

All information must be printed clearly.
 Illegible, ambiguous or incomplete forms
 will result in reporting delays.

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For the complete test directory please visit
<https://www.testmenu.com/KPWashingon>

AFFIX LABEL HERE

DIAGNOSIS CODES (ICD 10)

1. | | | | | ● | | | | |

2. | | | | | ● | | | | |

3. | | | | | ● | | | | |

PATIENT NAME:		
LAST	FIRST	
KP MEDICAL HISTORY #:	SEX	DATE OF BIRTH:
	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
COLLECTION DATE:	COLLECTION TIME:	COLLECTED BY:
REQUESTING PROVIDER NAME:		
LAST	FIRST	
REQUESTING PROVIDER SIGNATURE:		PROVIDER ADDRESS
PROVIDER PHONE NUMBER:		PROVIDER FAX NUMBER:

TEST PANELS	ALPHABETICAL/COMBINATION TESTS (CONTINUED)	MICROBIOLOGY
<input type="checkbox"/> BASIC METABOLIC PANEL (BMP) (1 SST) 2102	<input type="checkbox"/> GLUCOSE (1 SST) (RANDOM OR FASTING?) 2205	CURRENT RX:
<input type="checkbox"/> COMPREHENSIVE METABOLIC PANEL (1 SST) 2100	<input type="checkbox"/> HCG – QUANT FOR PREGNANCY (1 SST) 3229	SOURCE:
<input type="checkbox"/> CBC/PLT/DIFF (MANUAL DIFF IF INDICATED) (1 LAV) 5656	<input type="checkbox"/> HCG – QUANT TUMOR MARKER (1 SST) 3262	<input type="checkbox"/> AEROBIC CULTURE (ESwab) 7011
<input type="checkbox"/> CBC/PLT ONLY (1 LAV) 5000	<input type="checkbox"/> HGB A1C (1 LAV) 3204	<input type="checkbox"/> ANAEROBIC CULTURE (ESwab, ASP, TISSUE, FLD) 7012
<input type="checkbox"/> ELECTROLYTES (1 SST) 2000	<input type="checkbox"/> HIV 1/2 SCREENING TEST, HIV AG/AB COMBO (1 SST & 1, 7ML LAV) 3836	<input type="checkbox"/> CHLAMYDIA/GC BY AMP PCR (Aptima) 7078
<input type="checkbox"/> LIPID PANEL (1 SST) 2239	<input type="checkbox"/> IRON/TIBC (1 SST) 2003	<input type="checkbox"/> COVID-19 Qual by PCR (nasal swab) 7121
<input type="checkbox"/> HEPATIC FUNCTION PANEL (1 SST) 2105	<input type="checkbox"/> INSULIN (1 RED) 3563	<input type="checkbox"/> FLUID CULTURE 7005
<input type="checkbox"/> OB SCREEN, NEW (3 LAV, 3 SST, 1 RED) 6770	<input type="checkbox"/> LDH (1 SST) 2216	<input type="checkbox"/> FUNGAL CULTURE, SKIN 7006
<input type="checkbox"/> RENAL FUNCTION PANEL (1 SST) 2260	<input type="checkbox"/> LIPASE (1 SST) 3570	<input type="checkbox"/> FUNGAL CULTURE, SYSTEMIC 7007
ALPHABETICAL/COMBINATION TESTS	<input type="checkbox"/> MAGNESIUM (1 SST) 2224	<input type="checkbox"/> GENITAL CULTURE (ESwab) 7050
<input type="checkbox"/> ABO/RH/ANTIBODY SCREEN (2 LAV) 6750	<input type="checkbox"/> MONO SCREEN (1 SST) (IF STAT- 1 LAV) 6003	<input type="checkbox"/> GRAM STAIN (1 SLIDE) 7009
<input type="checkbox"/> ALBUMIN (1 SST) 2212	<input type="checkbox"/> MICROALBUMIN-ALBUMIN/CREATININE RATIO (1 URINE) 2960	<input type="checkbox"/> GROUP B STREP (ESwab) 7042
<input type="checkbox"/> ALKALINE PHOSPHATASE (1 SST) 2217	<input type="checkbox"/> POTASSIUM (1 SST) 2202	<input type="checkbox"/> HSV 1 & 2 BY MOLECULAR PCR 7103
<input type="checkbox"/> ALT (1 SST) 2221	<input type="checkbox"/> PSA (1 SST) 3628	<input type="checkbox"/> HUMAN PAPILLOMAVIRUS (HPV)-ThinPrep 8101
