

**Laboratory Request Form**

See back of form for locations and hours of operation of blood drawing stations.

PATIENT					INSURANCE				
DATE OF BIRTH	SEX	PHONE	RACE	LMP	POLICYHOLDER/RELATIONSHIP				
ADDRESS					POLICY #		GROUP#		
CITY			STATE	ZIP	REQUESTING PROVIDER:				
SOCIAL SECURITY NUMBER									
<b>DIAGNOSIS / ICD9 CODES:</b> (must be provided and supported by the patient's medical record)					<b>Skilled Part A Nursing Care?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA				

**PHYSICIAN** When ordering tests for which Medicare reimbursement will be sought, physicians (or other individuals authorized by law to order tests)

**NOTICE** should only order tests that are medically necessary for the diagnosis or treatment of a patient, rather than for screening purposes.

**Advance Beneficiary Notice/ Waiver Statement (Medicare Insured Patients)**

Medicare will only pay for services that it determines to be "reasonable and necessary". Medicare usually does not pay for the test(s) marked "▶" for one of these reasons:  
 ⇒ Tests ordered without a specific diagnosis                      ⇒ Routine screening tests  
 ⇒ Tests ordered at an unusual frequency                      ⇒ Experimental tests

If Medicare denies payment, I agree to be personally responsible for payment of all charges.

**I have read, understand and**    **accept the conditions of the Advanced Beneficiary Notice.**      **decline responsibility and thereby refuse services.**

