Sarah Bush Lincoln
Laboratory Services
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905 N. Maple St. - Effingham, IL 62401 (217) 347-5227

ORDERING PHYSICIAN

PATIENT INFORMATION

Last Name	First	MI	DOB	Sex

SS#	Guardian Name if patient is under 18 years old.	Phone#

Address	Apt#	City, St, Zip

BILLING INFORMATION

BILL TO:
- ☐ My Account
- ☐ Patient
- ☐ Insurance
- ☐ Medicaid
- ☐ Medicare

Insurance Carrier	Member ID#	Group ID#

Insurance Address	Subscriber's Name	Relationship to Patient

Medicare #	Please Circle Medicaid Plan: Meridian Illini Care Blue Cross Medicaid Policy #	A copy of the patient's Insurance Card(s) are required if Insurance is to be billed.

SPECIMEN INFORMATION

☐ Routine ☐ Stat

Collect Date/Time: Collector:

Diagnosis / ICD 10 Code(s):

PHYSICIAN'S SIGNATURE Date

When ordering tests for Medicare/Medicaid patient's, providers should only order tests that are medically necessary for the diagnosis or treatment of a patient, generally not for screening. Only a few screening tests are allowed for certain conditions at specific intervals. Bold tests require medical necessity. Provide signed ABN when necessary.

PROFILES

- ☐ **Acute Hepatitis Panel** 2-SS
- ☐ BMP SS
- ☐ Coronary Risk Profile SS L
- ☐ CMP SS
- ☐ **General Health Panel** SS L
- ☐ **Hepatic (Liver) Panel** SS
- ☐ **Lipid Panel** SS
- ☐ Renal Function Panel SS

Tests not Listed

INDIVIDUAL TESTS

- ☐ **AFP Tumor Marker** SS
- ☐ Albumin SS
- ☐ ALT (SGPT) SS
- ☐ Amylase SS
- ☐ ANA Screen SS
- ☐ AST (SGOT) SS
- ☐ **BNP** L
- ☐ **Beta HCG Quant** SS
- ☐ Beta HCG Qual. U / SS
- ☐ BUN SS
- ☐ CRP SS
- ☐ CRP High Sensitivity SS
- ☐ Calcium SS
- ☐ **CBC without diff** L
- ☐ **CBC w/auto diff** L
- ☐ **Cholesterol** SS
- ☐ Creatinine SS
- ☐ Digoxin SS
- ☐ Drug Screen Medical 11 U
- ☐ Ferritin SS
- ☐ Folic Acid SS
- ☐ Gentamicin SS
  - ☐ Peak ☐ Trough ☐ Random
- ☐ **Glucose** SS
- ☐ **HGB A1C** L
- ☐ **HIV 1/2 Ag/Ab Combo** 2-L
- ☐ **Iron** SS
- ☐ **Iron & TIBC** SS
- ☐ Lipase SS
- ☐ Lithium SS
- ☐ **Magnesium** SS
- ☐ Microalbumin U
- ☐ Monospot L
- ☐ Phenytoin (Dilantin) SS
- ☐ Phosphorus SS
- ☐ Potassium SS
- ☐ Progesterone SS
- ☐ Prolactin SS
- ☐ **PSA Diagnostic** SS
- ☐ **PSA Screening** SS
- ☐ **PT (INR)** B
- ☐ **PTT** B
- ☐ Retic Count L
- ☐ Rheumatoid Factor SS
- ☐ RPR SS
- ☐ Rubella SS
- ☐ **Sed Rate (ESR)** L
- ☐ Total Protein SS
- ☐ **TSH** SS
- ☐ **T4 Free** SS
- ☐ Transferrin SS
- ☐ Triglycerides SS
- ☐ Uric Acid SS
- ☐ UA w/microscopic if ind U
- ☐ Valproic Acid SS
- ☐ Vancomycin SS
  - ☐ Peak ☐ Trough ☐ Random
- ☐ Vitamin B12 SS
- ☐ **Vitamin D 25 Hydroxy** SS

MICROBIOLGY

- ☐ Anaerobic Culture
  Source_____________
- ☐ Beta Strep Culture
- ☐ Blood Culture
- ☐ C-Diff
- ☐ Culture Other
  Body Site___________
  Specimen Type:
  ____
- ☐ Fecal WBC
- ☐ GC-CHL DNA Probe
  Source_____________
- ☐ Gram Stain
- ☐ Group B Strep (Vaginal)
- ☐ MRSA Culture
  Source_____________
- ☐ **Occult Blood Fecal**
- ☐ Ova & Parasites
- ☐ Stool Culture
- ☐ Throat Culture
- ☐ **Urine Culture**
  - ☐ MSCC ☐ Cath Spec
- ☐ Wet Prep

Original: Laboratory Office Copy
Copy: Ordering Facility Copy

Lab Requisition

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