MUSC Health
Pathology and Laboratory Medicine

MUSC Health Charleston Division
Pathology and Laboratory ICCE
165 Ashley Ave., RM EH318
Charleston, SC 29425
Phone: 843-792-0707
Fax: 843-792-4896

☐ **STAT**
STAT results will only be called if critical

Practice Name
Address
Phone:
Fax

Epic Registration
Patient Bill

Epic Non-Intergrated Code
Client Code

PATIENT INFORMATION REQUIRED. PLEASE PRINT LEGIBLY.
NOTE: INCOMPLETE INFORMATION WILL DELAY TEST RESULTS.

NAME (LAST, FIRST, MI)	SEX	RACE
ADDRESS (STREET, CITY)	SC	ZIP
SOCIAL SECURITY NUMBER (SSN) / DATE OF BIRTH	PHONE #	

ORDERING PROVIDER – FULL NAME REQUIRED (LAST, FIRST, MI):

CONTACT (if different from ordering location): _____

INSURANCE INFORMATION (REQUIRED FOR PATIENT BILLING ONLY).
COPIES OF INSURANCE CARD AND DEMOGRAPHICS ARE PREFERRED.

Primary Insurance Co. Name: _____
Name of Policy Holder: _____
Relationship to patient (circle one): Self Spouse Child Other _____
Group #: _____ Policy #: _____
Insurance Co. Address _____
City: _____ State: _____ Zip Code: _____
Medicare #: _____ Medicaid #: _____
Person responsible for bill: _____
Employer: _____ Phone: _____
Secondary Insurance (circle one): Yes (Attach copy of front and back of insurance card) / No
Secondary Provider: _____

FOR LAB USE ONLY
MRN: _____ FIN#: _____ ACCN#: _____
RECD BY: _____ ACCN BY: _____ LABELED BY: _____

LEGEND

B - Sodium Citrate Light Blue
Gn - Lithium Heparin (Light Green w/ Gel)
L - Lavender EDTA
P - Pink EDTA
U - Urine
S - Serum Separator
R - Plain Red

***** - Limited Coverage test that requires an acceptable ICD10 code (Refer to Guidelines for Medical Necessity)**
- If positive/suspect result, a repeat and/or confirmatory test will be performed

Please note: All requests for lab services billed to the patient must contain an ICD10 code(s) or narrative diagnosis. Medicare patients require an ICD10 code for each test. Tests in red are deemed limited coverage tests by the Centers for Medicare & Medicaid Services (CMS) and the Palmetto Government Benefits Administration (PGBA). Medicare will only pay for these limited coverage tests if an acceptable ICD10 code or diagnosis is provided. If the test(s) requested does not meet the criteria established by CMS and/or PGBA, an Advance Beneficiary Notice (ABN) must be signed by the patient and a copy submitted with the lab request. Each test ordered must have a corresponding ICD10 code or diagnosis.

SPECIMEN COLLETION (REQUIRED):

DATE OF COLLECTION: ____/____/____ **TIME:** ____:____ **AM / PM**

PHLEBOTOMIST INITIALS: _____

EACH TEST MUST BE ORDERED INDIVIDUALLY AND BE MEDICALLY NECESSARY.

FREQUENTLY REQUESTED TESTS

CODE	TEST	TUBE	ICD10
NA	☐ Sodium	Gn/S	
K	☐ Potassium	Gn/S	
CL	☐ Chloride	Gn/S	
CO2	☐ Carbon Dioxide (CO2)	Gn/S	
GLU	☐ ***Glucose ☐ Random ☐ Fasting ☐ Other	Gn/S	
UN	☐ Urea Nitrogen, Blood	Gn/S	
CREAT	☐ Creatinine	Gn/S	
CA	☐ Calcium	Gn/S	
ALB	☐ Albumin	Gn/S	
ALK	☐ Alkaline Phosphatase	Gn/S	
ALT	☐ Alanine Aminotransferase	Gn/S	
AST	☐ Aspartate Aminotransferase	Gn/S	
D BILI	☐ Bilirubin, Direct	Gn/S	
T BILI	☐ Bilirubin, Total	Gn/S	
TP	☐ Protein, Total	Gn/S	

PANELS

HCFA regulations mandate each test in a profile must be medically necessary or individual tests must be ordered.

