

# Logan Health Medical Center Laboratory

310 Sunnyview Lane | Kalispell, MT 59901 | (406) 752-1737 | FAX (406) 758-8408

TEST CATALOG ONLINE: [www.testmenu.com/loganhealth](http://www.testmenu.com/loganhealth)

Date: \_\_\_\_\_ **PATIENT INFORMATION**

Patient Legal Name (Last / First) \_\_\_\_\_ / \_\_\_\_\_

Address \_\_\_\_\_ Zip \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender:  Male  Female Phone: \_\_\_\_-\_\_\_\_-\_\_\_\_

## INSURANCE | BILLING INFORMATION

Subscriber Name & Relationship \_\_\_\_\_

Insurance \_\_\_\_\_

Subscriber ID \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Group # \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Phone \_\_\_\_-\_\_\_\_-\_\_\_\_

Bill To:  Self Pay  Insurance  Client \_\_\_\_\_  
 Medicaid  Medicare # \_\_\_\_\_

## Specimen Collection

Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Collection Time \_\_\_\_:\_\_\_\_ AM | PM  Fasting  Non-Fasting

## URINALYSIS-Must indicate collection type & test

Clean Catch  Cath  Pedi bag  \_\_\_\_\_  
 Urine Chemstrip - **URCS** Only  Urine Microscopic - **UMIC-NOR** Only  Urinalysis - **UAR** (Culture if indicated)  Urine Microscopic-**UMIC-R** (Culture if indicated)

Test Name	Tube	Test Name	Tube	Test Name	Tube
<input type="radio"/> A1c/Glycohemoglobin	L	<input type="radio"/> Folate	S	<input type="radio"/> Progesterone	S
<input type="radio"/> Ab Screen	P	<input type="radio"/> FSH	S	<input type="radio"/> Prolactin	S
<input type="radio"/> ABO & Rh/Grp & Type	L	<input type="radio"/> Gluc Tolerance, DM 2 hr	GY	<input type="radio"/> Prot/Creat Ratio, Urine	U
<input type="radio"/> ANA Screen	S	<input type="radio"/> Gluc Tolerance, Gest	GY	<input type="radio"/> PSA Screen	S
<input type="radio"/> ANA Cascade	S	<input type="radio"/> Glucose 1hour Challenge	GY	<input type="radio"/> PSA Diagnostic	S
<input type="radio"/> Anti CCP	S	<input type="radio"/> HBsAg	S	<input type="radio"/> PT / Protimez / INR	B
<input type="radio"/> Anti-CCP	S	<input type="radio"/> hCG, Qualitative	U,S	<input type="radio"/> PTH (Parathyroid Hormone)	S
<input type="radio"/> Anti-HBS	S	<input type="radio"/> hCG, Quantitative	S	<input type="radio"/> PTT	B
<input type="radio"/> Arthritis Panel	S,L	<input type="radio"/> HCT, Hematocrit	L	<input type="radio"/> Quantitative M-Protein Study	S
<input type="radio"/> AST	S	<input type="radio"/> HCV, Ab	S	<input type="radio"/> RA (Rheum factor)	S
<input type="radio"/> BMP	S	<input type="radio"/> HCV Quant, PCR	S	<input type="radio"/> Reticulocyte Count	L
<input type="radio"/> B12	S	<input type="radio"/> Health Screen	S,L	<input type="radio"/> Rubella, IgG	L
<input type="radio"/> CA125	S	<input type="radio"/> Hgb	L	<input type="radio"/> Rubeola, IgG	S
<input type="radio"/> CA27,29	S	<input type="radio"/> Hgb & Hct/H&H	L	<input type="radio"/> Syphilis (Treponema AB)	S
<input type="radio"/> Calcium, Urine, Hours____	U	<input type="radio"/> Hepatitis Acute Panel	S	<input type="radio"/> T3 Free / FT3	S
<input type="radio"/> CBC (Includes Diff)	L	<input type="radio"/> Hepatitis Chronic Panel	S	<input type="radio"/> T3 Total	S
<input type="radio"/> CBCND (No Diff)	L	<input type="radio"/> HIV 1,2 Antibody	S	<input type="radio"/> T3 Uptake	S
<input type="radio"/> CK	G	<input type="radio"/> IgG, Total	S	<input type="radio"/> T4 Free / FT4	S
<input type="radio"/> CK-MB	G	<input type="radio"/> Insulin	S	<input type="radio"/> T4 Total	S
<input type="radio"/> CMP	S	<input type="radio"/> Iron	S	<input type="radio"/> T7 (T4, T3U)	S
<input type="radio"/> Creat Clearance	U,S	<input type="radio"/> Iron Profile (Iron and IBC)	S	<input type="radio"/> Tacrolimus	L
<input type="radio"/> Wt____Ht____		<input type="radio"/> Lipid Panel	S	<input type="radio"/> TB QuantiFeron, Gold +	SPEC
<input type="radio"/> Creatinine, Urine, Hours____	U	<input type="radio"/> Liver Panel/Hepatic Panel	S	<input type="radio"/> Testosterone, Total	R
<input type="radio"/> Creatinine	S	<input type="radio"/> Magnesium	S	<input type="radio"/> Testosterone, Free / Total	R
<input type="radio"/> CRP, Quantitative	S	<input type="radio"/> Microalbumin, Urine, Random	U	<input type="radio"/> TPO,Thyroperoxidase	R
<input type="radio"/> CRP, HS	S	<input type="radio"/> Mono	S	<input type="radio"/> Troponin	G
<input type="radio"/> D Dimer	B	<input type="radio"/> Mumps, IgG	S	<input type="radio"/> TSH	S
<input type="radio"/> Digoxin	S	<input type="radio"/> OB P Basic	SPL	<input type="radio"/> TSH, Reflex	S
<input type="radio"/> Dilantin/Phenytoin	S	<input type="radio"/> PFA P2Y12-Plavix/Effient	SPEC.B	<input type="radio"/> Type & Screen	P
<input type="radio"/> ESR/Sed Rate	L	<input type="radio"/> PFA PLT Function Screen	SPEC.B	<input type="radio"/> Urine	U
<input type="radio"/> Estradiol	S	<input type="radio"/> Phosphorus	S	<input type="radio"/> Urine Drug Screen	U
<input type="radio"/> Factor II Prothrombin Mutation	L	<input type="radio"/> Platelet Count	L	<input type="radio"/> Valproic Acid	S
<input type="radio"/> Factor V Leiden	L	<input type="radio"/> Potassium	S	<input type="radio"/> Vit D 25-OH	S
<input type="radio"/> Ferritin	S	<input type="radio"/> Procalcitonin / PCT	S	<input type="radio"/> VZPG-Varicella Zoster, IgG	S
<input type="radio"/> Fibrinogen	B				

