

EMH 410-822-1000 SHL 410-820-9355
DGH 410-228-5511 800-666-3222

See Specimen Collection Sites Listed on Reverse Side

All tests ordered are medically necessary for diagnosis and treatment of this patient.

PHYSICIAN SIGNATURE
X
ORDERING PHYSICIAN

DATE

PHONE #

COPIES TO:

STAT CALL FAX#()

Patient Name (Last) Jr Sr First MI Race

Sex M F Social Security No. Birthdate Phone Number () -

Patient Address (Street or Box No.) NEW Account Number

County City State Zip Code

DIAGNOSIS or ICD-9 CODES (SEE PHYSICIAN NOTICE ON REVERSE SIDE)

1) 2) 3) 4) 5)

Insurance # 1 **Insurance # 2**

Company Company

Address Address

Policy # Policy #

Group # Group #

Employer Guarantor/ Relationship

Please send copy of front and back of insurance card. Refer to Test Directory Time of Last Meal 12 hour Fast Time Reflex Testing

Subscriber Information

Full Name S.S. No.

Address (Street, County, City, State, Zip Code)

Sex M F Race Birthdate Telephone No. Relationship to Patient

Collected at: AM PM

Doctor's Office Idlewild-Easton Denton Diag. Ctr.
 DGH-Cambridge Everest Med-Pokomoko Quest-Main Street
 Chester River Hospital Centreville Diagnostic Quest-Milford Street
 McCready Patient's Home Shore Medical Pavilion

EVERY TUBE MUST BE LABELED WITH PATIENT NAME AND LAB REQUISITION NUMBER.

LABORATORY TESTS

PANELS (see reverse side)	
Basic Metabolic Panel	R
Comp. Metabolic Panel	R
Electrolyte Panel	R
Hepatic Function Panel	R
Lipid Panel	* R
Acute Hepatitis Panel	• R
Renal Function Panel	R
Prenatal Panel	• L,R,PK

LABORATORY TESTS	
ABO + Rh Type	PK
Antibody Screen	• PK
Crossmatch units	PK
AFP/OB (sign consent)	R
MAP 4 (sign consent)	R
AFP (Tumor)	R
Acid Phos. (PAP)	R
Albumin	R
Alkaline Phos.	R
Amylase	R
ANA	• R
Angiotensin Converting Enz.	R
Bilirubin, Total	R
BUN	R
CA-125	R
CA-15-3	R
CA-19-9	R
C3	R
C4	R
Complement, Total	R
Calcium	R
Carbamazepine/Tegretol	RN
CBC With Automated Diff	L
CBC with Manual Diff	L
CBC without Diff	L
CEA	R
Cholesterol	R
CMV Antibodies	R
Cortisol	RN
CPK, Total	R
C Reactive Protein	R
Creatinine	R
Creatinine Clearance height weight	R,U
Digoxin	R
Dilantin (phenytoin)	RN
Drug Screen, Urine	U
DHEA-S	R
EB Antibody Panel	R
Ehrlichia Antibody	R
Estradiol	R
Ferritin	R
FSH	R
Gamma GT	R
Glucose, Challenge (1hr) pp	R
Glucose, Fasting	R
Glucose, 2 hr. pp	R
Glucose tolerance, hrs. Δ	R
Glycosylated Hgb. (A1C)	L
HCG, titer, quantitative	R
HDL	* R
H. Pylori Breathtek	R
Hemoglobin/Hematocrit	L
Hepatitis A Ab. (total)	R
Hepatitis B. surface antibody	R
Hepatitis B. surface antigen	• R
Hepatitis B. core Ab. (total)	R
Hepatitis C antibody	R
Hemoglobin electrophoresis	• L
HIV antibody (sign consent)	• R
Homocysteine	R
Ig E	R
Ig G. A. M.	R
Iron <input type="checkbox"/> Iron + TIBC <input type="checkbox"/>	R
LDL, Total	R
Lead	L
LDL, Direct	R
LH (lutening hormone)	R
Lithium	R
Lipase	R
Lyme Antibody IgG	R
Lyme Antibody IgM	R
Magnesium	R
Microalbumin	U
Mono Screen	R
Mumps IgG	R
Occ. Bid. (diag.) x _____	ST
Occ. Bid. (screen) x _____	ST
Parathyroid Hormone	R
Phosphorous	R
Pregnancy, serum, qual.	R
Progesterone	R
Prolactin	R
PSA (screen)	R
PSA (diag.)	R
Protein Electrophoresis	R
Protein, Urine	U
Prothrombin Time	B
PTT	B

LABORATORY TESTS	
RA Factor	• R
Reticulocyte count	L
RMSF Antibody	R
RPR (STS)	• R
Rubella IgG	R
Rubeola IgG	R
Sed. Rate (ESR)	L
SGOT (AST)	R
SGPT (ALT)	R
Sickle Cell Screen	L
Sodium <input type="checkbox"/> Potassium <input type="checkbox"/>	R
T3, Total	R
T3, Uptake	R
T4 (Thyroxine)	R
T4, Free	R
TSH	R
Testosterone, Total	R
Testosterone, Free	RN
Theophylline	R
Thyroid Peroxidase AB	R
Total Protein	R
Transferrin	R
Triglycerides	* R
Uric Acid	R
Valproic Acid/Depakote	RN
Varicella IgG	R
Vitamin B12 & Folate	R
Vitamin D25-OH, Total	R
Urine, 24 hrs. for	U
Urinalysis	• U
WBC, stool	STOOL

CULTURES (RF= Refrigerate - RT=Room Temp) (ID & Sensitivity if Indicated)

AFB (TB) +	S or CX	Herpes +	Δ RF
Blood Culture	Δ	KOH-Smear Fungus +	S
Clostridium diff. (stool)	CUP	Ova + Parasite	RT,P
Fluid (not CSF) +	RT, GN,RN	Sputum	RT, S
Fungal +	Δ RF	Stool	RT, CUP
G.C. +	RT,T or CX	Beta Strep Screen, Throat	RT, CX
Genital +	RT, CX	Throat	RT, CX
Giardia Antigen (stool)	RF, CUP, P	Urine <input type="checkbox"/> CC <input type="checkbox"/> Cath.	RF,S
Gram Stain +		Miscellaneous +	CX,
Aptima + <input type="checkbox"/> GC <input type="checkbox"/> Chlamy,	Δ RT	Grp. B Strep Screen +	RT, CX
Aptima + Trichomonas	RT	Viral Culture +	Δ
(+ Specify Source)			

Other

LAB USE ONLY

L R unspun RN B GN G Y CX S PK ST P Urine Random Plasma, B Plasma, L Serum Gen P RECEIVED BY CHECKED BY

Lav Red / gel Red / no gel Blue Green Gray Yellow Swab Sterile Cup Pink Stool Para-Park 24 hr