Signature of Patient or Responsible Party: \_\_\_\_\_ Date: \_\_\_\_\_

CHEMISTRY	CHEMISTRY	URINE CHEMISTRY Collected for _____ Hours	IMMUNOLOGY	MICROBIOLOGY Source / Site:
<input type="checkbox"/> AFP Tumor Marker	<input type="checkbox"/> ▶ LDH	<input type="checkbox"/> Calcium <input type="checkbox"/> Creatinine	<input type="checkbox"/> ▶ CA 125	<input type="checkbox"/> AFB (TB) Culture
<input type="checkbox"/> ▶ Albumin	<input type="checkbox"/> ▶ LDL Cholesterol, Measured	<input type="checkbox"/> Creatinine Clearance	<input type="checkbox"/> ▶ CA 15 - 3	<input type="checkbox"/> Blood Culture
<input type="checkbox"/> ▶ Alkaline Phosphatase	<input type="checkbox"/> Lead	Ht: _____ Wgt: _____ lbs	<input type="checkbox"/> ▶ CA 19 - 9	<input type="checkbox"/> C. Difficile Toxin, Stool
<input type="checkbox"/> ▶ ALT <input type="checkbox"/> AST	<input type="checkbox"/> Lipase	<input type="checkbox"/> K <input type="checkbox"/> Na	<input type="checkbox"/> ▶ CA 27 29	<input type="checkbox"/> Chlamydia Culture
<input type="checkbox"/> Amylase	<input type="checkbox"/> ▶ Magnesium	<input type="checkbox"/> Microalbumin/Creat Ratio	<input type="checkbox"/> Endomysial Ab	<input type="checkbox"/> Fungus Culture
<input type="checkbox"/> ▶ Bilirubin (Total)	<input type="checkbox"/> ▶ Phosphorus, Inorganic	<input type="checkbox"/> Urea Nitrogen	<input type="checkbox"/> Giardia Ab, (Blood)	<input type="checkbox"/> GC/Chlamydia RNA
<input type="checkbox"/> ▶ Bilirubin (Direct)	<input type="checkbox"/> Progesterone	<input type="checkbox"/> Uric Acid <input type="checkbox"/> Total Protein	<input type="checkbox"/> Gliadin Ab	<input type="checkbox"/> Genital Culture
<input type="checkbox"/> BNP (B-Type Natriuretic Peptide)	<input type="checkbox"/> Prolactin	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Helicobacter Pylori Ab	<input type="checkbox"/> Giardia by EIA, Stool
<input type="checkbox"/> ▶ BUN <input type="checkbox"/> ▶ Creatinine	<input type="checkbox"/> Quad Screen, Maternal	<b>HEMATOLOGY</b>	<input type="checkbox"/> ▶ HIV Screen Type 1&2	<input type="checkbox"/> Group A Strep (Throat)
<input type="checkbox"/> ▶ Calcium	<input type="checkbox"/> Serum Protein Electro	<input type="checkbox"/> ▶ CBC (w/o Diff)	<input type="checkbox"/> ▶ HIV RNA, Qnt, Viral Ld	<input type="checkbox"/> Group B Strep Screen
<input type="checkbox"/> ▶ CEA	<input type="checkbox"/> ▶ T3 uptake	<input type="checkbox"/> ▶ CBC+Diff	<input type="checkbox"/> HbsAb	<input type="checkbox"/> HSV Culture
<input type="checkbox"/> ▶ Cholesterol	<input type="checkbox"/> ▶ T3, Total	<input type="checkbox"/> Pathology Review	<input type="checkbox"/> HbsAg	<input type="checkbox"/> MRSA Nasal Screen (No susceptibility)
<input type="checkbox"/> ▶ Cl <input type="checkbox"/> ▶ CO <sub>2</sub>	<input type="checkbox"/> ▶ T4	<input type="checkbox"/> Platelet count	<input type="checkbox"/> Hepatitis C Ab	<input type="checkbox"/> Nose Culture
<input type="checkbox"/> ▶ CPK	<input type="checkbox"/> ▶ T4, Free	<input type="checkbox"/> Eosinophil count	<input type="checkbox"/> Herpes Simplex Ab	<input type="checkbox"/> Sputum Culture
<input type="checkbox"/> Depakote (Valproic Acid)	<input type="checkbox"/> Testosterone	<input type="checkbox"/> Hematocrit	<input type="checkbox"/> IBD Panel	<input type="checkbox"/> Stool Culture
<input type="checkbox"/> ▶ Digoxin	<input type="checkbox"/> Testosterone, Free	<input type="checkbox"/> Hemoglobin	<input type="checkbox"/> IgA <input type="checkbox"/> IgG <input type="checkbox"/> IgM	<input type="checkbox"/> Throat Culture
<input type="checkbox"/> Dilantin (Phenytoin)	<input type="checkbox"/> ▶ Total Protein	<input type="checkbox"/> Reticulocyte count	<input type="checkbox"/> IgE	<input type="checkbox"/> ▶ Urine Culture
<input type="checkbox"/> ▶ Ferritin	<input type="checkbox"/> ▶ Triglycerides**	<input type="checkbox"/> Sed Rate (ESR)	<input type="checkbox"/> Immunofixation, Serum	<input type="checkbox"/> Wound Culture Deep (Aerobic/Anaerobic)
<input type="checkbox"/> Folate (Serum)	<input type="checkbox"/> ▶ TSH	<input type="checkbox"/> Sickle Cell Screen	<input type="checkbox"/> Immuno Freelight Chains	<input type="checkbox"/> Wound Culture (Aerobic)
<input type="checkbox"/> FSH <input type="checkbox"/> LH	<input type="checkbox"/> Uric Acid	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Lyme Screen w/ WB rfx	<b>BLOOD BANK</b>
<input type="checkbox"/> ▶ GGTP	<input type="checkbox"/> Vitamin B12	<b>COAGULATION</b>	<input type="checkbox"/> Mumps, Immune Status	<input type="checkbox"/> Type and Screen
<input type="checkbox"/> ▶ Glyco Hgb (A1C)	<input type="checkbox"/> Vitamin D, 25-Hydroxy	<input type="checkbox"/> APTT	<input type="checkbox"/> ▶ PSA <input type="checkbox"/> ▶ PSA Free	<input type="checkbox"/> Type and Cross
<input type="checkbox"/> ▶ Glucose*	Other: _____	<input type="checkbox"/> PT/INR	<input type="checkbox"/> RAST North East Panel	<input type="checkbox"/> RBC # of Units: _____
<input type="checkbox"/> ▶ Glucose Challenge* (1hour)		<input type="checkbox"/> Other: _____	<input type="checkbox"/> RA Screen	<input type="checkbox"/> Other # of Units: _____
<input type="checkbox"/> ▶ Glucose Tolerance* _____ hrs	<b>URINALYSIS</b>	<b>IMMUNOLOGY</b>	<input type="checkbox"/> RA Screen w/Reflex Quant	<input type="checkbox"/> Reason for Order: _____
<input type="checkbox"/> HCG, Tumor Marker	<input type="checkbox"/> Urinalysis w/reflex	<input type="checkbox"/> ANA Screen	<input type="checkbox"/> ▶ RPR	<input type="checkbox"/> Date of Surgery: _____
<input type="checkbox"/> HCG Quant (Pregnancy)	Microscopic if WBC, RBC, Protein or Nitrates are positive	<input type="checkbox"/> ANA w/Reflex Titer & Pattern	<input type="checkbox"/> Rubella, Immune Status	<input type="checkbox"/> Rhogam (RhIG)
<input type="checkbox"/> ▶ HDL		<input type="checkbox"/> ADNA Screen	<input type="checkbox"/> Rubeola, Immune Status	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Homocysteine, Total	<b>STOOL</b>	<input type="checkbox"/> Anti DNA DS w/Reflex Quant	<input type="checkbox"/> Toxoplasmosis Ab	
<input type="checkbox"/> ▶ Iron+ TIBC+TRANSFERRIN	<input type="checkbox"/> Stool for Occult Blood x _____	<input type="checkbox"/> ASO ABY Screen	<input type="checkbox"/> Other: _____	
<input type="checkbox"/> ▶ K <input type="checkbox"/> ▶ Na		<input type="checkbox"/> ASO ABY w/Reflex Quant		
<b>HCFA APPROVED PANELS</b>				
<input type="checkbox"/> Electrolyte Panel (Na, K, Cl, CO <sub>2</sub> )		<input type="checkbox"/> ▶ Hepatic Function Panel (Alb, T Bili, D Bili, Alk phos, AST, ALT, T Protein)		
<input type="checkbox"/> Basic Metabolic Panel (Na, K, Cl, CO <sub>2</sub> , Gluc, Creat, BUN, Calcium)		<input type="checkbox"/> ▶ Acute Hepatitis Panel (HBsAg, HAV IgM, HBcIgM, HCVAb)		
<input type="checkbox"/> Comp. Metabolic Pnl (Na, K, Cl, CO <sub>2</sub> , Gluc, Creat, BUN, Ca, TP, Alb, TBili, Alk phos, AST,ALT)		<input type="checkbox"/> OB Panel (CBC, Diff, RPR, Rubella Igg, HBsAg, Blood Group & Type)		
<input type="checkbox"/> Lipid Panel** (Chol, Trig, HDL, cLDL) <i>Direct LDL available if ordered separately</i>		<input type="checkbox"/> Renal Function Panel (Na, K, Cl, CO <sub>2</sub> , Gluc, BUN, Creat, Ca, Alb, In Phos)		

\* NO FOOD OR DRINK 8 HOURS PRIOR TO TESTING

\*\* NO FOOD OR DRINK 14 HOURS PRIOR TO TESTING

FAX /  Call results to : \_\_\_\_\_  
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 FAX /  Call results to : \_\_\_\_\_

Collected : Time \_\_\_\_\_ AM / PM    Date \_\_\_\_\_  
 Comments / Instructions: