

# Laboratory Outpatient Requisition

(Locations listed on back of this page)

AHRO Laboratory Medical Director:  
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STOP! DO NOT WRITE HERE. NOTES IN MARGIN WILL NOT BE SCANNED ONTO ELECTRONIC CHART.

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PHYSICIAN'S NAME (PRINTED): \_\_\_\_\_  
PHYSICIAN'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
COPY TO: \_\_\_\_\_ P: \_\_\_\_\_ F: \_\_\_\_\_  
(Print Full Name)  
COPY TO: \_\_\_\_\_ P: \_\_\_\_\_ F: \_\_\_\_\_  
(Print Full Name)

### PATIENT INFORMATION:

PATIENTS LEGAL NAME (LAST, FIRST) \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ SEX \_\_\_\_\_

### COLLECTION INFORMATION:

COLLECTION DATE / TIME \_\_\_\_\_

COLLECTED BY \_\_\_\_\_

SPECIMEN SOURCE

FASTING  STAT  PREOP

### (LAB USE ONLY) VERBAL ORDER:

DATE: \_\_\_\_\_

ORDER PHONED BY: \_\_\_\_\_

ORDER RECEIVED BY: \_\_\_\_\_

### DIAGNOSTIC INFORMATION

NARRATIVE DIAGNOSIS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ICD CODE(S): \_\_\_\_\_

When ordering panels and/or individual tests for which Medicare reimbursement will be sought, only those that are medically necessary for the diagnosis and/or treatment of the patient should be ordered. Testing deemed not medically necessary by Medicare will not be reimbursed.  
ICD diagnosis codes and chief symptom/complaint documenting the medical necessity of each test and/or panel must be included on this requisition.

#### CHEMISTRY

- BASIC METABOLIC PANEL (NA, K, CL, CO2, GLUC, BUN, CREAT, CA, GFR)
- COMP METABOLIC PANEL (NA, K, CL, CO2, GLUC, BUN, CREAT, CA ALB, ALKP, TP, TBILI, ALT, AST, GFR)
- HEPATIC FUNCTION PANEL (TBILI, DBILI, ALT, AST, ALKP, ALB, TP)
- LIPID PANEL (TOTAL CHOLESTEROL, HDL, TRIGLYCERIDE, LDL CALCULATED, RISK RATIOS)
- LIPID PANEL W/REFLEX TO LDL
- OBSTETRIC PANEL (ABO/RH, ANTIBODY SCREEN W/REFLEX ID, REFLEX AB TITER, CBC, HBSAG W/REFLEX CONFIRM RPR W/REFLEX CONFIRM, RUBELLA AB IGG)
- RENAL FUNCTION PANEL (NA, K, CL, CO2, GLUC, BUN, CREAT, CA ALB, PHOS W/GFR)
- GLUCOSE:
  - FASTING  RANDOM
  - GLUCOSE TOLERANCE: \*
    - GESTATIONAL \_\_\_\_\_ HRS
    - NON-GESTATIONAL \_\_\_\_\_ HRS
    - POSTPRANDIAL \_\_\_\_\_ HRS
- ALBUMIN
- ALKALINE PHOSPHATASE
- ALT (SGPT)
- AMMONIA
- AMYLASE
- AST (SGOT)
- B12 & FOLATE
- BILIRUBIN:  TOTAL  DIRECT  NEO
- BNP
- BUN (UREA NITROGEN)
- CALCIUM
- CARBON DIOXIDE
- CEA
- CHLORIDE
- CHOLESTEROL
- CK (CPK)
- CKMB
- CKMB INDEX
- CORTISOL
- CREATININE
- CREATININE CLEARANCE
- CRP:  CARDIAC  INFLAMMATION
- FERRITIN
- FOLIC ACID, (FOLATE)
- GGT
- HEMOGLOBIN A1C
- HCG SERUM:  QUANT  QUAL
- HDL
- IRON
- TIBC (INCLUDES IRON)
- LD (LDH)
- LIPASE

