DID YOU INCLUDE...
- **DIAGNOSIS CODE(S)?**
- **TEST(S) TO BE PERFORMED?**
- **PROVIDER FIRST/ LAST NAME?**
- **WHO TO BILL?**

GENERAL LABORATORY REQUEST FORM

PROVIDENCE Alaska Medical Center
P.O. Box 196604 Anchorage, AK 99519-6604
Phone: (907) 212-3631 Main Lab Fax: 212-3632

ORDERING PROVIDER SIGNATURE: _____

TODAY'S DATE (REQUIRED):	**COLLECTION DATE (REQUIRED):**	**COLLECTION TIME (REQUIRED):**	**SEX (REQUIRED):** ☐ MALE ☐ FEMALE ☐ OTHER	☐ **STAT** Phone: _____ Fax #: _____ ☐ Fax Results Immediately

PLEASE PRINT CLEARLY **ALL INFORMATION MUST BE PROVIDED. USE BLACK OR BLUE INK ONLY**

PATIENT'S FULL LEGAL NAME (REQUIRED) LAST:	FIRST:	MI:	**DATE OF BIRTH (REQUIRED)**	FASTING: ☐ Yes ☐ No

DIAGNOSIS ICD CODE(S) (REQUIRED):	ADDITIONAL COPIES TO:

BILL: ☐ **CLIENT/PHYSICIAN ACCOUNT #:_____ COMPLETE REQUIRED AREAS** ☐ **PATIENT BILL COMPLETE REQUIRED AREAS BELOW** ☐ **INSURANCE COMPLETE ALL AREAS**	SUBSCRIBER (LAST, FIRST, MIDDLE)	DATE OF BIRTH

GUARANTOR (LAST, FIRST, MIDDLE) (REQUIRED EXCEPT FOR MEDICARE)	DATE OF BIRTH	ADDRESS (CITY, STATE, ZIP)

ADDRESS	PHONE #	PATIENT RELATIONSHIP

CITY/STATE/ZIP CODE:	INSURANCE CO.

PT. RELATIONSHIP:	CLAIMS ADDRESS (CITY, STATE, ZIP)

HOME PHONE NO.:	WORK PHONE NO.:	INSURANCE PHONE	INSURANCE/MEMBER POLICY #	GROUP #

AMA PROFILES (Epic order)
(see reverse for panel definitions)

- ☐ Basic Metabolic Panel (LAB15)
- ☐ Comprehensive Metabolic Panel (LAB17)
- ☐ Electrolyte Panel (LAB16)
- ☐ **Hepatitis Acute Panel*** (LAB551)
- ☐ **Lipid Panel no Reflex LDL*** (LAB2478)
- ☐ **Lipid Panel Reflex LDL Direct*** (LAB18)
- ☐ Hepatic Function Panel (LAB20)
- ☐ Renal Function Panel (LAB19)

CHEMISTRY (Epic order)

- ☐ ALT (SGPT) (LAB2363)
- ☐ Amylase (LAB48)
- ☐ AST (SGOT) (LAB131)
- ☐ Bilirubin, Total & Direct (LAB168)
- ☐ Bilirubin, Total (LAB50)
- ☐ BUN (LAB140)
- ☐ Calcium (LAB53)
- ☐ **Cholesterol, Total*** (LAB60)
- ☐ CK Total (LAB62)
- ☐ Cortisol, Serum (LAB61)
- ☐ COVID AB test (LAB25283)
- ☐ C-Reactive Protein (LAB149)
- ☐ Creatinine (LAB66)
- ☐ **CRP, High Sensitivity*** (LAB150)
- ☐ Estradiol (LAB523)
- ☐ **Ferritin*** (LAB68)
- ☐ Folate (LAB69)

CHEMISTRY (Epic order)

- ☐ **Free T4*** (LAB127)
- ☐ FSH (LAB86)
- ☐ **Glucose, Random*** (LAB82)
- ☐ **HCG, Serum, Quant*** (LAB143)
- ☐ **Hgb A1C (Glyco Hgb)*** (LAB90)
- ☐ **Iron + Transferrin*** (LAB829)
- ☐ **Iron, Total*** (LAB94)
- ☐ LH (Luteinizing Hormone) (LAB87)
- ☐ Lipase (LAB99)
- ☐ **Magnesium*** (LAB103)
- ☐ Phosphorus (LAB113)
- ☐ Potassium (LAB114)
- ☐ Pregnancy Serum Qual (LAB144)
- ☐ Pregnancy Urine Qual (LAB437)
- ☐ Procalcitonin (LAB12835)
- ☐ Progesterone (LAB529)
- ☐ Prolactin (LAB531)
- ☐ **PSA, diagnostic*** (LAB116)
- ☐ **PSA, screening*** (LAB2268)
- ☐ PTH Intact & Calcium (LAB813)
- ☐ Testosterone, Total (LAB124)
- ☐ **Triglycerides*** (LAB134)
- ☐ **TSH Reflex Free T4*** (LAB13042)
- ☐ **TSH*** (LAB129)
- ☐ Uric Acid (LAB141)
- ☐ Vitamin B-12 (LAB2466)
- ☐ **Vitamin D Total** (LAB2301)

THERAPEUTIC DRUG LEVELS (Epic Order)

REQUIRED:

Day of Last Dose: _____

Time of Last Dose: _____

- ☐ **Digoxin Level*** (LAB23)
- ☐ Dilantin Level (Phenytonin) (LAB31)
- ☐ Lithium Level (LAB29)
- ☐ **Tacrolimus (FK506) Trough*** (LAB876)
- ☐ Tegretol (Carbamazepine) (LAB21)
- ☐ Valproic Acid (Depakote) (LAB24)
- ☐ Vancomycin Peak (LAB41)
- ☐ Vancomycin Trough (LAB39)

SEROLOGY (Epic order)

- ☐ Hep B Surface Ab (HbsAb) (LAB472)
- ☐ Hep B Surface Ag (HbsAg) w/confirmation if +) (LAB471)
- ☐ Hep C Antibody (LAB2375)
- ☐ **HIV 4th (Ab 1+2 w/Ag)*** (LAB24857)
- ☐ Quantiferon Gold TB (LAB2399)
- ☐ Rheumatoid Factor (RA, RF) (LAB206)
- ☐ Rubella Antibody, IGG (LAB496)
- ☐ Treponema Pallidum Ab (LAB12341)

MICROBIOLOGY (Epic order)

Specimen source (REQUIRED) _____

Antibiotics? _____

Wound Culture, Gram Stain

- ☐ Aerobic (LAB897)
- ☐ Anaerobic (LAB233)
- ☐ AFB Culture & Smear (LAB23813)
- ☐ Blood Culture (LAB462)
- ☐ C. diff NAAT (LAB24937)
- ☐ Chlamydia/GC PCR (LAB1376)
- ☐ COVID PCR (LAB23057)
- ☐ Ear Culture, gram stain (LAB20400)
- ☐ Eye Culture, gram stain (LAB2310)
- ☐ Fecal Lactoferrin (LAB731)
- ☐ Giardia Antigen (LAB259)
- ☐ MRSA/SA NAAT Qual (LAB24325)
- ☐ Ova & Parasite (LAB955)
- ☐ Sterile BF Cult Smr Ana (LAB269)
- ☐ Strep A, Rapid (LAB885)
- ☐ Stool Culture (LAB223)
- ☐ Strep A Culture Throat (LAB236)
- ☐ Strep B DNA Probe NAAT (LAB1371) (Vaginal/Rectal Sources Only)
- ☐ Tissue Culture Smr Ana (LAB898)
- ☐ **Urine Culture*** (LAB239) Urine Source _____

URINALYSIS (Epic order)

- ☐ Occult Blood, FIT (LAB2502)
- ☐ **UA w/Micro w/Cult if IND*** (LAB2480)
- ☐ UA w/Microscopic if IND (LAB2479)
- ☐ Urinalysis (dipstick) (LAB347)
- ☐ Urinalysis w/Microscopic (LAB348)
- ☐ Urine Drug Screen Panel (DAU) (LAB500)
- ☐ Vaginal Path DNA Probe (LAB5687)

