

All add-on Lab orders and supply requests should be faxed to (912) 819-6906.

Client Name/Address				Referring Physician							
	s: Joseph's (Candler				ST. IO	ST. Joseph's Candler					
	Laboratory Outreach Services										
	Cha	tham Pathology Associa	tes		St Jose	St. Joseph's/ Candler Health System					
	Phone: 912.819.8440					-					
	Fax for lab orders - all locations 912.819.7265				Laborat	Laboratory Outreach Client Supply Order Form					
	Fax for add-on orders or supply requests 912.819.6906				Phone [.]	Phone: 912-819-8440 Fax: 912-819-6906					
Patient Name DOB SS#				i none.	012 010 0110 Tax. 01	2 010 000	•	S STA			
Collection Date	te Collection Time Gender		der Billing Clie Insurance		Account 1	Name			ELS.		
De tione de la companya de la compa		(Attack and and ID)			Account Address						
Patient Address Insurance (Attach copy of card and ID)								A			
City S	tate Zip	Policy#	Group #	Payer ID #	Phone #_						
,			Group #		Date orde	Date ordered Date needed			$ \rightarrow $		
Telephone Diagnosis In			sis Information (ICD)								
Clinical:		Cytology GYN:			#	TUDEC	#	#	CONTAINED	# delivered	
Comprehensive Met	abolic Panel (CMP) gg gt	Liquid Based PAP Te	est (Thin Prep)		requested	TUBES	delivered	requested	CONTAINERS	aenverea	
Basic Metabolic Panel (BMP) GT with High Risk HPV Co-Test (includes 16,1			6,18)		SST (gold) EDTA (Lavender)			Urine cup, sterile Urine 24 Hour (No Preservative)			
General Health Panel (GHP) GT&L with High Risk HPV when ASCUS (HPV when ASCUS (includ	les 16.18)			_				
Henatic Function Pa	ion Panel (LIVER) GTChlamydia/Neisseria Gonorrhea			1		EDTA (Large Lav) ea pk			Culture si van, aerobic Culture si van, anaerobic		
					NaCitrate (Lt Blue	7 1 1					
				CervicalVaginal On		Plain, no gel (Red) e p	ע⊬ר		Vital Transport Media (FLU) Aprilla swab		
				vaginar On	i	Royal Blue (EDTA) ea			Blood Culture bottles		
					Royal Blue (plain) ea			Stool Culture kit			
_		Previous Abnormal C	Cytology/Hssueye	s no		ACD (Yellow) ea			Ova and Parasite kits		
CBC L	PTT B	If yes, date:				Microtainer-SST Amber			Tissue with Formalin 60 ml		
Ferritin GT	RF GT	Check All that apply: Pregnant Abnormal Bleeding				Microtainer-EDTA Purple			Tissue with Formalin 120 ml		
Folate, RBC L	Sed Rate (ESR) ∟					Microtainer-Red, no gel			Tissue with Formalin 500 ml		
Folate, serum ατ	Syphilis Ab GT	Postpartum Add	ditional Info:			Microtainer-PST Green			Thin- Prep Pap		
HCG quant GT	T3 Uptake GT	Cytology: Fluid Source_	Urine	Voided Cath		Transfer tubes			Cyto-Brushes		
HgB, A1C L	T3, Total GT	Microbiology:	GI panel			Urinalysis (Yellow)			Cervical Scrapers		
HIV ½ L	Т4 ст	Urine Culture sourc			Urine transfer straws			COBAS tubes (swab)			
Iron GT	T4, Free GT	Strep Screen, group A (throat)				Urine Culture (Gray)			COBAS tubes (urine)		
Iron & TIBC (Binding		Strep Screen, group B (vaginal)				crime calcale (cris)			colles tasce (anno)		
Magnesium GT	Uric Acid GT	Bacterial, aerobic So				NEEDLES (multi-					
Microalbumin Urine						sample)					
PSA_gt	Vitamin B12 GT	Bacterial, anaerobic Source AFB Source:				21g X 1.5"					
	_					22g X 1"					
PT/INR B	Vitamin D 25-OH GT	Fungus Source	the fellowing								
Tissue for Pathology: By signing below, I agree to the following: Time in formalin: I understand that St. Joseph's/Candler and its employee:			ees, representatives and		OTHER						
Specimen	Diagnosis	agents ("SJ/C") provide serv				Biohazard Bags					
A.	0.08.0010			pon request and order of my		Requisitions					
в.		physician(s). I further agree and consent to the use and disclosure of my identifiable information, including any medical information, for the purpose of				Tourniquets					
с.		identifiable information, in treatment_navment and/or		lation, for the purpose of		Vacutainer adapter/hub					
D.		I hereby request that SJ/C collect and perform the tests and services				Blood Bank R# labels					
Comments, Custom Orders, Additional Tests		my physician(s). I understand that my insurance provider may require the use of a				Blood Bank armbands		Date orde	r received		
		laboratory other than SJ/C a				Glucola 50 75 100 Filled date/initials				-	
		insurance provider. If this s			Giucola 50 75 100 Fined date/initials						
		understand that I will be personally billed for this service.						· ·			
	Patient/Authorized Person Signature:				· · · · · · · · · · · · · · · · · · ·			Ite	ms on backorder. Will be delivered when a	vailable.	
v.100821		Relationship to patient:			,						