

Laboratory Service Order Sheet

Location _____

PATIENT INFORMATION				PRIORITY STATUS ■	
Patient Name _____	<input type="checkbox"/> DOB _____	<input type="checkbox"/> GENDER _____		<input type="checkbox"/> STAT (S) Results will be telephoned	<input type="checkbox"/> Presurgical Patient
Ordering Physician _____				<input type="checkbox"/> Fax: (F) _____	OR Date: _____
Referring/Copy to Physician _____				<input type="checkbox"/> Call: (W) Business Hours only	OR Location: _____
Diagnosis/ICD 9 Codes				<input type="checkbox"/> Call: (C) 24 Hours a day	
1. _____	2. _____	3. _____	4. _____		

PHYSICIAN OFFICE/CLINIC ADDITIONAL REPORT DATA	
Office ID# _____	<input type="checkbox"/> Comment: _____

SPECIMEN INFORMATION	THERAPEUTIC DRUG INFORMATION ■
Date/Time of Collection _____	Initials _____
Drug _____	Last Dose: Date/Time _____

BILLING INFORMATION: MUST SUBMIT COPY OF PATIENT INFO SHEET & INSURANCE CARD

To ensure proper billing please submit updated insurance and demographic information.

A WRITTEN ORDER AND AN APPROPRIATE DIAGNOSIS MUST ACCOMPANY EACH LABORATORY TEST. WHEN ORDERING TESTS, FOR WHICH MEDICARE REIMBURSEMENT WILL BE SOUGHT, ONLY MEDICALLY NECESSARY TESTS FOR THE DIAGNOSIS OR TREATMENT OF THE PATIENT SHOULD BE ORDERED.

***LIMITED COVERAGE REQUIRES ABN (Advance Beneficiary Notice) FOR MEDICARE PATIENTS.**

PANELS			GENERAL LAB TESTS			MICROBIOLOGY		
CODES	TESTS	TUBES	CODES	TESTS	TUBES	CODES	TESTS	SOURCE
BMP	<input type="checkbox"/> Basic Metabolic Panel (Ca, Co ₂ , Cl, Creat, Gluc, K, Na, BUN)	SS	ANAS	<input type="checkbox"/> ANA screen	SS	AFBC	<input type="checkbox"/> Acid fast culture	_____
COMP	<input type="checkbox"/> Comprehensive Metabolic Panel SGPT (ALT), Alb., T. Bili., Ca, Cl, Creat, CO ₂ , Gluc, Alk. Phos., K, Na, T. Prot, SGOT (AST), BUN)	SS	ANASR	<input type="checkbox"/> ANA with Reflex to Lupus Ab Panel if pos	SS	FLAFB	<input type="checkbox"/> Acid fast smear	_____
LYTE	<input type="checkbox"/> Electrolytes (CO ₂ , Cl, K, Na)	SS	BHCG	<input type="checkbox"/> B-hCG, quant., non-tumor	SS	ANER	<input type="checkbox"/> Anaerobic culture	_____
LIVER	<input type="checkbox"/> Hepatic Function Panel (Alb., Alk. Phos., T. Bili., D. Bili., SGOT (AST), SGPT (ALT) T. Protein)	SS	NBIL	<input type="checkbox"/> Bilirubin, neonatal (≤21 days)	SS	CLDT	<input type="checkbox"/> Clostridium difficile toxin (ice)	_____
HEPPAN	<input type="checkbox"/> *Acute Hepatitis Panel (Hep A IgM Abs, Hep B Core IgM Abs, Hep B Surface Ag, Hep C Abs)	SS (2)	BNP	<input type="checkbox"/> B. Natriuretic Peptide	L	FECL	<input type="checkbox"/> Fecal leukocytes	_____
LIPP	<input type="checkbox"/> *Lipid Panel (Cholesterol, Triglycerides, HDL, LDL, Risk Factor)	SS	BUN	<input type="checkbox"/> BUN	SS	FUNG	<input type="checkbox"/> Fungus culture	_____
LIPR	<input type="checkbox"/> *Lipid Panel with Reflex (LDL, Direct if Trig > 400)	SS	CBCL	<input type="checkbox"/> *CBC with differential	L	GASS	<input type="checkbox"/> Group A strep culture	_____
OBPAN	<input type="checkbox"/> Obstetric Panel (HBsAg, Rubella Ab, Syphilis SS (2))	SS (2)	ABCL	<input type="checkbox"/> *CBC no differential	L	STRAIF	<input type="checkbox"/> Strep A antigen (Culture if ind.)	_____
ABRH	Screen, ABO/Rh Ab Screen, +L		CEA	<input type="checkbox"/> *CEA	SS	PSSMR	<input type="checkbox"/> Gram stain	_____
ASC	CBC	+LB	CHOL	<input type="checkbox"/> *Cholesterol	SS	VAGC	<input type="checkbox"/> Genital culture	_____
HIVAB	<input type="checkbox"/> *HIV Antibodies	SS	CREAT	<input type="checkbox"/> Creatinine	SS	NTC	<input type="checkbox"/> Nose/throat culture	_____
SYPHILIS TESTING			VALP	<input type="checkbox"/> Depakene (Valproic Acid)	SS	ROTAVB	<input type="checkbox"/> Rotavirus antigen (Ice)	_____
FTAM	<input type="checkbox"/> FTA, IgM	SS	DIGO	<input type="checkbox"/> *Digoxin (Draw 8-10 hrs post dose)	SS	URNC	<input type="checkbox"/> *Urine (Preserv. vial)	_____
SYPG	<input type="checkbox"/> Syphilis Screen, IgG (RPR Titer if pos.)	SS	DIL	<input type="checkbox"/> Dilantin (Phenytoin)	R		<input type="checkbox"/> Clean catch	<input type="checkbox"/> Cath
			EBVPN	<input type="checkbox"/> EBV Antibody Panel (Capsid Ab IgM, Capsid Ab IgG, Nuclear Ab IgG)	SS	WNDC	<input type="checkbox"/> Wound/abscess	_____
			FERI	<input type="checkbox"/> *Ferritin	SS	OTCU	<input type="checkbox"/> Culture other source	_____
			FHS	<input type="checkbox"/> FSH	SS	STLC	<input type="checkbox"/> Stool culture (Preserv. vial)(room temp)	_____
			GLUF	<input type="checkbox"/> *Glucose, fasting	SS	FLUAB	<input type="checkbox"/> Influenza Rapid Screen	_____
			GLU1	<input type="checkbox"/> *Glucose, 1hr. cola	SS	VSCRN	<input type="checkbox"/> Respiratory Viral Screen with ID	_____
			GLU2	<input type="checkbox"/> *Glucose, 2hr. PP	SS	RSVS	<input type="checkbox"/> RSV Antigen	_____
			3GTT	<input type="checkbox"/> *Glucose tolerance - 3 hr.	GY	VIRCB	<input type="checkbox"/> Viral Culture Source	_____
			HA1C	<input type="checkbox"/> *Glycated hemoglobin	L	MOLECULAR DIAGNOSTICS		
			HCT	<input type="checkbox"/> Hematocrit	L	CTPCR	<input type="checkbox"/> Chlamydia trachomatis by PCR	_____
			HGB	<input type="checkbox"/> Hemoglobin	L	NGPCR	<input type="checkbox"/> N Gonorrhea by PCR	_____
			HIVAB	<input type="checkbox"/> *HIV antibodies	SS	CTNG	<input type="checkbox"/> Chlamydia & GC by PCR	_____
			HPYL	<input type="checkbox"/> H. Pylori, IGG	SS	GBSPCR	<input type="checkbox"/> Group B Strep PCR: <input type="checkbox"/> Vag/Ano-rectal	_____
			IRONP	<input type="checkbox"/> *Iron, TIBC, and % Saturation	SS	BLOOD BANK TESTS		
			FE	<input type="checkbox"/> *Iron	SS	ABRH	<input type="checkbox"/> ABO/Rh	L
			LDH	<input type="checkbox"/> LD (LDH)	SS	ASC	<input type="checkbox"/> Antibody screen	L
			BPBB	<input type="checkbox"/> Lead, blood	RB	DAHS	<input type="checkbox"/> Draw & hold	LB
			LH	<input type="checkbox"/> LH (Lutenizing hormone)	SS	TASC	<input type="checkbox"/> Type & Screen	LB
			MG	<input type="checkbox"/> *Magnesium	SS	XM	<input type="checkbox"/> Type & Crossmatch (_____ units)	LB
						TPLT	<input type="checkbox"/> Platelets	L
						ABT	<input type="checkbox"/> Antibody Titer	_____

TUBE CODES	OTHER TESTS	Lab Use Only
B = Blue		Double checked for Quality by: _____
GY = Grey		
L = Lavender		
R = Red		
RB = Royal Blue		
SS = Serum Separator		
LB = Lavender 7 ml		
Physician Signature _____		Date _____