> 1. Specimens that are hazy, cloudy, or turbid. 2. Specimens that are positive for protein. 3. Specimens that are positive for blood. 4. Specimens that are positive for leukocytes. 5. Specimens that are positive for nitrite. <p>***Criteria for performing reflex culture on urine:</p> <table style="width: 100%; border: none;"> <tr> <td style="padding-right: 20px;">Leukocyte Esterase</td> <td>Positive</td> </tr> <tr> <td>Nitrate</td> <td>Positive</td> </tr> <tr> <td>Bacteria</td> <td>1+</td> </tr> <tr> <td>WBC's</td> <td>>5.0</td> </tr> <tr> <td>Yeast</td> <td>Present</td> </tr> </table>	Leukocyte Esterase	Positive	Nitrate	Positive	Bacteria	1+	WBC's	>5.0	Yeast	Present
Leukocyte Esterase	Positive										
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