HEMATOLOGY (Epic order)

- ☐ **CBC no diff*** (LAB294)
- ☐ **CBC w/Differential*** (LAB293)
- ☐ **Protime w/INR*** (LAB320)
- ☐ **PTT (APTT)*** (LAB325)
- ☐ Reticulocyte Count (LAB296)

TRANSFUSION MEDICINE (Epic order)

- ☐ ABO/RH (LAB895)
- ☐ Antibody Screen (LAB278)
- ☐ Fetal Screen w/Reflex (LAB2250)
- ☐ Prenatal Type & Screen (LAB895 & 278) RHIG admin date _____
- ☐ Direct Coombs (LAB274)
- ☐ Cord Blood Workup (LAB892)

Specimens Requiring Typenex Blood Bank Band at the Time of Collection

- ☐ Extra Blood Bank Tube to Hold (LAB286)
- ☐ Type & Screen (LAB276)
- _____ # of Leukoreduced Units
  - ☐ IRRADIATED
  - ☐ WASHED

ADDITIONAL TESTS/COMMENTS:

*Tests with asterisks may require signed Advanced Beneficiary Notice - Medicare Only.

LAB USE ONLY:
REQUISITION #: _____

MEDICAL RECORD #: _____

MEDICAL NECESSITY STATEMENT FOR PHYSICIANS

The ordering physician certifies that the tests ordered and to be billed to Medicare are medically necessary and understands that all available tests may be ordered individually and, profiles may, where appropriate, be billed separately. Only tests that the ordering physician believes appropriate for patient care should be ordered. Medicare will pay only for tests that are medically necessary for the diagnosis and treatment of the patient, rather than for screening purposes. ICD-10 CM diagnosis code(s) **must** be provided for each test ordered.

AMA Panels

Comprehensive Metabolic Panel 80053
Sodium
Potassium
Chloride
Carbon Dioxide
Glucose
Creatinine
BUN
Calcium
Bilirubin, total
Albumin
AST (SGOT)
Alkaline Phosphatase
Protein, total
ALT (SGPT)

Electrolyte Panel 80051
Sodium
Potassium
Chloride
Carbon Dioxide

Basic Metabolic Panel 80048
Sodium
Potassium
Chloride
Carbon Dioxide
Glucose
Creatinine
BUN
Calcium

Renal Function Panel 80069
Sodium
Potassium
Chloride
Carbon Dioxide
Glucose
Creatinine
BUN
Calcium
Albumin
Phosphorus, inorganic (Phosphate)

Hepatitis Acute Panel 80074
Hep B surface antigen (HBsAg)
Hep B core antibody (HBcAb), IgM
Hep C antibody
Hep A antibody, IgM

Lipid Panel 80061
Cholesterol, total
Triglycerides
HDL cholesterol
LDL cholesterol (calculated)

Liver Panel 80076
Albumin
Bilirubin, total and direct
ALT (SGPT)
AST (SGOT)
Alkaline Phosphatase
Protein, total

Obstetric Panel 80055
CBC
Hep B Surface antigen (HbsAg)
Antibody, Rubella
RPR
ABO/Rh type
Antibody screen

REFLEX/CONFIRMATORY TESTING NOTICE

It is the policy of Providence Alaska Medical Center laboratory to perform reflex or confirmatory test automatically on microbiological cultures (gram stain, bacterial identification and susceptibility, if warranted, unless otherwise requested), negative Rapid Strep Screen (culture), positive HIV (Western Blot), positive Hepatitis B Surface Antigen test, CSF or Body Fluid Cell Count, Lipid Panel Triglyceride >400mg/dL (direct measure LDL), and CSF Cell Count, Malaria smear, CBC/CBC w/Differential (Pathologist review). Many of these tests are also available without confirmation, if desired. Transfusion Medicine will perform additional testing as needed to identify auto- and allo-antibodies, and/or to provide compatible blood products for transfusion. The subsequent testing is performed at additional charge. Medical necessity must apply to the reflex test also. Refer to Providence Alaska Medical Center laboratory's Testing Manual for details.

MORE PATIENT SERVICE CENTER LOCATIONS TO SERVE YOU BETTER

Providence Health Park
3841 Piper Street, Suite T-211
Anchorage, AK 99508
Phone (907) 212-5815
Fax (907) 212-3632

Tudor Square
3425 E. Tudor Road
Anchorage, AK 99504
Phone (907) 644-8252
Fax (907) 212-3632

Huffman Lab Patient Service Center
1389 Huffman Park Drive
Anchorage, AK 99515
Phone (907) 212-5203
Fax (907) 212-3632

For hours of operation and testing directory
go to: http://alaska.providence.org

Note: When a patient visits a patient service center, photo identification and insurance cards are required.

DID YOU INCLUDE...
- **DIAGNOSIS CODE(S)?**
- **TEST(S) TO BE PERFORMED?**
- **PROVIDER FIRST/ LAST NAME?**
- **WHO TO BILL?**

GENERAL LABORATORY REQUEST FORM

PROVIDENCE Alaska Medical Center
P.O. Box 196604 Anchorage, AK 99519-6604
Phone: (907) 212-3631 Main Lab Fax: 212-3632

ORDERING PROVIDER SIGNATURE: _____

TODAY'S DATE (REQUIRED):	**COLLECTION DATE (REQUIRED):**	**COLLECTION TIME (REQUIRED):**	**SEX (REQUIRED):** ☐ MALE ☐ FEMALE ☐ OTHER	☐ **STAT** Phone: _____ Fax #: _____ ☐ Fax Results Immediately

PLEASE PRINT CLEARLY **ALL INFORMATION MUST BE PROVIDED. USE BLACK OR BLUE INK ONLY**

PATIENT'S FULL LEGAL NAME (REQUIRED) LAST:	FIRST:	MI:	**DATE OF BIRTH (REQUIRED)**	FASTING: ☐ Yes ☐ No

DIAGNOSIS ICD CODE(S) (REQUIRED):	ADDITIONAL COPIES TO:

BILL: ☐ **CLIENT/PHYSICIAN ACCOUNT #:_____ COMPLETE REQUIRED AREAS** ☐ **PATIENT BILL COMPLETE REQUIRED AREAS BELOW** ☐ **INSURANCE COMPLETE ALL AREAS**	SUBSCRIBER (LAST, FIRST, MIDDLE)	DATE OF BIRTH

GUARANTOR (LAST, FIRST, MIDDLE) (REQUIRED EXCEPT FOR MEDICARE)	DATE OF BIRTH	ADDRESS (CITY, STATE, ZIP)

ADDRESS	PHONE #	PATIENT RELATIONSHIP

CITY/STATE/ZIP CODE:	INSURANCE CO.

PT. RELATIONSHIP:	CLAIMS ADDRESS (CITY, STATE, ZIP)

HOME PHONE NO.:	WORK PHONE NO.:	INSURANCE PHONE	INSURANCE/MEMBER POLICY #	GROUP #

AMA PROFILES (Epic order)
(see reverse for panel definitions)

- ☐ Basic Metabolic Panel (LAB15)
- ☐ Comprehensive Metabolic Panel (LAB17)
- ☐ Electrolyte Panel (LAB16)
- ☐ **Hepatitis Acute Panel*** (LAB551)
- ☐ **Lipid Panel no Reflex LDL*** (LAB2478)
- ☐ **Lipid Panel Reflex LDL Direct*** (LAB18)
- ☐ Hepatic Function Panel (LAB20)
- ☐ Renal Function Panel (LAB19)

CHEMISTRY (Epic order)

- ☐ ALT (SGPT) (LAB2363)
- ☐ Amylase (LAB48)
- ☐ AST (SGOT) (LAB131)
- ☐ Bilirubin, Total & Direct (LAB168)
- ☐ Bilirubin, Total (LAB50)
- ☐ BUN (LAB140)
- ☐ Calcium (LAB53)
- ☐ **Cholesterol, Total*** (LAB60)
- ☐ CK Total (LAB62)
- ☐ Cortisol, Serum (LAB61)
- ☐ COVID AB test (LAB25283)
- ☐ C-Reactive Protein (LAB149)
- ☐ Creatinine (LAB66)
- ☐ **CRP, High Sensitivity*** (LAB150)
- ☐ Estradiol (LAB523)
- ☐ **Ferritin*** (LAB68)
- ☐ Folate (LAB69)

CHEMISTRY (Epic order)

- ☐ **Free T4*** (LAB127)
- ☐ FSH (LAB86)
- ☐ **Glucose, Random*** (LAB82)
- ☐ **HCG, Serum, Quant*** (LAB143)
- ☐ **Hgb A1C (Glyco Hgb)*** (LAB90)
- ☐ **Iron + Transferrin*** (LAB829)
- ☐ **Iron, Total*** (LAB94)
- ☐ LH (Luteinizing Hormone) (LAB87)
- ☐ Lipase (LAB99)
- ☐ **Magnesium*** (LAB103)
- ☐ Phosphorus (LAB113)
- ☐ Potassium (LAB114)
- ☐ Pregnancy Serum Qual (LAB144)
- ☐ Pregnancy Urine Qual (LAB437)
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- ☐ Progesterone (LAB529)
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- ☐ **PSA, screening*** (LAB2268)
- ☐ PTH Intact & Calcium (LAB813)
- ☐ Testosterone, Total (LAB124)
- ☐ **Triglycerides*** (LAB134)
- ☐ **TSH Reflex Free T4*** (LAB13042)
- ☐ **TSH*** (LAB129)
- ☐ Uric Acid (LAB141)
- ☐ Vitamin B-12 (LAB2466)
- ☐ **Vitamin D Total** (LAB2301)

THERAPEUTIC DRUG LEVELS (Epic Order)

REQUIRED:

Day of Last Dose: _____

Time of Last Dose: _____

- ☐ **Digoxin Level*** (LAB23)
- ☐ Dilantin Level (Phenytonin) (LAB31)
- ☐ Lithium Level (LAB29)
- ☐ **Tacrolimus (FK506) Trough*** (LAB876)
- ☐ Tegretol (Carbamazepine) (LAB21)
- ☐ Valproic Acid (Depakote) (LAB24)
- ☐ Vancomycin Peak (LAB41)
- ☐ Vancomycin Trough (LAB39)

SEROLOGY (Epic order)

- ☐ Hep B Surface Ab (HbsAb) (LAB472)
- ☐ Hep B Surface Ag (HbsAg) w/confirmation if +) (LAB471)
- ☐ Hep C Antibody (LAB2375)
- ☐ **HIV 4th (Ab 1+2 w/Ag)*** (LAB24857)
- ☐ Quantiferon Gold TB (LAB2399)
- ☐ Rheumatoid Factor (RA, RF) (LAB206)
- ☐ Rubella Antibody, IGG (LAB496)
- ☐ Treponema Pallidum Ab (LAB12341)

MICROBIOLOGY (Epic order)

Specimen source (REQUIRED) _____

Antibiotics? _____

Wound Culture, Gram Stain

- ☐ Aerobic (LAB897)
- ☐ Anaerobic (LAB233)
- ☐ AFB Culture & Smear (LAB23813)
- ☐ Blood Culture (LAB462)
- ☐ C. diff NAAT (LAB24937)
- ☐ Chlamydia/GC PCR (LAB1376)
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- ☐ Eye Culture, gram stain (LAB2310)
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- ☐ MRSA/SA NAAT Qual (LAB24325)
- ☐ Ova & Parasite (LAB955)
- ☐ Sterile BF Cult Smr Ana (LAB269)
- ☐ Strep A, Rapid (LAB885)
- ☐ Stool Culture (LAB223)
- ☐ Strep A Culture Throat (LAB236)
- ☐ Strep B DNA Probe NAAT (LAB1371) (Vaginal/Rectal Sources Only)
- ☐ Tissue Culture Smr Ana (LAB898)
- ☐ **Urine Culture*** (LAB239) Urine Source _____

URINALYSIS (Epic order)

- ☐ Occult Blood, FIT (LAB2502)
- ☐ **UA w/Micro w/Cult if IND*** (LAB2480)
- ☐ UA w/Microscopic if IND (LAB2479)
- ☐ Urinalysis (dipstick) (LAB347)
- ☐ Urinalysis w/Microscopic (LAB348)
- ☐ Urine Drug Screen Panel (DAU) (LAB500)
- ☐ Vaginal Path DNA Probe (LAB5687)

HEMATOLOGY (Epic order)

- ☐ **CBC no diff*** (LAB294)
- ☐ **CBC w/Differential*** (LAB293)
- ☐ **Protime w/INR*** (LAB320)
- ☐ **PTT (APTT)*** (LAB325)
- ☐ Reticulocyte Count (LAB296)

TRANSFUSION MEDICINE (Epic order)

- ☐ ABO/RH (LAB895)
- ☐ Antibody Screen (LAB278)
- ☐ Fetal Screen w/Reflex (LAB2250)
- ☐ Prenatal Type & Screen (LAB895 & 278) RHIG admin date _____
- ☐ Direct Coombs (LAB274)
- ☐ Cord Blood Workup (LAB892)

Specimens Requiring Typenex Blood Bank Band at the Time of Collection

- ☐ Extra Blood Bank Tube to Hold (LAB286)
- ☐ Type & Screen (LAB276)
- _____ # of Leukoreduced Units
  - ☐ IRRADIATED
  - ☐ WASHED

ADDITIONAL TESTS/COMMENTS:

*Tests with asterisks may require signed Advanced Beneficiary Notice - Medicare Only.

LAB USE ONLY:
REQUISITION #: _____

MEDICAL RECORD #: _____

MEDICAL NECESSITY STATEMENT FOR PHYSICIANS

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AMA Panels

Comprehensive Metabolic Panel 80053
Sodium
Potassium
Chloride
Carbon Dioxide
Glucose
Creatinine
BUN
Calcium
Bilirubin, total
Albumin
AST (SGOT)
Alkaline Phosphatase
Protein, total
ALT (SGPT)

Electrolyte Panel 80051
Sodium
Potassium
Chloride
Carbon Dioxide

Basic Metabolic Panel 80048
Sodium
Potassium
Chloride
Carbon Dioxide
Glucose
Creatinine
BUN
Calcium

Renal Function Panel 80069
Sodium
Potassium
Chloride
Carbon Dioxide
Glucose
Creatinine
BUN
Calcium
Albumin
Phosphorus, inorganic (Phosphate)

Hepatitis Acute Panel 80074
Hep B surface antigen (HBsAg)
Hep B core antibody (HBcAb), IgM
Hep C antibody
Hep A antibody, IgM

Lipid Panel 80061
Cholesterol, total
Triglycerides
HDL cholesterol
LDL cholesterol (calculated)

Liver Panel 80076
Albumin
Bilirubin, total and direct
ALT (SGPT)
AST (SGOT)
Alkaline Phosphatase
Protein, total

Obstetric Panel 80055
CBC
Hep B Surface antigen (HbsAg)
Antibody, Rubella
RPR
ABO/Rh type
Antibody screen

REFLEX/CONFIRMATORY TESTING NOTICE

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MORE PATIENT SERVICE CENTER LOCATIONS TO SERVE YOU BETTER

Providence Health Park
3841 Piper Street, Suite T-211
Anchorage, AK 99508
Phone (907) 212-5815
Fax (907) 212-3632

Tudor Square
3425 E. Tudor Road
Anchorage, AK 99504
Phone (907) 644-8252
Fax (907) 212-3632

Huffman Lab Patient Service Center
1389 Huffman Park Drive
Anchorage, AK 99515
Phone (907) 212-5203
Fax (907) 212-3632

For hours of operation and testing directory
go to: http://alaska.providence.org

Note: When a patient visits a patient service center, photo identification and insurance cards are required.