

Laboratory Request

| | | | | |
|---------------------|---------|--|-----|------|
| Patient name (Last) | (First) | Sex <input type="checkbox"/> M <input type="checkbox"/> F | DOB | Date |
| Ordering Physician | | Physician signature | | |

Billing: Client Patient Telephone Verbal Written

* When ordering tests for which Medicare or Medicaid reimbursement will be sought, physicians should only order tests that are medically necessary for the diagnosis or treatment of the patient. Components of the organ or disease panels printed on this form may also be ordered individually. Tests marked with an asterisk (*) may be subject to medical necessity.

| Test | ICD-10 Code | Test | ICD-10 Code |
|--|-------------|--|-------------|
| Profiles | | Alphabetical Listing of Tests | |
| <input type="checkbox"/> Allergen Panel–Food | | <input type="checkbox"/> ALT/SGPT | |
| <input type="checkbox"/> Allergen Panel–NW CO Comp | | <input type="checkbox"/> Amylase | |
| <input type="checkbox"/> Basic Metabolic Panel* | | <input type="checkbox"/> ANA | |
| <input type="checkbox"/> Comprehensive Metabolic Panel* | | <input type="checkbox"/> AST/SGOT | |
| <input type="checkbox"/> Electrolyte Panel | | <input type="checkbox"/> BHCG | |
| <input type="checkbox"/> Lipid Panel* | | <input type="checkbox"/> Qual <input type="checkbox"/> Quant <input type="checkbox"/> UCG | |
| <input type="checkbox"/> Liver, Hepatic Panel | | <input type="checkbox"/> Bilirubin | |
| Blood Bank | | <input type="checkbox"/> Direct <input type="checkbox"/> Total <input type="checkbox"/> Neonatal | |
| <input type="checkbox"/> Antibody Screen | | <input type="checkbox"/> Calcium, Ca | |
| <input type="checkbox"/> Type and Rh | | <input type="checkbox"/> CEA* | |
| <input type="checkbox"/> Type and Screen | | <input type="checkbox"/> CPK | |
| Coagulation | | <input type="checkbox"/> CPK/MB, if indicated | |
| <input type="checkbox"/> D-Dimer | | <input type="checkbox"/> Creatinine | |
| <input type="checkbox"/> Prottime/INR* | | <input type="checkbox"/> CRP/High Sensitive, Cardiac* | |
| <input type="checkbox"/> PTT* | | <input type="checkbox"/> CRP/Inflammatory | |
| Hematology | | <input type="checkbox"/> Digoxin* | |
| <input type="checkbox"/> CBC* | | <input type="checkbox"/> Estradiol | |
| <input type="checkbox"/> Cell count (Indicate source) | | <input type="checkbox"/> Ferritin* | |
| | | <input type="checkbox"/> Glucose* | |
| | | <input type="checkbox"/> Hemoglobin A1c* | |
| <input type="checkbox"/> ESR/Sed Rate* | | <input type="checkbox"/> Hep B Surface AB Titer | |
| <input type="checkbox"/> Hematocrit* | | <input type="checkbox"/> Hep B Surface Ag | |
| <input type="checkbox"/> Hemoglobin* | | <input type="checkbox"/> Hep C AB | |
| <input type="checkbox"/> Retic Count* | | <input type="checkbox"/> HIV 1/2* | |
| Microbiology | | <input type="checkbox"/> Ionized Calcium | |
| <input type="checkbox"/> Giardia | | <input type="checkbox"/> Iron, Fe* | |
| <input type="checkbox"/> C Difficile Toxin | | <input type="checkbox"/> LDH | |
| <input type="checkbox"/> Stool for WBCs | | <input type="checkbox"/> Lipase | |
| <input type="checkbox"/> RSV | | <input type="checkbox"/> Magnesium, Mg* | |
| <input type="checkbox"/> Rapid Influenza Ag | | <input type="checkbox"/> Potassium, K* | |
| <input type="checkbox"/> Occult Blood* | | <input type="checkbox"/> Progesterone | |
| <input type="checkbox"/> Diagnostic <input type="checkbox"/> Screening | | <input type="checkbox"/> PSA* <input type="checkbox"/> PSAII (Free and Total) | |
| <input type="checkbox"/> Culture (Indicate source) | | <input type="checkbox"/> Rapid Strep | |
| | | <input type="checkbox"/> Rheumatoid Arthritis Factor* | |
| | | <input type="checkbox"/> Sodium, Na | |
| Write in Test | | <input type="checkbox"/> T4 Free* | |
| | | <input type="checkbox"/> Troponin | |
| | | <input type="checkbox"/> TSH* | |
| | | <input type="checkbox"/> Uric Acid | |
| | | <input type="checkbox"/> Urinalysis Routine* | |
| | | <input type="checkbox"/> Urinalysis Dip* | |
| | | <input type="checkbox"/> Urinalysis Culture, if indicated* | |

