



# Clinical Laboratory Test Requisition

625 East Broadway  
Jackson, Wyoming 83001

Appointments required. Call 307-739-7531  
Fax completed requisitions to 877-205-2024

Patient Name: _____ Date of Birth: _____ Phone: _____ Gender: Male/Female/Other Specify: _____ Birth sex if different from gender: Male/Female Bill to: <input type="checkbox"/> Insurance <input type="checkbox"/> Patient <input type="checkbox"/> Client (attach insurance card and/or demographics)	Practice Name: St John's Home Health and Hospice Ordering Provider Name: _____ Case Manager Contact: _____ CC Provider name and fax: _____ Signature: <u>Signature on File</u> Date: _____
<b>REQUIRED IF COLLECTED OFF SITE:</b> Specimen Collection Date/Time: _____ Specimen source: _____ Recent Antibiotics: _____	Diagnosis: _____

Please check desired testing. Specimen type listed next to each test. Additional information and CPT codes can be found at [testmenu.com/sjmclab](http://testmenu.com/sjmclab)

✓	APPROVED PANELS	TUBE	✓	INDIVIDUAL TESTS	TUBE	✓	INDIVIDUAL TESTS	TUBE	✓	STOOL TESTING ***
	Basic Metabolic	SST		CEA	SST		Mono screen w/rflx to EBV	SST		Stool Culture
	Comprehensive Metabolic	SST		Celiac Dual Ag w/rflx	SST		Phosphorous	SST		Ova and Parasite Exam
	Electrolytes	SST		Celiac Rflxv Cascade	SST		Progesterone	SST		Giardia Antigen
	Lipid Panel	SST		Cortisol Level	SST		Prolactin	SST	✓	<b>INFECTIOUS DISEASE PCR ***</b>
	Hepatic/Liver Panel	SST		Creatinine	SST		Protein Electrophoresis	SST		Chlamydia/Gonorrhea
	Renal Panel	SST		Creatine Kinase	SST		PSA Total	SST		Trichomonas
	Hepatitis, Acute	SSTx2		CRP	SST		PT/INR	BLUE		Clostridium difficile
✓	<b>OB/GYN Panels</b>	<b>TUBE</b>		D-Dimer	BLUE		PTT	BLUE		Group A Strep
	Prenatal Careset	*		ESR	LAV		PTH Intact with Calcium	SST		Group B Strep
	PIH Careset	SST/LAV		Estradiol	SST		Rheumatoid Factor	SST		HSV w/reflex to subtype
	Day 3 Careset	SSTx2		Ferritin	SST		RPR w/Reflex to Titer	SST		MRSA/MSSA
	28 Week Careset	SST/LAV		Folate (Light protect)	SST		Testosterone, Free	SST		B. pertussis/parapertussis
	^Hypercoag Baseline^	**		FSH	SST		Testosterone, Total	SST		Varicella Zoster
	^Tumor Marker Careset	SSTx3		GGT	SST		Thyroglobulin	SST		Mycoplasma/Ureaplasma
✓	<b>INDIVIDUAL TESTS</b>	<b>TUBE</b>		Glucose, Fasting	SST		Thyroglobulin antibody	SST		GI Pathogens Panel
	ALT	SST		Glucose Tolerance circle 1, 2, 3 hr	SST		TPO Antibody	SST		GI Parasite/Microsporidia Panel
	Alkaline Phosphatase	SST		Hemoglobin A1c	LAV		TTG Antibody	SST	✓	<b>MICRO TESTING ***</b>
	Ammonia	***		Heparin anti-Xa unfractionated	BLUE		TSH	SST		AFB Culture and Stain
	Amylase	SST		Heparin anti-Xa LMW send out	BLUE		T3, Free	SST		Blood Culture-Bacterial
	ABO/Rh	LAV		Hep A Abs, Total	SST		T3, Total	SST		Blood Culture-Fungal
	Antibody Screen	LAV		Hep B Surface AB	SST		T4, Free	SST		Body Fluid Culture
	ABO/Rh & DAT, Neonatal	LAV		Hep B Surface Ag w/rflx	SST		T4, Total	SST		Bone Culture
	ANA IFA w/Rflx to Pattern	SST		Hep C Antibody	SST		Triglycerides	SST		Fungal Culture
	ANA Reflexive Profile	SST		Hep C Ab w/rflx to Quant	SST		Uric Acid	SST		Genital Culture
	Anti-Mullerian Hormone	SST		Hep C Quant PCR	LAV		Vitamin B12 (Light protect)	SST		Sputum Culture
	AST	SST		HIV screen w/confirmation	LAV		Vitamin D25 OH	SST		Synovial Fluid Culture
	BHCG Qualitative-Serum	SST		HIV Quant PCR	LAV	✓	<b>URINE TESTING***</b>			Throat Culture
	BHCG Qualitative-Urine	URINE		HLA B-27	LAV		Urinalysis w/rflx to Culture			Tissue Culture
	BHCG Quantitative	SST		Insulin	SST		Urine Creatinine-random			Urine Culture
	Bilirubin-Direct	SST		Iron Level	SST		Urine Creatinine-24 hr			Wound Culture
	Bilirubin-Neonatal (<6mos)	SST		Iron Profile	SST		Urine Protein-random			Wound + Anaerobic Culture
	Bilirubin-Total	SST		LH	SST		Urine Protein-24hr			Yeast Only Culture
	BNP, NT Pro	SST		Lipase	SST		Urine TP/CR Ratio-random			Gram stain only
	BUN	SST		Lithium	RED		Urine TP/CR Ratio-24 hr		✓	<b>BODY FLUID TESTING***</b>
	CA 125	SST		Magnesium	SST		Creatinine Clearance (urine + SST)			BF Cell Count w/diff
	CBC w/auto diff	LAV		Maternal Screen-AFP Only^	SST	✓	<b>STOOL TESTING***</b>			BF Crystals
	CBC w/o diff	LAV		Maternal Screen-Quad^	SST		Fecal Fat Qualitative		✓	<b>FERTILITY TESTING***</b>
	CCP IgG	SST		Mono Screen	SST		Fecal Fat Quant-circle 24, 48, or 72 hr			Semen Analysis
							Fecal Calprotectin			Semen Washing for IUI
							Pancreatic Elastase			Post-Vasectomy Sperm Count

\*LAV X3 and SST    \*\* LAV x3, BLUEx6

^Test requires additional form. See online test menu.

\*\*\*See test menu for collection instructions

Additional tests available. For order accuracy, please consult the online test directory and list the order code below:

**Critical results called to ordering provider. If unavailable, contact case manager during business hours or On Call Home Health nurse after hours/weekends/holidays.**