

University of Kentucky Healthcare Chandler & Good Sam - Lexington, KY		PHYSICIAN ORDER FORM LAB 1		PATIENT ID:
Date/Time of Collection:		Accession #:		Medical Record #
Collector:		LCRA label by:		Date of Birth M F

R	CODE	S	HEMATOLOGY	R	CODE	S	CHEMISTRY	R	CODE	S	CHEMISTRY
	HEM		HEMOGRAM		ALB		ALBUMIN		LH		LUTEINIZING HORMONE
	HEMD		HEMOGRAM W/DIFF		ALCO		ALCOHOLS		MG		MAGNESIUM
	PLTB		PLATELET COUNT		ALP		ALK. PHOSPHATASE		OSMO		OSMOLALITY
	HGBB		HEMOGLOBIN		ALT		ALT		PHOS		PHOSPHORUS
	HCTB		HEMATOCRIT		AMON		AMMONIA		K		POTASSIUM
	WBCB		WBC COUNT		AMY		AMYLASE		PALB		PREALBUIMN
	BNDIFF		BAND COUNT		TPO		ANTITHYROID PEROXIDASE Ab		PROL		PROLACTIN
	ESRW		SED RATE, WESTERGRN		AST		AST		TP		PROTEIN, TOTAL
	RETHE		RETICULOCTE COUNT		CBIL		BILIRUBIN, CONJUGATED		RA		RHEUMATOID FACTOR
	ANA		ANTI-NUCLEAR Ab		TBIL		BILIRUBIN, TOTAL		NA		SODIUM
HEMOSTASIS					PROBNP		B-NATRIURETIC PEPTIDE		T3		T3, TOTAL
	PT		PROTIME		CRP		C REACTIVE PROTEIN		FT4I		T4, FREE
	PTT		APTT		CRPH		HIGH SENSITIVITY CRP		HSTNT0		TROPONIN T BASELINE
	XDP		D-DIMER		CA		CALCIUM		HSTNT2		TROPONIN T 2-HOUR
	CFGN		FIBRINOGEN		ICA		CALCIUM, IONIZED		TSH		TSH
	PFA		PLATELET FUNCTION ANALYSIS		CL		CHLORIDE		BUN		UREA NITROGEN
	TCT		THROMBIN CLOT TIME		CK		CK, TOTAL		URIC		URIC ACID
	HPRN		ANTI Xa LEVEL BY UNFR HEPARIN		CO2		CO2		VB12		VITAMIN B12
SEROLOGY					CORTS		CORTISOL AM or PM	URINE TEST			
	HEP		ACUTE HEPATITIS PANEL		CRE		CREATININE		UAR		URINALYSIS W/ REFLEX TO MICROSCOPIC
	HAM		HEPATITIS A IgM		FOLS		FOLATE, SERUM		PREG		PREGNANCY, QUAL
	HAG		HEPATITIS A IgG & IgM		FSH		FOLLICLE STIM HORMONE		XUA		URINE DIPSTICK ONLY
	HBEB		HEPATITIS Be Ab		GGT		GAMMA GT	PANELS & ORDER PACKAGES			
	HBSAG		HEP B SURFACE ANTIGEN		GLU		GLUCOSE		LYTES		ELECTROLYTE PANEL
	HBSAB		HEPATITIS B SURFACE Ab		HCG		HCG, TOTAL BETA		B MPL		BASIC METABOLIC PANEL
	HBCM		HEPATITIS B CORE IgM		HA1C		HEMOGLOBIN A1C		P6		MODIFIED RENAL FUNCTION PKG Includes: BUN, CL, CA, K, NA, CO2, PHOS, ALBUMIN, CREATININE
	HBCAB		HEPATITIS B CORE IgG & IgM		HCYX		HOMOCYSTINE				
	HEC		HEPATITIS C Ab		FE		IRON				
	HIV		HIV I/II Ab		TIBC		IRON BINDING WITH TOTAL IRON		RFP		RENAL FUNCTION PANEL
	MSPPT		MONOSPOT		TRNF		TRANSFERRIN		P7		HYPERTENSION PKG Includes: BUN, CL, CA, K, NA, CO2, CREAT
	RPR		RAPID PLASMA REAGIN	Transferrin & Iron are both included in TIBC							
	RUB		RUBELLA TITER IgG		FER		FERRITIN		HFP		HEPATIC FUNCTION PANEL
	T4T8E		T4T8 ENUMERATION		BOH		BETA HYDROXYBUTYRIC ACID		CMP		COMPREHENSIVE PANEL
DRUG LEVELS					LAVEN		LACTIC ACID, VENOUS		OBP		PRE-ECLAMPSIA PANEL
	CRBZ		CARBAMAZEPINE		LAART		LACTIC ACID, ARTERIAL		TPN1		TPN 1- NICU
	CSA		CYCLOSPORINE		LDH		LDH, TOTAL		TPN2		TPN 2- NICU
	DIG		DIGOXIN		LPSE		LIPASE		TOP1		THYROID ONCOLOGY 1
	LAMOT		LAMOTRIGINE		LI		LITHIUM		TOP2		THYROID ONCOLOGY 2
	PHNO		PHENOBARBITAL	PSA DIAGNOSTIC AND SCREENING					PTHP1		PARATHYROID PANEL 1
	PHTN		PHENYTOIN						PTHP2		PARATHYROID PANEL 2
	SIRO		SIROLIMUS		PSASC		SCREENING PSA				
	TACRO		TACROLIMUS		PSA		DIAGNOSTIC PSA	Annual screening exam			
	VALP		VALPROIC ACID		FPSA		FREE PSA (INCLUDES TOTAL)	Patient is exhibiting symptoms requiring this test Describe:			

ADDITIONAL TESTS			FREQUENCY TESTING					
				LIPID	LIPID PANEL	FIRST YR		SUBSQ YEARS
				CHOL	CHOLESTEROL	ONCE	LIPID PANEL	ONCE
				HDL	HDL CHOL W/TOTAL		CHOLESTEROL	THREE
				TRIG	TRIGLYCERIDES	SIX*	HDL CHOL W/TOTAL	THREE
							TRIGLYCERIDES	THREE
*ANY COMBINATION, BUT ONE TEST AT A TIME								

FOR EXAM

Reason for exam/signs or symptoms (List pertinent history and specific symptoms for each test.) The following are not acceptable: "r/o, suspected, pre-op".

Ordering Physician Signature: _____ ID #: _____ Date: _____ Time: _____

TO BE COMPLETED BY CLINIC CHECK-OUT STAFF		IF REQUESTING PHYSICIAN IS A RESIDENT, ATTENDING PHYSICIAN INFORMATION IS REQUIRED	
Requesting Physician		Attending Physician	
Full Name	Physician	Pager #	Telephone #

Primary Insurance	Secondary Insurance
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If patient is covered by Medicare AND a highlighted test is ordered:

1) Has medical necessity check been completed for Medicare Part A?	Y	NA
2) Has medical necessity check been completed for Medicare Part B?	Y	N
3) ABN: _____ Required _____ Discussed _____ Signed		

(REQUIRED)

Clinic Staff Signature _____ Service: _____ Phone Number _____ Date _____

J348 04/28/2021 White - Clinic Chart Yellow - Laboratory Pink - Medical Records

ICD-10-CM CODES