



by Bellin

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For Cytology and Pathology testing, an additional form is required.

Outreach Laboratory

*****ALL SHADED AREAS MUST BE COMPLETELY FILLED OUT*****

Patient Bill
Insurance Required

Client Bill

Facility Name: _____ Contact Number: _____

Patient Last Name	First Name	MI	Insurance Information <input type="checkbox"/> Copy of insurance card Attached	<input type="checkbox"/> Medicare A <input type="checkbox"/> Medicare B	Other Insurance: <input type="checkbox"/> Copy of card attached
DOB	Gender M F Unknown	Contact Number	Coverage		
Address			Subscriber Name		Copy of Results to
City	State	Zip	ID No.	DOB	Name _____ <input type="checkbox"/> Phone Number _____ <input type="checkbox"/> Fax Number _____
Social Security Number		ID/Room #	Group No.		
Ordering Provider			Guarantor (Responsible Party) <input type="checkbox"/> Check if same as above		Specimens containers/Phlebotomy Witness: _____ Time: _____
Last Name	First Name	MI	Last Name	First Name	MI
Provider Signature			City	State	Zip
If original order will be kept at facility, please write "on file."			DOB	Relationship with Patient	
			Collection Info		Request Completed By
Date		Time	Last Name		First

ORD	Test	DX #	ORD	Test	DX #	ORD	Test	DX #
	Albumin/Creat Ratio, Random Urine	U		Iron	G		Vitamin D 25 Hydroxy Total	G
	ALT/SGPT	G		Iron/Iron Binding Capacity/TIBC	G			
	Ammonia	SP		Lipid Panel	G		Additional Tests/Info	
	Amylase	G		Lipid Panel w/reflex Direct LDL	G			
	AST/SGOT	G		Lyme Antibodies (Lyme Disease Serology)	G			
	B12 and Folate	G		Magnesium, Serum	G			
	B12 (Vitamin B12)	G		Measles IgG Antibody (Rubeola)	G			
	BMP (Basic Metabolic Panel)	G		Mumps IgG Antibody	G			
	BUN	G		Phosphorus	G	ORD	Microbiology	DX #
	Calcium Assay	G		Potassium	G		C. Diff (Clostridium difficile) by PCR	SP
	CBC – no diff	L		Pro BNP	G		Chlamydia/GC NAAT – Genital Swab (Female) or Urine	SP
	CBC – Auto differential	L		PSA – Total – Symptomatic	G		Chlamydia/GC NAAT – Thin Prep Specimen	SP
	CK (Creatine Kinase Assay)	G		PSA – Total – Screen	G		Culture – Blood	SP
	CMP (Complete Metabolic Panel)	G		PT (Prothrombin Time)/INR	B		Circle: peripheral vs line draw	
	Creatinine	G		Quantiferon (TB Gold) Plus, Blood	SP		Group A Strep by PCR	SP
	CRP (C-Reactive Protein)	G		RF – Rheumatoid Factor, Blood	G		Culture – Body Fluid Fluid Type:	SP
	CRP – High Sensitive (Cardiac)	G		RFP (Renal Function Panel)	G		Culture ONLY – Urine (ID and Sens if indicated)	U
	Digoxin	G		Rubella IgG Antibody	G		Circle: midstream vs cath	
	ESR – Sedimentation Rate, Auto	L		Syphilis IgG Antibody (Treponema), Total	G		Culture – Wound (Aerobic)	SP
	Ferritin	G		T3, Total	G		Culture source:	
	Folate (aka Folic Acid, Serum)	G		T4, Total	G		Culture – Anaerobic	SP
	FT3 – Free T3	G		Testosterone, Total	G		Gastrointestinal Pathogens Profile, PCR	SP
	FT4 – Free T4	G		Testosterone, Total & Free	G		Group B Strep by PCR	SP
	Glucose	G		TSH (Thyroid Stimulating Hormone)	G		Penicillin Allergy? Y or N	
	Hematocrit	L		Urinalysis NO culture	U		Influenza A + B by PCR	SP
	Hemoglobin	L		Circle: midstream vs cath			Influenza A/B, COVID, and RSV by PCR	SP
	Hemoglobin A1C	L		Urinalysis WITH REFLEX culture	U		MRSA + SA PCR Screen, Nasal	SP
	Hepatitis Panel ABC – Acute	G		Circle: midstream vs cath			MRSA SA Skin or Tissue PCR	SP
	Hepatitis Panel ABC	G		Urinalysis AND culture	U			
	Hepatitis B Panel	G		Circle: midstream vs cath				
	Hep B Surface Antibody	G		Uric Acid	G		Comment:	
	Hep B Surface Antigen	G		Varicella Zoster IgG Antibody	G			
	HCV-Ab w/Reflex Quant NAAT	G		Vancomycin – Peak	G			
	HFP – Hepatic Function Panel (Liver)	G		Vancomycin – Random	G			
	HIV 1 and 2 Antibodies, Blood	G		Vancomycin – Trough	G			

Emplify Health by Bellin Laboratory – Schedule of Reflex Testing

Test	Reflex Result	Reflex Test
ANA Screen w/Reflex ENA Markers	Positive ANA screen	U1 RNP, RNP70, sm(Smith), SSA/RO SSB/La, Cenp (Centromere), SCL-70, JO-1
Antibody Screen	Positive	Antibody ID, titer if appropriate
Bacterial Culture	Significant isolates	Identification and sensitivity, if indicated
Clostridium Difficile, PCR, Stool	Detected	Clostridium Difficile Toxin Screen
Direct Antiglobulin Test	Positive	DAT, IgG and DAT, C3
Hepatitis A Antibody, Total	Positive	Hepatitis A antibody, IgM
Hepatitis B Panel	Anti-HBs negative and anti-HBs positive	Hepatitis B core antibody, IgM
Hepatitis B Core Antibody, Total (ordered separately)	Positive	Hepatitis B core antibody, IgM
Human Papillomavirus Screen	HPV positive	HPV genotype
Human Immunodeficiency Virus 1/2 Antibody	Repeatedly Reactive	Confirmation and differentiation of HIV-1 and HIV-2 Antibodies by ARUP Reference Laboratory
Lyme Disease Antibodies	Equivocal or positive	Immunoblot
Platelet Function Assay*	Abnormal with the collagen/epinephrine	Second test using collagen/adenosine diphosphate
Rapid Group A Strep	Negative	Culture, group A strep
Syphilis Antibody, Total	Reactive or equivocal	RPR, RPR (titer) If RPR is Non-Reactive, TP-PA is performed
RhoGAM™ Immune Globulin Study	Positive	Kleihauer-Betke
Urinalysis with Culture Reflex	<4 years: Always reflexes culture Age 4-14: WBC>5, Epithelial cells<10 Age 15 and older: WBC>9, Epithelial cells<10	Urine Culture
*The reflex testing on these assays is performed at no additional charge.		