

**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	Ordering Provider #	Phone #
Address	(REQUIRED) Physician Signature		Date

REPORTING INFORMATION

Fax Results (Name/ #)	Call Results (Name/ #)	Home Care Agency (Name/ #)	(REQUIRED) Collected Date (m/d/y)	Time (AM/ PM)	Collected by (First & Last Name)
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SPECIMEN COLLECTION INFORMATION**TEST SPECIMEN INFORMATION (‡ see reverse side for panel components and descriptions for reflex tests and ABN requirements)**☐ STAT ☐ FASTING _____ 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	✓	TEST NAME	CODE	✓	TEST NAME	CODE	✓	TEST NAME	CODE
ORGAN / DISEASE PANELS			URINE TESTS (cont.)			MICROBIOLOGY/MOLECULAR			Specimen Source (REQUIRED):		
	Acute Hepatitis Panel ‡	551		Hepatitis C Antibody w/Reflex to RNA Quant. PCR ‡	880		Fentanyl , Urine ‡	9941		AFB Culture & Stain ‡	877
	Basic Metabolic Panel	15		Herpes Simplex HSV1/HSV2 Ab, IgG	8200		Urinalysis, Reflex Microscopic ‡	347		Bacterial Culture Anaerobic ‡	233
	Comp Metabolic Panel	17		HIV Ag/Ab Combo ‡	8183		Urinalysis, Reflex Culture ‡	8396		(Must be ordered separately)	
	Electrolyte Panel	16		Homocysteine	93		Urinalysis w/ Micro, Reflex Cult ‡	809		Beta Strep A throat PCR (Liat)	8602
	Hepatic Function Panel	20		Immunoglobulin G, M, A, Quant	166		Urinalysis w/ Microscopic	348		Beta Strep Screen by PCR, throat (GASP)	1369
	Lipid Panel w/ Calc LDL	18		Insulin	527		Calcium, 24 Hour	814		Blood Culture ‡	462
	Lipid Panel w/Reflex to Direct LDL if Indicated ‡	8626		Iron	94		Creatinine, Total 24 hour	712		Bordetella pertussis by PCR	923
	Obstetric Panel ‡	550		Iron & IBC	829		Creatinine, urine (random)	384		C. Difficile Antigen & Toxin ‡	253
	Renal Panel	19		LDH, Total	96		Creatinine Clearance, 24 hour	818		C. Difficile Toxin B Gene by PCR	8066
				LDL Cholesterol, Direct	102		Microalbumin, urine (random)	689		Chlamydia (circle source)	8113
				Lead, blood	98		Protein Creatinine Ratio, Random	8948		Rectal Urine Urethra Throat	
				Lipase	99		Protein Creatinine Ratio, Timed	743		Chlamydia/Gonorrhea (circle source)	1379
				Lipoprotein A	563		Protein, Total 24 hour	440		Rectal Urine Urethra Throat	
				Luteinizing Hormone	87		Potassium, urine (random)	434		CMV DNA PCR (viral load)	219
				Lyme Ab ‡	788		Sodium, urine (random)	444		Enteric Bacterial Pathogen PCR Panel ‡	8134
				Magnesium	103		THERAPEUTIC / IMMUNOSUPPRESSANT DRUGS			Hepatitis B DNA PCR (viral load)	1337
				Mono Screen	482		Acetaminophen	43		Hepatitis C RNA PCR (viral load)	887
				Mumps Ab, IgG	160		Dipoxin	23		HIV1 RNA PCR (viral load)	878
				Occult Blood, fecal	8159		Carbamazepine (Tegretol)	21		CSF Culture & Gram Stain ‡	268
				Phosphorous	113		Cyclosporine	874		Fungal Calcofluor White Stain	8073
				Potassium	114		Dilantin (Phenytoin)	31		Fungal Culture ‡	8164
				Prealbumin	115		Everolimus	8142		Fungal Culture (skin, hair, nails)	1294
				Pregnancy Screen, qualitative (blood)	144		Lithium	29		Gonorrhea (circle source)	1363
				Pregnancy Screen, urine	437		Mycophenolic Acid	8244		Urine Urethra Throat Rectal	
				Prolactin	531		Phenobarbital	30		H. pylori Ag (stool)	397
				Prostate Specific Ag	116		Tacrolimus	876		Herpes Simplex PCR (circle source)	917
				Protein Electrophoresis, serum ‡	119		Theophylline	35		Genital Cutaneous Mucocutaneous	
				Protein Electrophoresis, urine ‡	438		Sirolimus	875		HSV/VZV PCR (circle source)	10124
				Progesterone	529		Valproate (Depakote)	24		Genital Cutaneous Mucocutaneous	
				PTH Intact and Calcium	813		HEMATOLOGY/COAGULATION			Influenza A/B by PCR	8953
				Quantiferon TB	8305		Hemogram (CBC w/o differential)	8179		Legionella Ag , urine	886
				RPR ‡	8274		CBC w/ differential ‡	293		Ova & Parasites w/ stain	955
				RPR with titer, (Follow up)	8332		PT with INR	320		Respiratory Culture Aerobic ‡	900
				Rheumatoid Factor, Quant	206		PTT, activated	325		Includes Gram Stain	
				Rubella Ab, IgG	496		D Dimer, Quant	313		RSV by PCR	8952
				Rubeola Ab, IgG (Measles)	657		Fibrin Split Products	761		Strep B Screen by PCR (vag/rectal)	1377
				Syphilis Screen Treponemal ‡	8363		Fibrinogen, Quant	314		Wound /Fluid Culture Aerobic ‡	508
				Testosterone	124		Platelet Count ‡	301		Includes Gram Stain	
				Troponin-I	747		Protime-INR, Fingerstick	848		Urine Culture ‡	239
				Transferrin	133		Reticulocyte Panel	296		Vaginitis PCR	8604
				Thyroid Stim Hormone	129		Sedimentation Rate	322		VZV PCR (circle source)	8597
				Total Protein	118		COVID Testing			VZV PCR (circle source)	8414
				Triglycerides	134		COVID-19, IgG Antibody	10514		ADDITIONAL TESTS	
				Uric Acid	141		COVID-19, RAPID/ROUTINE COMBO	10556			
				Vitamin B12	67		COVID-19, ROUTINE	10435			
				Vitamin D25 Hydroxy	535		Race:				
				BODY FLUIDS			Ethnicity (Circle one)				
				CSF Cell Count & Diff	212		Hispanic Not Hispanic Unknown				
				CSF Glucose	185		TRANSFUSION SERVICES				
				CSF Protein	195		Cord Blood Studies ‡	892			
				Semen Analysis, Complete	216		ABO/Rh Type	895			
				Sperm Count, post vasectomy	891		Antibody Screen ‡	278			
				Synovial Fld Cell Count & Diff	211		Hold BB	1876			
				Fetal Fibronectin	287		Type & Screen ‡	276			
				Fluid Source:			Transfusion Location:				
				Fluid Crystals	940		Date & Time Blood Needed:				
				Cell Count & Differential	210						
				URINE TESTS							
				Drug Abuse Screen, Urine	950						
				Drug Abuse Screen,	950						
				Urine with Fentanyl ‡							



PO 55-8195

55-8195 (Rev. 8/20/21)

Shaded tests 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.