Location \_\_\_\_\_

Skilled  Unskilled

## Ordering Provider & Dx/ICD

Diagnosis/Codes \_\_\_\_\_

Provider Full Name (Print) \_\_\_\_\_

Provider Signature (Required) \_\_\_\_\_

Medical Necessity Regulations: When ordering tests expected to be paid under federal health care programs, such as Medicare and Medicaid, the tests must meet the following conditions: (1) included as covered services, (2) reasonable, (3) medically necessary for the treatment and diagnosis of the patient and (4) not for screening purposes.

## Copy To:

## Therapeutic Drug Test – Last Dose Taken

Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Time \_\_\_\_:\_\_\_\_ AM/PM

## Microbiology and Molecular Tests

### MUST SPECIFY SOURCE & SITE

Type of specimen: \_\_\_\_\_

Location on body: \_\_\_\_\_

Patient Antibiotics: \_\_\_\_\_

### Culture (list source/site above)

### Microbiology Other

- Acid Fast culture & stain
  - Aerobic culture w/Gram stain
    - Abscess
    - Body Fluid
      - Peritoneal/Ascites
      - Pleural
      - Synovial
    - Bronchial Washing
    - CSF
    - Eye
    - Sinus
    - Sputum
    - Tissue
    - Wound
  - Anaerobic culture
    - Blood (Adult/Peds)
    - Catheter tip
    - Ear
    - Genital
    - Throat
    - Urine
      - Clean catch
      - Straight Catheter
      - Indwelling Catheter
      - Other \_\_\_\_\_
  - Fungal culture –or– Fungal w/ stain
    - Gram stain
    - Referral (ID/Susceptibility)
  - Screen for Single Organism (SSO)
    - Organism: \_\_\_\_\_
  - Sterility Monitoring
    - Device: \_\_\_\_\_
- Blood-Borne Parasites
    - Travel History: \_\_\_\_\_
  - C. difficile Screen
  - Fecal Fat (Qualitative)
  - Fecal Lactoferrin (WBC)
  - FIT Screen
  - Gastrocult
  - India Ink
  - KOH Prep
  - Ova & Parasite – Travel: \_\_\_\_\_
  - Pinworm Detection

### Molecular Test by PCR

- Bordetella Pertussis
- Chlamydia:  Swab  Urine
- COVID-19
- GAS (Group A Strep)
- GBS (Group B Strep)
- GI Bacterial Panel
- GI Viral Panel
- GI Parasite Panel
- GC/ N. gonorrhea:  Swab  Urine
- HSV 1,2 (Dermal)
- HPV
- Influenza A/B
- Meningitis, CSF Panel
- MRSA Nares
- MRSA / SA Nares
- MRSA / SA Wound
- Mycobacterium Tuberculosis (TB)
- Norovirus GI, GI
- RSV
- Respiratory Panel
- Varicella-Zoster (VZV - Dermal)
- Vaginosis Panel

## Special Instructions/Other Lab Tests

STAT  Call Results Phone # \_\_\_\_-\_\_\_\_-\_\_\_\_

R=Red \_\_\_\_\_ L=Lav \_\_\_\_\_ BF=Body Fluid \_\_\_\_\_ PAP=PAP \_\_\_\_\_ FR=Frozen \_\_\_\_\_  
 S=SST \_\_\_\_\_ P=Pink \_\_\_\_\_ U=Urine \_\_\_\_\_ UTM \_\_\_\_\_ SW=Swab \_\_\_\_\_  
 B=Blue \_\_\_\_\_ G=Green \_\_\_\_\_ ST=Stool \_\_\_\_\_ SWU=Universal Kit \_\_\_\_\_  
 GY=Gray \_\_\_\_\_ SER=Serum \_\_\_\_\_ PL=Plasma \_\_\_\_\_ SP B=Special Blue \_\_\_\_\_

\*Special Tube Instructions: