



- Bill Patient
- MEDICARE
- Bill Doctor

Scheduling 739-7531 FAX - Patient orders to 877-205-2024

Date Ordered: _____

Patient Name: _____

For Service Date: _____

DOB: _____ M / F

Ordering Physician (prInt): _____

Patient Phone Number(s): _____

Physician Signature (required): _____

MEDICARE/INSURANCE POLICY # (required): _____ (You can also fax a demographic/face sheet)

Fasting: YES NO If Submitting Specimen-Date/Time Drawn: _____

PANELS		OTHER TEST/S CONT:		ICD-10 /WRITTEN DIAGNOSIS
Medicare Approved Panels		83525	Fasting Insulin 1	
<input type="checkbox"/> 80048	Basic Metabolic - Chem 8 1	84403/84270	Free & Total Testosterone 4	
<input type="checkbox"/> 80053	Comprehensive Metabolic 1	85651	ESR (SedRate) 2	
<input type="checkbox"/> 80051	Electrolytes 1	See ARUP	QUAD Screen (AFB,hCG,Estriol,InhbinA)	
<input type="checkbox"/> 80061	Lipid Panel 1	84160/84165	SPE Protein Electrophoresis 4	
<input type="checkbox"/> 80076	Hepatic Panel 1	83880	BNP Natriuretic Peptide 2	
<input type="checkbox"/> 80069	Renal Function Panel 1	86304	CA 125 82378 CEA	
<input type="checkbox"/> 80074	Acute Hepatitis 1	82105	AFP 84702 BHCG	
		80178	Lithium-ASAP	
		80178	Lithium- Routine	

Custom Panels (___ Male ___ Female)		URINE TESTS	Most commonly used ICD-10 Codes
<input type="checkbox"/> Chem 20	(CMP+ GGT, Phos, Mg, LDH, Uric, dBl) 1	81001	Urinalysis (reflex tests if indicated) Z79.01 Long term (current) use of anticoagulants
<input type="checkbox"/> Panel A	(CBC, Lipid, C20) M+PSA 1,2	81000	Urine Microscopic Z79.899 Long term (current) drug therapy, Other
<input type="checkbox"/> Panel B	(Panel A + TSH, FT4) M+PSA 1,2		Urine Chemistries (Please write test/s in "Other Tests" below) Z79.891 Long term (current) use of opiate analgesic
<input type="checkbox"/> Panel C	(Panel B + hsCRP, Homocys) M+PSA 1,2,1*		Z36 Enc for antenatal screening of mother

TIMED URINE COLLECTION MICROBIOLOGY/SEROLOGY/VIROLOGY

Total Volume = _____ ml
 Duration of Collection _____ hrs
 Source: _____ Antibiotics: _____

OTHER TESTS		Aerobic Culture		Anaerobic Cult also	
<input type="checkbox"/> 85025	CBC w/Diff 2	<input type="checkbox"/>	Ear Culture	<input type="checkbox"/>	Strep A, Culture Only
<input type="checkbox"/> 85027	CBC w/o Diff 2	<input type="checkbox"/>	Fungal Culture	<input type="checkbox"/>	Group B Strep, PCR
<input type="checkbox"/> 85610	PT w/ INR 3	<input type="checkbox"/>	Genital Culture	<input type="checkbox"/>	Throat Culture
<input type="checkbox"/> 86900/86901	ABO & Rh (TYPE) 2	<input type="checkbox"/>	GC Culture only	<input type="checkbox"/>	Throat Culture
<input type="checkbox"/> 86850	Antibody Screen (ATB) 2	<input type="checkbox"/>	GC/Chlam Genexpert-PCR		
<input type="checkbox"/> 86901	Rh Only 2	<input type="checkbox"/>	Respiratory Culture		
<input type="checkbox"/> 86308	Mono Screen 1	<input type="checkbox"/>	Giardia Antigen		
<input type="checkbox"/> 86140	C-Reactive Protein 1	<input type="checkbox"/>	Stool Culture		
<input type="checkbox"/> 86141	High Sens (Cardiac), CRP 1	<input type="checkbox"/>	Strep Screen (Strep A rapid & culture)		
<input type="checkbox"/> 84703	B-HCG Qualitative 1	<input type="checkbox"/>	Wound Culture		
<input type="checkbox"/> 84702	B-HCG Quantitative 1	<input type="checkbox"/>	Fluid Culture, NOT Urine		
<input type="checkbox"/> 81025	Urine B-HCG Qual. U	<input type="checkbox"/>			
<input type="checkbox"/> 83013	H. Pylori, Breath Test O	<input type="checkbox"/>			
<input type="checkbox"/> 84443	TSH 1	<input type="checkbox"/>			
<input type="checkbox"/> 84439	Free T4 1	<input type="checkbox"/>			
<input type="checkbox"/> 84481	Free T3 1	<input type="checkbox"/>			
<input type="checkbox"/> G0103	PSA, Total -Medicare with Screen 1	<input type="checkbox"/>			
<input type="checkbox"/> 84153	PSA, Total -MedicareDx & All Other 1	<input type="checkbox"/>			
<input type="checkbox"/> 84154	Free PSA 1	<input type="checkbox"/>			
<input type="checkbox"/> 83704; 80061	VAP (Lipofit by NMR 2013716) 1	<input type="checkbox"/>			
<input type="checkbox"/> 86038	ANA 1	<input type="checkbox"/>			
<input type="checkbox"/> 86592	RPR 1	<input type="checkbox"/>			
<input type="checkbox"/> 86430	Rheumatoid Factor 1	<input type="checkbox"/>			
<input type="checkbox"/> 83036	HgbAlc 2	<input type="checkbox"/>			
<input type="checkbox"/> 86701	HIV-1 (reflex West. Blot) 1	<input type="checkbox"/>			
<input type="checkbox"/> 82131	Homocysteine 1*	<input type="checkbox"/>			

Urine Culture:
 Clean Catch Random Cath

Other Tests	
<input type="checkbox"/>	C Difficile, PCR 87493
<input type="checkbox"/>	Gram Stain 87205
<input type="checkbox"/>	Ova & Parasite 87177/87209
<input type="checkbox"/>	Influenza Antigen 87804 x2
<input type="checkbox"/>	Rotavirus Antigen 87425
<input type="checkbox"/>	RSV Antigen 87420
<input type="checkbox"/>	Wet Prep 87210

LAB TEST LEGEND			
1 SST	3 Blue	U Urine	O Other
2 LAV	4 RED	* Collect on ice	

OTHER TESTS/COMMENTS: 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 <https://www.testmenu.com/sjmclab>. If order not found refer to <http://www.aruplab.com/>

HOME HEALTH Fax to Provider ASAP: _____