#### CHEMISTRY (CONTINUED)

- MAGNESIUM
- PHOSPHORUS
- POTASSIUM
- PROCALCITONIN
- PROTEIN TOTAL
- PSA:  ROUTINE  SCREEN
- RHEUMATOID FACTOR (RA)
- RPR
- RUBELLA ANTIBODY IGG
- SODIUM
- T3, UPTAKE
- T4, FREE
- T4, TOTAL THYROXINE
- TRIGLYCERIDES
- TROPONIN I
- TSH (3RD GENERATION, ULTRA-SENSITIVE)
- URIC ACID
- VITAMIN B12
- VITAMIN D 25-HYDROXY

#### HEMATOLOGY/COAGULATION

- CBC (WBC, RBC, H/H, INDICES, PLT, DIFF) (HEMOGRAM, PLATELET COUNT) - AUTO OR MANUAL DIFF IF INDICATED
- CBC W/PATHOLOGIST SMEAR REVIEW
- HEMOGRAM W/PLATELET COUNT
- HEMOGLOBIN & HEMATOCRIT (H&H)
- PROTHROMBIN TIME (PT) INR
- PARTIAL THROMBOPLASTIN (PTT)
- RETIC COUNT
- SEDIMENTATION RATE (ESR)
- D-DIMER
- PLATELET FUNCTION ASSAY SCREEN \*

#### URINE TESTS

- URINALYSIS COMPLETE
- URINE CULTURE
- HCG URINE, QUALITATIVE
- MICROALBUMIN (WITH CREATININE)
- PROTEIN QUALITATIVE
- 24 HR URINE CREATININE CLEARANCE (REQUIRES BLOOD DRAW)
- 24 HR URINE TOTAL PROTEIN QUANT

#### TRANSFUSION SERVICES

- ABO & RH
- ANTIBODY ID
- ANTIBODY SCREEN
- ANTIBODY TITER
- CROSSMATCH \_\_\_\_\_ UNITS
- DIRECT COOMBS
- PRENATAL
- RH
- TYPE & SCREEN

#### SENDOUT TESTING

- AFP TUMOR MARKER
- CANCER ANTIGENS:
  - 125  19-9  27-29  15-3
- ESTRADIOL
- FSH
- HEPATITIS ACUTE PANEL
- HEPATITIS A: OIGM OIGM
- HEPATITIS B SURFACE ANTIBODY
- HEPATITIS B SURFACE ANTIGEN
- HEPATITIS B CORE ANTIBODY IGM
- HEPATITIS C ANTIBODY
- HEPATITIS C RNA GENOTYPE
- HEPATITIS C PCR QUANT
- HIV 1 & 2
- LEAD
- PROGESTERONE
- PROLACTIN
- T3, FREE
- TESTOSTERONE:  F&T  TOTAL
  - FEMALE  MALE (MUST BE DRAWN BEFORE 10AM)

#### DRUG MONITORING

- ACETAMINOPHEN
- CARBAMAZEPINE (TEGRETOL)
- DIGOXIN (LANOXIN)
- GENTAMICIN
- LITHIUM (ESKALITH)
- PHENYTOIN (DILANTIN)
- PHENOBARBITOL (LIMINAL)
- PROCAINAMIDE (NAPA INCLUDED)
- QUINIDINE
- SALICYLATE
- THEOPHYLLINE
- VALPROIC ACID (DEPAKANE)
- VANCOMYCIN

#### DRUGS OF ABUSE - URINE

- DOA COMPLETE PANEL
- AMPHETAMINE/METAMPHETAMINE
- BARBITURATES
- BENZODIAZEPINE
- CANNABINOIDS (THC)
- COCAINE
- OPIATES
- PCP

#### STOOLS

- STOOL CULTURE (ENTERIC PATHOGENS, SHIGELLA, CAMPYLOBACTER, E COLI 0157, SALMONELLA, SHIGELLA)
- ADD:  VIBRIO  YERSINIA
- WBC'S (WRIGHT'S STAIN)
- CLOSTRIDIUM DIFFICILE, RT-PCR
- HELICOBACTER ANTIGEN
- OCCULT BLOOD
- O & P SCREEN \_\_\_\_\_ DAYS
- PINWORM PREP

FOR ALL SPECIMENS COLLECTED IN OFFICE: FILL IN THE COLLECTION INFORMATION SECTION ON THIS FORM & WRITE THE INFORMATION ON THE SPECIMEN LABEL

