



**GV OB/GYN**

**Bill Patient** Please attach face sheet

Scheduling Requests/Information (307) 739-7531

**FAX - Patient orders to (877) 205-2024**

**Date Ordered:** \_\_\_\_\_

**For Service Date:** \_\_\_\_\_

**Ordering Physician:**  Lofaro  Moran Kitchen  Roberts  Rizner

**Physician Signature** (required): \_\_\_\_\_

**Patient Name:** \_\_\_\_\_

**DOB:** \_\_\_\_\_ **M / F**

**Patient Phone Number(s):** \_\_\_\_\_

Fasting: <input type="checkbox"/> YES <input type="checkbox"/> NO		If Submitting Specimen-Date/Time Drawn: _____																																									
<b>PANELS</b>		<b>OTHER TEST/S CON'T:</b>																																									
<b>Medicare Approved Panels</b>		<table border="0"> <tr> <td><input type="checkbox"/> <b>83525</b> Fasting Insulin</td> <td>1</td> <td><input type="checkbox"/> <b>84146</b> Prolactin</td> <td>1</td> </tr> <tr> <td><input type="checkbox"/> <b>80048</b> Basic Metabolic - Chem 8</td> <td>1</td> <td><input type="checkbox"/> <b>84403/84270</b> Free &amp; Total Testosterone</td> <td>4</td> </tr> <tr> <td><input type="checkbox"/> <b>80053</b> Comprehensive Metabolic</td> <td>1</td> <td><input type="checkbox"/> <b>85651</b> ESR (SedRate)</td> <td>2</td> </tr> <tr> <td><input type="checkbox"/> <b>80051</b> Electrolytes</td> <td>1</td> <td><input type="checkbox"/> <b>A-3000143</b> Quad Scrn (AFB,hCG,Estriol,InhbinA)</td> <td>1</td> </tr> <tr> <td><input type="checkbox"/> <b>80061</b> Lipid Panel</td> <td>1</td> <td><input type="checkbox"/> <b>84160/84165</b> SPE Protein Electrophoresis</td> <td>1</td> </tr> <tr> <td><input type="checkbox"/> <b>80076</b> Hepatic Panel</td> <td>1</td> <td><input type="checkbox"/> <b>83880</b> BNP Natriuretic Peptide</td> <td>2</td> </tr> <tr> <td><input type="checkbox"/> <b>80069</b> Renal Function Panel</td> <td>1</td> <td><input type="checkbox"/> <b>82378</b> CEA</td> <td></td> </tr> <tr> <td><input type="checkbox"/> <b>80074</b> Acute Hepatitis</td> <td>1</td> <td><input type="checkbox"/> <b>82105</b> MSAFP (ARUP 3000144)</td> <td>1</td> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/> Cystic Fibrosis Screen</td> <td>2(X2)</td> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/> GVHOR</td> <td>1</td> </tr> </table>		<input type="checkbox"/> <b>83525</b> Fasting Insulin	1	<input type="checkbox"/> <b>84146</b> Prolactin	1	<input type="checkbox"/> <b>80048</b> Basic Metabolic - Chem 8	1	<input type="checkbox"/> <b>84403/84270</b> Free & Total Testosterone	4	<input type="checkbox"/> <b>80053</b> Comprehensive Metabolic	1	<input type="checkbox"/> <b>85651</b> ESR (SedRate)	2	<input type="checkbox"/> <b>80051</b> Electrolytes	1	<input type="checkbox"/> <b>A-3000143</b> Quad Scrn (AFB,hCG,Estriol,InhbinA)	1	<input type="checkbox"/> <b>80061</b> Lipid Panel	1	<input type="checkbox"/> <b>84160/84165</b> SPE Protein Electrophoresis	1	<input type="checkbox"/> <b>80076</b> Hepatic Panel	1	<input type="checkbox"/> <b>83880</b> BNP Natriuretic Peptide	2	<input type="checkbox"/> <b>80069</b> Renal Function Panel	1	<input type="checkbox"/> <b>82378</b> CEA		<input type="checkbox"/> <b>80074</b> Acute Hepatitis	1	<input type="checkbox"/> <b>82105</b> MSAFP (ARUP 3000144)	1			<input type="checkbox"/> Cystic Fibrosis Screen	2(X2)			<input type="checkbox"/> GVHOR	1
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		<input type="checkbox"/> GVHOR	1																																								
<b>GV Custom Panels</b> Standing Order Set		<b>URINE TESTS</b> U																																									
<input type="checkbox"/> Wellness Panel	1,2	<input type="checkbox"/> <b>81001</b> Urinalysis (reflex tests if indicated)																																									
<input type="checkbox"/> <b>PRNP</b> Pre-Natal Profile	1,2(X2),4(X2)	<input type="checkbox"/> <b>81000</b> Urine Microscopic																																									
<input type="checkbox"/> Pre-Op 1		Urine Chemistries (Please write test/s in "Other Tests" below)																																									
<input type="checkbox"/> Pre-Op 2		<b>MICROBIOLOGY/SEROLOGY/VIROLOGY</b>																																									
<input type="checkbox"/> Pre-Op 3		<b>Source:</b> _____ <b>Antibiotics:</b> _____																																									
<input type="checkbox"/> 28 Week Labs	1,2	<b>Aerobic Culture</b> <input type="checkbox"/> <b>Anaerobic Cult also</b>																																									
<input type="checkbox"/> <b>GVTUM **</b> Tumor Marker Panel	1,4(X2)	<input type="checkbox"/> Ear Culture																																									
<input type="checkbox"/> <b>GVSTD</b> STD Panel	4(X3)	<input type="checkbox"/> Fungal Culture	<input type="checkbox"/> Strep A, Culture Only																																								
<input type="checkbox"/> <b>GVPCO</b> PCOS Profile	1(X3),2,4(X2)	<input type="checkbox"/> Genital Culture	<input type="checkbox"/> Strep B, Culture Only																																								
<input type="checkbox"/> <b>GVTOR</b> TORCH with Rub&RPR	4(X3)	<input type="checkbox"/> GC Culture only	<input type="checkbox"/> Throat Culture																																								
<input type="checkbox"/> <b>GVTRC</b> TORCH NO Rub.&RPR		<input type="checkbox"/> GC/Chlam Genexpert-PCR																																									
<input type="checkbox"/> <b>PIH Panel-ORDER STAT</b>	1,2	<input type="checkbox"/> Resp. Cult. (not Sput)	<input type="checkbox"/> Sputum Culture																																								
<input type="checkbox"/> <b>GVDAV 3</b> Day 3 Panel	1(x2)	<input type="checkbox"/> Giardia Antigen																																									
<input type="checkbox"/> <b>GVHYP **</b> Hypercoag Panel	1,2(x2),3(x6)	<input type="checkbox"/> Stool Culture (includes Campy,Shiga Tx,Fecal WBC)																																									
<b>OTHER TESTS</b>		<input type="checkbox"/> Strep Screen (Strep A rapid & culture)																																									
<input type="checkbox"/> <b>85025</b> CBC w/Diff	2	<input type="checkbox"/> Wound Culture																																									
<input type="checkbox"/> <b>85027</b> CBC w/o Diff	2	<input type="checkbox"/> Fluid Culture, NOT Urine																																									
<input type="checkbox"/> <b>85610</b> PT w/ INR	3	<b>Urine Culture:</b>																																									
<input type="checkbox"/> <b>86900/86901</b> ABO & Rh (TYPE)	2	<input type="checkbox"/> Clean Catch	<input type="checkbox"/> Random																																								
<input type="checkbox"/> <b>86850</b> Antibody Screen (ATB)	2	<input type="checkbox"/> Cath																																									
<input type="checkbox"/> <b>86901</b> Rh Only	2	<b>Other Tests</b>																																									
<input type="checkbox"/> <b>86308</b> Mono Screen	1	<input type="checkbox"/> C Difficile, PCR	87493																																								
<input type="checkbox"/> <b>86140</b> C-Reactive Protein	1	<input type="checkbox"/> Gram Stain	87205																																								
<input type="checkbox"/> <b>86141</b> High Sens (Cardiac), CRP	1	<input type="checkbox"/> Ova & Parasite	87177/87209																																								
<input type="checkbox"/> <b>84703</b> B-HCG Qualitative	1	<input type="checkbox"/> Influenza & RSV, PCR	87631																																								
<input type="checkbox"/> <b>84702</b> B-HCG Quantitative	1	<input type="checkbox"/> Rotavirus Antigen	87425																																								
<input type="checkbox"/> <b>81025</b> Urine B-HCG Qual.	U	<input type="checkbox"/> Wet Prep	87210																																								
<input type="checkbox"/> <b>83013</b> H. Pylori, Breath Test	O																																										
<input type="checkbox"/> <b>84443</b> TSH	1																																										
<input type="checkbox"/> <b>84439</b> Free T4	1																																										
<input type="checkbox"/> <b>84481</b> Free T3	1																																										
<input type="checkbox"/> <b>83704; 80061</b> VAP (LipoFit by NMR 2013716)	1																																										
<input type="checkbox"/> <b>86038</b> ANA	1																																										
<input type="checkbox"/> <b>86592</b> RPR	1																																										
<input type="checkbox"/> <b>86430</b> Rheumatoid Factor	1																																										
<input type="checkbox"/> <b>83036</b> HgbAlc	2																																										
<input type="checkbox"/> <b>86701</b> HIV	1																																										
<input type="checkbox"/> <b>82131</b> Homocysteine	1																																										
		<a href="https://www.testmenu.com/sjmclab">https://www.testmenu.com/sjmclab</a>																																									
<b>OTHER TESTS/COMMENTS:</b>		<b>ICD-10 /WRITTEN DIAGNOSIS</b>																																									
Consult online Test Directories and enter Test Number, Test Name or Test Code to ensure accuracy of order.																																											
For Online menu, specimen requirement, and interpretation see <a href="https://www.testmenu.com/sjmclab">https://www.testmenu.com/sjmclab</a> . If order not found refer to <a href="http://www.aruplab.com/">http://www.aruplab.com/</a>		<b>LAB TEST LEGEND</b>																																									
		1 SST    3 Blue    U Urine    O Other																																									
		2 LAV    4 RED    * Collect on ice																																									
		<b>**Testing requires patient history and consent</b>																																									