Scripps

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.

✔	TEST NAME	CODE
	ORGAN / DISEASE PANELS	
	Acute Hepatitis Panel ‡	551
	Basic Metabolic Panel	15
	Comp Metabolic Panel	17
	Electrolyte Panel	16
	Hepatic Function Panel	20
	Lipid Panel w/ Calc LDL	18
	Lipid Panel w/Reflex to Direct LDL if Indicated ‡	8626
	Obstetric Panel ‡	550
	Renal Panel	19
	CHEMISTRY/IMMUNOLOGY	
	Allergens, Additional Pollen Panel	8010
	Allergen, specify _____	
	Allergy Panel (Common Aero)	1175
	Albumin	45
	Alkaline Phosphatase	112
	ALT (SGPT)	132
	ANA Screen ‡	147
	Amylase	48
	AST (SGOT)	131
	Beta-2 Microglobulin	49
	Bilirubin, Total	50
	Bilirubin, Neonatal	51
	Bilirubin, Direct	52
	B-HCG, Quant (Blood)	143
	B-Type Natriuretic Protein	2005
	BUN	140
	Calcium	53
	CA-125	155
	CEA	57
	Cholesterol (Total)	60
	C-Peptide	521
	C-Reactive Protein	149
	CRP, High Sensitivity	150
	Creatinine, serum/plasma	66
	CK, Total	62
	CKMB	8084
	Cortisol	61
	DHEAS-SO4	524
	EBV Pnl (Capsid IgG&IgM,, Nuc Ab)	863
	Estradiol	523
	T4, Free (Thyroxine)	127
	T4, Total (Thyroxine)	126
	T3, Free (Triiodothyronine)	137
	T3, Total (Triiodothyronine)	136
	Ferritin	68
	Folate	69
	FSH	86
	GGT	85
	Glucose	81
	Glucose 1 hr PG 50 gm	8171
	Glucose 2 hr PP 75 gm	8172
	HDL Cholesterol	101
	Hemoglobin A1C	90
	Hepatitis A Ab, Total ‡	797
	Hepatitis A Ab, IgM	798
	Hepatitis B Surface Ab	472
	Hepatitis B Surface Ag ‡	471
	Hepatitis B Core Ab, Total	1242
	Hepatitis C Antibody w/Reflex to RNA Quant. PCR ‡	880
	Herpes Simplex HSV1/HSV2 Ab, IgG	8200

✔	TEST NAME	CODE
	CHEMISTRY/IMMUNOLOGY (cont.)	
	HIV Ag/Ab Combo ‡	8183
	Homocysteine	93
	Immunoglobulin G, M, A, Quant	166
	Immunoglobulin IgE	74
	Insulin	527
	Iron	94
	Iron & IBC	829
	LDH, Total	96
	LDL Cholesterol, Direct	102
	Lead, blood	98
	Lipase	99
	Lipoprotein A	563
	Luteinizing Hormone	87
	Lyme Ab ‡	788
	Magnesium	103
	Mono Screen	482
	Mumps Ab, IgG	160
	Occult Blood, fecal	8159
	Phosphorous	113
	Potassium	114
	Prealbumin	115
	Pregnancy Screen, qualitative (blood)	144
	Pregnancy Screen, urine	437
	Prolactin	531
	Prostate Specific Ag	116
	Protein Electrophoresis, serum ‡	119
	Protein Electrophoresis, urine ‡	438
	Progesterone	529
	PTH Intact and Calcium	813
	Quantiferon TB	8305
	RPR ‡	8274
	RPR with titer, (Follow up)	8332
	Rheumatoid Factor, Quant	206
	Rubella Ab, IgG	496
	Rubeola Ab, IgG (Measles)	657
	Syphilis Screen Treponemal ‡	8363
	Testosterone	124
	Troponin-I	747
	Transferrin	133
	Thyroid Stim Hormone	129
	Total Protein	118
	Triglycerides	134
	Tryptase	827
	Uric Acid	141
	Vitamin B12	67
	Vitamin D25 Hydroxy	535
	BODY FLUIDS	
	CSF Cell Count & Diff	212
	CSF Glucose	185
	CSF Protein	195
	Semen Analysis, Complete	216
	Sperm Count, post vasectomy	891
	Fetal Fibronectin	287
	Fluid Source:	
	Fluid Crystals	940
	Cell Count & Differential	210
	URINE TESTS	
	Drug Screen, Urine	LAB676
	Drug Screen with Fentanyl, Urine ‡	LAB950
	Drug Screen Maternal, Urine	LAB8234
	Drug Screen with Fentanyl, Maternal, Urine ‡	LAB953
	Drug Screen, Neonatal, Urine	LAB8260