#### MICROBIOLOGY

- CULTURE, AFB (W/AFB SMEAR)
- CULTURE, AEROBIC
- CULTURE, ANAEROBIC
- CULTURE, BLOOD
- CULTURE, FUNGUS
- CULTURE, GENITAL
- CULTURE, RESPIRATORY SPUTUM
- CULTURE, WOUND
- CULTURE, MRSA/MRSA SCREEN
- MRSA BY PCR
- CHLAMYDIA/GC DETECTION BY PCR:
  - GC ONLY  CHLAM ONLY
  - GC/CHLAM
- GIARDIA/CRYPTOSPORIDIUM AG EIA
- GMS FUNGAL (PATHOLOGY)
- GRAM STAINS
- GROUP A STREP (RAPID BETA STREP SCREEN EIA) W/REFLEX TO CULTURE
- GROUP B STREP DIRECT ASSAY BY PCR
- KOH FUNGAL ELEMENTS
- LEGIONELLA URINARY ANTIGEN SCREEN
- MONOTEST (HETEROPHILE AB)
- RAPID INFLUENZA A&B PCR
- ROTOVIRUS ANTIGEN DETECTION
- RPR CARD TEST
- RSV PCR
- WET MOUNT VAGINOSIS SCREEN

#### OTHER TESTS:

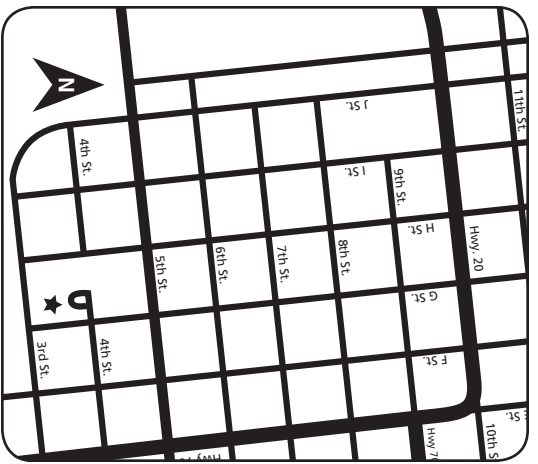
\* Testing not available at all locations

## OUTPATIENT LAB REQUEST

Adventist Health  
+ Rideout  
Marysville, CA  
95901

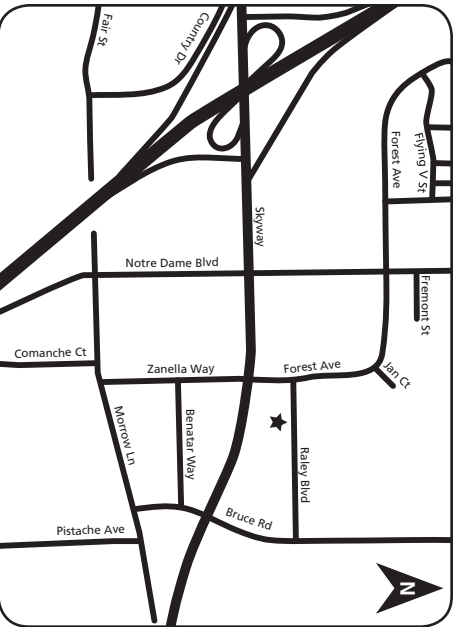
LAB005 rev 03/20





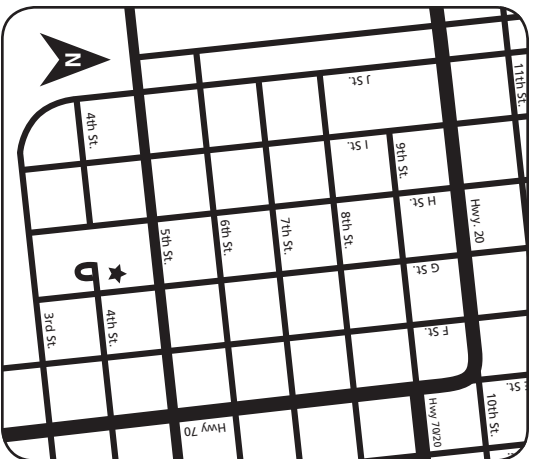
**Adventist Rideout Hospital**

726 4th Street  
 Marysville, Ca 95901  
 Phone: (530) 751-4270 ext. 6101  
 Fax: (530) 749-4579



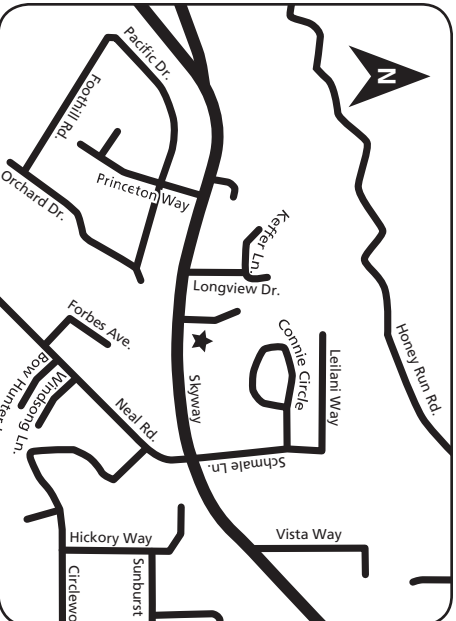
**Adventist Health Medical Pavilion**

1111 Raley Blvd, Suite 160 Chico, Ca 95928  
 Phone: (530) 342-4576  
 Fax: (530) 342-7508



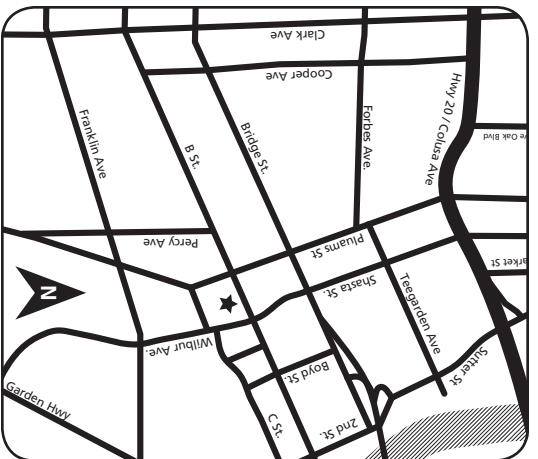
**Rideout Draw Station**

414 G Street, Suite 102  
 Marysville, Ca 95901  
 Phone: (530) 749-4385  
 Fax: (530) 749-6617



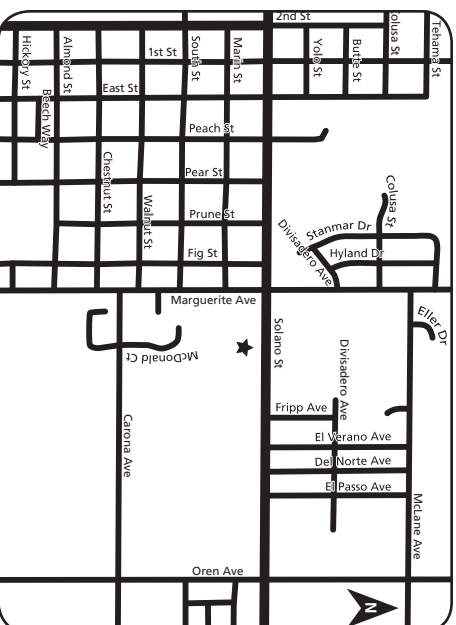
**Feather River Health Center**

5125 Skyway Paradise, Ca 95969  
 Phone: (530) 876-2530  
 Fax: (530) 876-2533



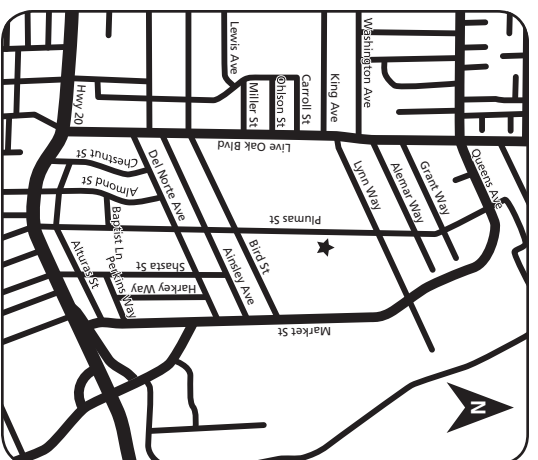
**Town Center Draw Station**

481 Plumas Street, Suite 105  
 Yuba City, Ca 95991  
 Phone: (530) 671-2883  
 Fax: (530) 671-1583



**Corning Health Center**

155 Solano Street Corning, Ca 96021  
 Phone: (530) 824-5841  
 Fax: (530) 824-5849



**Plumas North Draw Station**

1233 Plumas Street, Suite B  
 Yuba City, Ca 95991  
 Phone: (530) 674-3215  
 Fax: (530) 674-3261

Each separate CPT Code may result in a specific reimbursement from third party payers. These codes are based on our current understanding of medical CPT coding rules applicable to AHRO laboratories, which are subject to ongoing discussions with Medicare. This Medicare coding used by other third party payers.

All tests ordered must be medically necessary and the supportive ICD code(s) submitted at the time of ordering. Failure to provide evidence of medical necessity could result in Medicare exclusion and fines.

**BASIC METABOLIC PANEL 80048**

CALCIUM 82310  
CARBON DIOXIDE 82374  
CHLORIDE 82435  
CREATININE 82565  
GLUCOSE QUANT 82947  
