



Outreach Laboratory

Phone: 1-800-236-1639 or (920) 433-3652

Fax: (920) 433-7878

\*\*\*\*\* 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		Contact Number			Coverage											
Address									Subscriber Name						Copy of Results to Name _____			
City			State			Zip			ID No.			DOB			<input type="checkbox"/> Phone Number _____			
Social Security Number						ID/Room #			Group No.						<input type="checkbox"/> Fax Number _____			
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			
Collection Info			Request completed by						City			State			Zip			
Date		Time		Last Name			First			DOB			Relationship with Patient					
ORD	Test	DX #		ORD	Test	DX #		ORD	Test	DX #								
	ALT/SGPT		G		HIV 1 and 2 Antibodies, Blood		G		Uric Acid Assay		G							
	Amylase		G		Iron		G		Varicella Zoster IgG AB		G							
	AST/SGOT		G		Iron/Iron Binding Capacity/TIBC		G		Vancomycin – Peak		G							
	B12 and Folate		G		Lipid Panel		G		Vancomycin – Random		G							
	B12 (Vitamin B12)		G		Lipid Panel w/reflex Direct LDL		G		Vancomycin – Trough		G							
	BMP (Basic Metabolic Panel)		G		Lyme Antibodies (Lyme Disease Serology)		G		Vitamin D 25 Hydroxy Total		G							
	BUN		G		Magnesium, Serum		G		<b>Additional Tests/Info</b>									
	Calcium Assay		G		Measles Antibody (Rubeola AB)		G											
	CBC – no diff		L		Microalbumin/Creat Ratio, Random Urine		U											
	CBC – Auto differential		L		MRSA + SA PCR Screen, Nasal		SP	<b>ORD</b>	<b>Microbiology</b>	<b>DX #</b>								
	CK (Creatine Kinase Assay)		G		MRSA SA Skin or Tissue PCR		SP		C. Diff (Clostridium difficile) by PCR		SP							
	CMP (Complete Metabolic Panel)		G		Mumps IgG Screen, Serum		G		Chlamydia/GC NAAT – Genital Swab (Female) or Urine		SP							
	Creatinine		G		Phosphorus		G		Chlamydia/GC NAAT – Thin Prep Specimen		SP							
	CRP (C-Reactive Protein)		G		Potassium		G		Culture – Blood		SP							
	CRP – High Sensitive (Cardiac)		G		Pro BNP		G		Circle: peripheral vs line draw									
	Digoxin		G		PSA – Total – Symptomatic		G		Culture – Group A Strep		SP							
	ESR – Sedimentation Rate, Auto		L		PSA – Total – Screen		G		Culture – Body Fluid <b>Fluid Type:</b>		SP							
	Ferritin		G		PT (Prothrombin Time)/INR		B		Culture – Urine (ID and Sens if indicated)		U							
	Folate (aka Folic Acid, Serum)		G		Quantiferon (TB Gold) Plus, Blood		SP		Circle: midstream vs cath									
	FT3 – Free T3		G		RF – Rheumatoid Factor, Blood		G		Culture – Wound (Aerobic)		SP							
	FT4 – Free T4		G		RFP (Renal Function Panel)		G		Culture – Anaerobic		SP							
	Glucose		G		Rubella		G		Gastrointestinal Pathogens Profile, PCR		SP							
	Hematocrit		L		Syphilis (Treponema) Antibody, Total		G		Group B Strep by PCR		SP							
	Hemoglobin		L		T3, Total		G		Penicillin Allergy? Y or N		SP							
	Hemoglobin A1C		L		T4, Total		G		Influenza A + B by PCR		SP							
	Hepatitis Panel ABC – Acute		G		Testosterone, Total		G		Culture source:									
	Hepatitis Panel ABC		G		Testosterone, Total & Free		G											
	Hepatitis B Panel		G		TSH (Thyroid Stimulating Hormone)		G		Comment:									
	Hep B Surface Antibody		G		UA – Dip only, Auto		U											
	Hep B Surface Antigen		G		UA with Microscopy – reflex cult if > 10 WBC		U											
	HCV-Ab w/Reflex Quant NAAT		G		Circle: midstream vs cath													
	HFP – Hepatic Function Panel (Liver)		G		UA with Microscopy – no reflex culture		U											
					Circle: midstream vs cath													

## Bellin Health 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
Bacterial Culture	Significant isolates	Identification and sensitivity, if indicated
Clostridium Difficile, PCR, Stool	Detected	Clostridium Difficile Toxin Screen
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 and pap negative	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
*The reflex testing on these assays is performed at no additional charge.		