



LABORATORY SERVICE REQUEST

Patients: To find a location and make an appointment. Call 858-554-7844

Patient's Last Name: _____
First Name: _____ M.I. _____
GENDER: [] MALE [] FEMALE [] OTHER: _____
MRN or CSN: _____
DOB (M/D/Y) _____ Date of Service _____
PHYSICIAN _____
PATIENT INFORMATION LABEL

BILLING INFORMATION

Attach copy of both sides of insurance card Today's Date (m/d/y)
Bill to: [] Client [] Patient [] Insurance

ORDERING PHYSICIAN INFORMATION

Last Name First Name M.I. Ordering Provider NPI # Phone #
Address (REQUIRED) Physician Signature Date

REPORTING INFORMATION

Fax Results (Name/ #) Call Results (Name/ #) Home Care Agency (Name/#)

SPECIMEN COLLECTION INFORMATION

(REQUIRED) Collected Date (m/d/y) Time (AM / PM) Collected by (First & Last Name)

TEST SPECIMEN INFORMATION (‡ see reverse side for panel components and descriptions for reflex tests and ABN requirements)

[] STAT [] FASTING # of hrs [] NOT-FASTING To Decline a Reflex Test (‡) write the test name(s) here:

(REQUIRED) Write the ICD-10 codes for each test ordered. Order only tests that are medically necessary for the diagnosis or treatment of the patient.

Table with columns: TEST NAME, CODE, TEST NAME, CODE, TEST NAME, CODE, TEST NAME, CODE. Includes sections for ORGAN / DISEASE PANELS, CHEMISTRY/IMMUNOLOGY, URINE TESTS (cont.), MICROBIOLOGY/MOLECULAR, THERAPEUTIC / IMMUNOSUPPRESSANT DRUGS, HEMATOLOGY/COAGULATION, COVID Testing, BODY FLUIDS, TRANSFUSION SERVICES, and ADDITIONAL TESTS.



PO 55-8195
55-8195 (Rev. 5/8/23)

**Shaded tests on the front page are those for which Medicare may deny payment.
In this case, the patient may need to sign a Medicare Disclosure Form (ABN)**

ORGAN/DISEASE PANELS PANEL COMPONENTS (Medicare approved)	Basic Metabolic Panel	Comprehensive Metabolic Panel	Hepatic Function Panel	Acute Hepatitis Panel	Lipid Panel	Obstetric Panel	Renal Function Panel
Sodium	X	X					X
Potassium	X	X					X
Chloride	X	X					X
Carbon Dioxide, Total	X	X					X
Calcium	X	X					X
Creatinine	X	X					X
Glucose	X	X					X
Urea Nitrogen (BUN)	X	X					X
Glomerular Filtration Rate (Calculation)	X	X					X
Albumin		X	X				X
Alkaline Phosphatase		X	X				
Total Bilirubin		X	X				
Direct Bilirubin			X				
AST (SGOT)		X	X				
ALT (SGPT)		X	X				
Total Protein		X	X				
Phosphorus							X
Hepatitis A Antibody, IgM				X			
Hepatitis B Surface Antigen ‡				X		X	
Hepatitis B Core Antibody, IgM				X			
Hepatitis C Antibody				X			
Cholesterol, Total					X		
HDL					X		
Triglycerides					X		
LDL (Calculation)					X		
CBC with differential						X	
Rubella IgG, Qualitative						X	
RPR ‡						X	
ABO and Rh Type						X	
Antibody Screen ‡						X	

‡ Reflex Test or Interpretation– when initial test results are positive or outside defined criteria, additional medically appropriate confirmatory or related test(s) are automatically performed and charged unless declined.

THE FOLLOWING REFLEX TEST(S) WILL BE PERFORMED AT AN ADDITIONAL CHARGE

ANA Screen: If positive, a titer and pattern will be performed by Indirect Fluorescent Antibody (IFA) method. • If the SM-RNP Ab screen is positive, a Smith Ab (in-house) and RNP Ab (sendout) will be performed.
Antibody Screen (RBC): If positive, antibody identification will be performed. If an antibody is identified, a titer will be performed on prenatal specimens only.
Microbiology Cultures: If positive, organism identification tests, typing and susceptibility tests will be performed.
CBC with differential: Pathologist's review will be performed if an abnormal parameter on CBC screen is detected.
Clostridium difficile Toxin & Antigen: PCR test will be performed if EIA screen result is indeterminate.
Enteric Bacterial Pathogen PCR Panel: If Shigella is detected, antimicrobial susceptibility will be performed. If Shiga toxin gene or Salmonella is detected, single organism screen will be performed.
Fentanyl, urine: Positive Fentanyl Screen will reflex to Fentanyl, Urine by LCMS.
Hepatitis A Antibody, Total: If positive, a Hepatitis A Antibody, IgM will be performed
Hepatitis B Surface Antigen: If positive, confirmatory test will be performed.
Hepatitis C antibody: If result is reactive or equivocal, Hepatitis C RNA, quantitative, PCR will be performed.
HIV Ag/Ab Combo: If positive, confirmatory tests will be performed.
Lipid Panel w/Reflex to Direct LDL: If triglycerides are greater than 400 mg/dl, an LDL direct cholesterol will be performed.
Lyme Antibody: If positive, confirmation testing will be performed
Platelet count: If the platelet count is <75k/mcl, Immature platelet fraction (IPF) will be performed.
Protein Electrophoresis (urine or serum): If abnormal bands are detected an immunofixation will be performed
RBC Rh Type: If the Rh type is negative on mother/baby, a Rh Du subtype will be performed
RPR ordered without Syphilis treponemal screen: Reactive RPR result will reflex to titer and Treponemal Ab EIA Screen
RPR reflexed from positive Syphilis treponemal screen: Non-reactive RPR results will reflex to Treponemal Antibody by Particle Agglutination (ARUP test # 50777). Reactive result will reflex to titer only.
Syphilis Screen: If positive or equivocal, confirmatory tests will be performed.
Urinalysis Screen with reflexes: • Microscopic urinalysis will be performed if dipstick nitrite, leukocyte esterase, blood, protein, or glucose and ketone are positive. • If urinalysis, culture if indicated is ordered, a culture will be performed if the dipstick is positive for nitrite, > or = to small for leukocyte esterase, or if > or = 10-20 WBC are seen on microscopic exam.