AHP	☐ ***Acute Hepatitis Panel (MHAVAB, MCORAB, HBSAG and HCV)	S	
BMP	☐ Basic Metabolic Panel - BMP (Na, K, Cl, CO2, Glu, UN, Creat, Ca)	Gn/S	
CMP	☐ Comprehensive Metabolic Panel (CMP) - (Na, K, Cl, CO2, Glu, UN, Creat, Ca, TP, Alb, T Bili, AST, ALT, ALP)	Gn/S	
LIVER	☐ Hepatic Panel (Alb, T Bili, D Bili, AST, ALT, ALP, TP)	Gn/S	
LIPID	☐ ***Lipid Profile (Chol, Trig, HDL, LDL (calc.), VLDL (calc.))	Gn/S	
LYTES	☐ Electrolytes (Na, K, Cl and CO2)	Gn/S	
RENAL	☐ Renal Function Panel (Na, K, Cl, CO2, Glu, UN, Creat, Ca, Alb and Phos)	Gn/S	

VISIT OUR TEST DIRECTORY ONLINE:
https://www.testmenu.com/musclabservices

ADDITIONAL CHEMISTRY, HEMATOLOGY COAGULATION AND IMMUNOLOGY TESTS

CODE	TEST	TUBE	ICD10
ABORH	☐ ABO and Rh	P	
ABSC	☐ Antibody Screen	P	
BNP	☐ ***B-Type Natriuretic Peptide	L	
CA 125	☐ ***CA 125	Gn/S	
CRP HS	☐ ***C-Reactive Protein, High Sens.	S	
CRP LS	☐ C-Reactive Protein, Low Sens.	S	
CBC	☐ ***CBC (Hemogram Only)	L	
CBCD	☐ ***CBC with Diff	L	
CHOL	☐ ***Cholesterol	Gn/S	
DIG	☐ ***Digoxin	R	
DIL	☐ Dilantin	R	
EBV	☐ Epstein Barr Virus ABS, IgG	S	
FERR	☐ ***Ferritin	Gn/S	
FOL	☐ Folate	S	
GGT	☐ ***GGT, Gammaglutamyl Transferase	Gn/S	
HCG	☐ ***HCG, Serum Quant	S	
HCT	☐ ***Hematocrit	L	
HGB	☐ ***Hemoglobin	L	
HB A1C	☐ ***Hemoglobin A1C	L	
HBSAG	☐ Hep B Surface Antigen ##	S	
AHBSAG	☐ Hep B Surface Antibody	S	
HCV	☐ Hep C Antibody ##	S	
HET SC	☐ Heterophile Scrn (Monospot)	S	
HIV	☐ ***HIV 1&2 Antibody ##	S	
HOMOCYST	☐ ***Homocysteine	L (On Ice)	
FE/IBC	☐ ***Iron / Iron Binding	Gn/S	
LDH	☐ LDH, Lactate Dehydrogenase	S	
MG	☐ Magnesium	Gn/S	
PHOS	☐ Phosphorus	Gn/S	
PSA	☐ ***PSA, Prostate Specific Ag	S	
PSA50	☐ PSA Screening	S	
PT	☐ ***PT, Prothrombin Time	B	
APTT	☐ ***PTT, Act. Partial Thrombo.	B	
RETIC	☐ Reticulocyte Count	L	

NOTE: Annual PSA Screen for Medicare patients >50 yrs. only -
Previous annual PSA date required _____)

CODE	TEST	TUBE	ICD10
SYPHIGGREF	☐ Syphilis Screen w/ Reflex ##	S	
RUB	☐ Rubella Antibody	S	
SED	☐ Sedimentation Rate	L	
T3	☐ T3, Total	S	
T4	☐ ***T4, Total	S	
T4 F	☐ ***T4, Free	S	
TSH	☐ ***TSH, Thyroid Stim. Horm.	S	
TSF	☐ ***Transferrin	S	
TRIG	☐ ***Triglyceride	Gn/S	
UA	☐ Urinalysis	U	
B12	☐ Vitamin B12	S	

MICROBIOLOGY

Source (REQUIRED) _____

☐ Aerobic Bacterial Culture
☐ Beta Strep Culture (GBS), Vag/Rec
☐ Penicillin Allergy
☐ Fungal Culture
☐ Chlamydia trachomatis by Amplified DNA Probe
Source _____
☐ GC (Neisseria gonorrhoeae) by Amplified DNA Probe
Source _____
☐ GI (Gastrointestinal) Panel by PCR
☐ Group A Streptococcus by PCR
☐ Respiratory Viral Panel by PCR
☐ ***Screen Culture ☐ MRSA ☐ VRE
☐ ***Urine Culture
Source _____

WRITE IN ADDITIONAL TESTS OR COMMENTS

TEST	ICD10 CODE