<input type="checkbox"/> AMYLASE (1 SST) 2219	<input type="checkbox"/> PREGNANCY-URINE (1 URINE) 3219	<input type="checkbox"/> INFLUENZA A&B BY MOLECULAR PCR (UTM) 8232
<input type="checkbox"/> ANTIBODY SCREEN (1 LAV) 6751	<input type="checkbox"/> PROTEIN, TOTAL (1 SST) 2211	<input type="checkbox"/> KOH PREP (HAIR, SKIN, NAILS) 7018
<input type="checkbox"/> ANA SCREEN W/TITER IF INDICATED (1 SST) 6001	<input type="checkbox"/> PROTINE-INR (1 LT. BLUE-TUBE MUST BE FULL) 5100	<input type="checkbox"/> PERTUSSIS BY MOLECULAR (ESwab) 7073
<input type="checkbox"/> ANA SCREEN WITH REFLEX (titer, dsDNA, ENA, & Sjogren's) (1 SST) 6022	<input type="checkbox"/> PTT (1 LT. BLUE- TUBE MUST BE FULL) 5101	<input type="checkbox"/> RAPID STREP A SCREEN, THROAT (BBL culture swab) 7084
<input type="checkbox"/> AST (1 SST) 2215	<input type="checkbox"/> RHEUMATOID FACTOR SCREEN (1 RED or SST) 4635	<input type="checkbox"/> STREP A CULTURE – THROAT (ESwab) 7013
<input type="checkbox"/> BILIRUBIN, DIRECT (1 SST) 2214	<input type="checkbox"/> SODIUM (1 SST) 2201	<input type="checkbox"/> STOOL CULTURE (STOOL in Cary Blair) 7014
<input type="checkbox"/> BILIRUBIN, PEDS (1 AMBER) 2020	<input type="checkbox"/> SYPHILIS SCREEN (1 SST) 6006	<input type="checkbox"/> STOOL – C. DIFFICILE (Fresh Stool) 7031
<input type="checkbox"/> BILIRUBIN, TOTAL (1 SST) 2213	<input type="checkbox"/> TROPONIN I (1 GREEN PST) 2259	<input type="checkbox"/> STOOL – OVA & PARASITE (O&P KIT) 7027
<input type="checkbox"/> BNP (1 LAV) 2278	<input type="checkbox"/> TSH (1 SST) 3235	<input type="checkbox"/> VAGINITIS (ESwab) 7019
<input type="checkbox"/> BUN (1 SST) 2206	<input type="checkbox"/> TSH W/REFLEX TO FT4 (1 SST) 3216	<input type="checkbox"/> VARICELLA ZOSTER MOLECULAR PCR (UTM) 7115
<input type="checkbox"/> CALCIUM (1 SST) 2210	<input type="checkbox"/> URIC ACID (1 SST) 2208	RESPIRATORY CULTURE
<input type="checkbox"/> CRP (INFLAMMATION) (1 SST) 3246	<input type="checkbox"/> VITAMIN B-12 (1 SST) 3232	<input type="checkbox"/> BAL (Sterile Container) 7011
<input type="checkbox"/> CRP-hs (CARDIAC RISK) (1 SST) 3486	<input type="checkbox"/> VITAMIN D, 25-HYDROXY (1 SST) 3598	<input type="checkbox"/> SPUTUM CULTURE W/GS (Sterile Container) 7095
<input type="checkbox"/> CHLORIDE (1 SST) 2203	URINALYSIS AND CULTURE	<input type="checkbox"/> THROAT, EYE, EAR, NASAL, NP (ESwab) 7011
<input type="checkbox"/> CREATININE (1 SST) 2207	<input type="checkbox"/> URINALYSIS W/REFLEX – CULTURE 1040	PAP
<input type="checkbox"/> D-DIMER (1 LT. BLUE) 3689	<input type="checkbox"/> UA + CULTURE (1 URINE) 1040+7015	MENSTRUAL STATUS:
<input type="checkbox"/> ERYTHROCYTE SEDIMENTATION RATE (1 LAV) 5019	OTHER TESTS	SPECIMEN SOURCE:
<input type="checkbox"/> FERRITIN (1 SST) 3201	<input type="checkbox"/>	REASON FOR PAP:
<input type="checkbox"/> FREE T4 (FT4) (1 SST) 3240	COMMENTS (CLINICAL, HX, LAST DOSE, ETC.)	LMP (MM/DD/YYYY):
<input type="checkbox"/> FOLATE (1 SST) 3202	<input type="checkbox"/>	GYN HX:
<input type="checkbox"/> GGT (1 SST) 2220	<input type="checkbox"/>	ADDITIONAL COMMENTS:

PANELS

BASIC METABOLIC PANEL (BMP)		2102
SODIUM	Test No. 2201	
POTASSIUM	Test No. 2202	
CHLORIDE	Test No. 2203	
CO2	Test No. 2204	
GLUCOSE	Test No. 2205	
BUN	Test No. 2206	
CREATININE	Test No. 2207	
CALCIUM	Test No. 2210	
COMPREHENSIVE METABOLIC PANEL		2100
SODIUM	Test No. 2102	
POTASSIUM	Test No. 2202	
CHLORIDE	Test No. 2203	
CO2	Test No. 2204	
GLUCOSE	Test No. 2205	
BUN	Test No. 2206	
CREATININE	Test No. 2207	
CALCIUM	Test No. 2210	
TOTAL PROTEIN	Test No. 2211	
ALBUMIN	Test No. 2212	
BILIRUBIN, TOTAL	Test No. 2213	
AST	Test No. 2215	
ALKALINE PHOSPHATASE	Test No. 2217	
ALT	Test No. 2221	
CBC W/DIFF		5656
LEUKOCYTE COUNT	N/A	
RBC	N/A	
HEMOGLOBIN	Test No. 5062	
HEMATOCRIT	Test No. 5062	
PLATELET COUNT	Test No. 5007	
DIFFERENTIAL	N/A	
CBC REFLEX TO DIFF		5000
LEUKOCYTE COUNT	N/A	
RBC	N/A	
HEMOGLOBIN	Test No. 5062	
HEMATOCRIT	Test No. 5062	
PLATELET COUNT	Test No. 5007	

ELECTROLYTES		2000
SODIUM	Test No. 2201	
POTASSIUM	Test No. 2202	
CHLORIDE	Test No. 2203	
CO2	Test No. 2204	
LIPID PANEL		2239
CHOLESTEROL	Test No. 2239	
HDL CHOLESTEROL	Test No. 2239	
TRIGLYCERIDES	Test No. 2239	
LDL CHOLESTEROL	Test No. 2239	
HEPATIC FUNCTION PANEL		2105
ALBUMIN	Test No. 2212	
BILIRUBIN, TOTAL	Test No. 2213	
BILIRUBIN, DIRECT	Test No. 2214	
ALKALINE PHOSPHATASE	Test No. 2217	
TOTAL PROTEIN	Test No. 2211	
ALT	Test No. 2221	
AST	Test No. 2215	
OB SCREEN		6770
RPR (SYPHILIS) SCREEN	Test No. 6006	
RUBELLA IMMUNE STATUS	Test No. 6007	
LEUKOCYTE COUNT	N/A	
RBC	N/A	
HEMOGLOBIN	Test No. 5062	
HEMATOCRIT	Test No. 5003	
PLATELET COUNT	Test No. 5007	
HEPATITIS B SURFACE ANTIGEN	Test No. 3206	
DIFFERENTIAL	N/A	
ANTIBODY SCREEN	Test No. 6751	
ABO GROUP	Test No. 6760	
RH TYPE	Test No. 6755	
HEMOGLOBIN A1C	Test No. 3204	
RENAL FUNCTION PANEL		2260
SODIUM	Test No. 2102	
POTASSIUM	Test No. 2202	
CHLORIDE	Test No. 2203	
CO2	Test No. 2204	
GLUCOSE	Test No. 2205	
BUN	Test No. 2206	
CREATININE	Test No. 2207	
CALCIUM	Test No. 2210	
PHOSPHORUS	Test No. 2209	
ALBUMIN	Test No. 2212	