✔	TEST NAME	CODE
	URINE TESTS (cont.)	
	Drug Screen with Fentanyl, Neonatal, Urine ‡	LAB971
	Urinalysis, Reflex Microscopic ‡	347
	Urinalysis, Reflex Culture ‡	8396
	Urinalysis w/ Micro, Reflex Cult ‡	809
	Urinalysis w/ Microscopic	348
	Calcium, 24 Hour	814
	Creatinine, Total 24 hour	712
	Creatinine, urine (random)	384
	Creatinine Clearance, 24 hour	818
	Microalbumin, urine (random)	689
	Protein Creatinine Ratio, Random	8948
	Protein Creatinine Ratio, Timed	743
	Protein, Total 24 hour	440
	Potassium, urine (random)	434
	Sodium, urine (random)	444
	THERAPEUTIC / IMMUNOSUPPRESANT DRUGS	
	Acetaminophen	43
	Digoxin	23
	Carbamazepine (Tegretol)	21
	Cyclosporine	874
	Dilantin (Phenytoin)	31
	Everolimus	8142
	Lithium	29
	Mycophenolic Acid	8244
	Phenobarbital	30
	Tacrolimus	876
	Theophylline	35
	Sirolimus	875
	Valproate (Depakote)	24
	HEMATOLOGY/COAGULATION	
	Hemogram (CBC w/o differential)	8179
	CBC w/ differential ‡	293
	PT with INR	320
	PTT, activated	325
	D Dimer, Quant	313
	Fibrin Split Products	761
	Fibrinogen, Quant	314
	Platelet Count ‡	301
	Protime-INR, Fingerstick	848
	Reticulocyte Panel	296
	Sedimentation Rate	322
	TRANSFUSION SERVICES	
	ABO/Rh Type	895
	Antibody Screen ‡	278
	Cord Blood Studies ‡	892
	Direct Antiglobulin Test (Coombs)	274
	Hold BB	1876
	Type & Screen ‡	276
	Transfusion Location:	
	Date & Time Blood Needed:	
	Prepare Product	
	Product Type & # Units	

✔	TEST NAME	CODE
	MICROBIOLOGY/MOLECULAR	
	Specimen Source (REQUIRED):	
	AFB Culture & Stain ‡	877
	AEROBIC/WOUND/FLUID/TISSUE CULTURE W/STAIN	LAB 503
	ANAEROBIC/BACTERIAL CULTURE (Must be ordered separately)	LAB 233
	Beta Strep Screen by PCR, throat (GASP)	1369
	Blood Culture ‡	462
	Bordetella pertussis by PCR	923
	C. Difficile Antigen & Toxin ‡	253
	C. Difficile Toxin B Gene by PCR	8066
	Chlamydia/Gonorrhea (circle source) - NAAT Rectal Urine Urethra Throat	1376
	CMV DNA PCR (viral load)	219
	COVID-19, Routine, PCR/NAAT	10435
	Enteric Bacterial Pathogen PCR Panel ‡	8134
	Hepatitis B DNA PCR (viral load)	1337
	Hepatitis C RNA PCR (viral load)	887
	HIV1 RNA PCR (viral load)	878
	Fungal Calcofluor White Stain	8073
	Fungal Culture ‡	8164
	Fungal Culture (skin, hair, nails)	1294
	Giardia and Cryptosporidium Antigen, Stool	259
	H. pylori Ag (stool)	397
	Herpes Simplex PCR (circle source) Genital Cutaneous Mucocutaneous	917
	HSV/VZV PCR (circle source) Genital Cutaneous Mucocutaneous	10124
	Influenza A/B by PCR	8953
	Legionella Ag , urine	886
	Ova & Parasites w/ stain	955
	Respiratory Culture Aerobic ‡ Includes Gram Stain	900
	RSV by PCR	8952
	Strep B Screen by PCR (vag/rectal)	1377
	Throat Strep Screen Culture	236
	Urine Culture ‡	239
	Vaginitis PCR	8604
	VZV PCR (circle source) blood or CSF	8597
	VZV PCR (circle source) Genital, Cutaneous, Mucocutaneous	8414
	ADDITIONAL TESTS	

PO 55-8195

55-8195 (Rev. 07/30/25)

ORIGINAL - Laboratory 2ND PAGE - Office Copy

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. For maternal and neonatal drug screens only

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.