POTASSIUM 84132  
SODIUM 84295  
UREA NITROGEN QUANT 84250

**COMPREHENSIVE METABOLIC 80053**

ALBUMIN 82040  
ALKALINE PHOSPHATASE 84075  
ASPARTATE AMINO TRANSFERASE 84450  
ALANINE AMINO TRANSFERASE 84460  
BILIRUBIN TOTAL 82247  
CALCIUM TOTAL 82310  
CARBON DIOXIDE 82374  
CHLORIDE 82435  
CREATININE 82565  
GLUCOSE QUANT 82947  
POTASSIUM 84132  
PROTEIN TOTAL EXCEPT REFRACTOMETRY  
84155  
SODIUM 84295  
UREA NITROGEN QUANT 84250

**HEPATIC FUNCTION PANEL 80076**

ALBUMIN 82040  
ALKALINE PHOSPHATASE 84075  
ASPARTATE AMINO TRANSFERASE 84450  
ALANINE AMINO TRANSFERASE 84460  
BILIRUBIN TOTAL 82247  
BILIRUBIN DIRECT 82248  
PROTEIN TOTAL 84155

**LIPID 80061**

CHOLESTEROL 82465  
TRIGLYCERIDES 84478  
LIPOPROTEIN DIRECT MEASUREMENTS; HIGH  
DENSITY CHOLESTEROL 83718  
LDL - CALCULATED  
VDRL - CALCULATED

**OBSTETRIC PANEL 80055**

HEMOGRAM, AUTO WITH MANUAL DIFF 85023  
OR  
HEMOGRAM, AUTO WITH AUTO DIFF 85025  
HEPATITIS B SURFACE ANTIGEN 87340  
RUBELLA ANTIBODY 86762  
SYPHILIS QUAL 86592  
ANTIBODY SCREEN, RBC, EACH SERUM  
TECHNIQUE 86850  
BLOOD TYPING, ABO 86900  
BLOOD TYPING, RH 86901  
URINALYSIS, AUTO, WITH MICRO 81001  
OR  
URINALYSIS, AUTO, WITHOUT MICRO 81003

**RENAL FUNCTION PANEL 80069**

ALBUMIN 82040  
CALCIUM 82310  
CARBON DIOXIDE 82374  
CHLORIDE 82435  
CREATININE 82565  
GLUCOSE 82947  
PHOSPHORUS 84100  
POTASSIUM 84132  
SODIUM 84295  
UREA NITROGEN 84250

**COMPLETE BLOOD COUNT 85025**

HEMOGRAM & PLATELET COUNT,  
AUTO-MANUAL DIFF  
OR

**COMPLETE BLOOD COUNT 85023**

HEMOGRAM & PLATELET COUNT,  
AUTO-MANUAL DIFF