RML
REGIONAL MEDICAL LABORATORY

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PLACE BR1 LABELS HERE
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☐ CALL
☐ FAX
☐ STAT

Note:
All tests marked with the Frequency ◎ symbol must have a signed ABN accompany the requisition.

PATIENT INFORMATION Please Provide All Information below **(Name on Requisition MUST Match Name on Specimen EXACTLY!)**

LAST NAME (Please Print Legibly)	FIRST	MIDDLE	PATIENT SS#	SEX M☐ F☐	DATE OF BIRTH [MM / DD / YYYY]

PATIENT ADDRESS	CITY	STATE	ZIP CODE	HOME PHONE

COLLECTION DATE:	TIME: ☐ A.M. ☐ P.M.	☐ Fasting ☐ Non-Fasting	PATIENT MRN.	NAME OF GUARANTOR:

REQUESTING PHYSICIAN [Last Name, First Name]

CONSULTING COPY TO PHYSICIAN(s) [Last Name, First Name]
(COMPLETE MAILING ADDRESS or FAX NUMBER is REQUIRED to SEND a CONSULT REPORT)

BILLING INFORMATION (Required)

BILL: ☐ **CLIENT/ OFFICE** ☐ **PATIENT/ INSURANCE**

Please provide a photo copy of the patient's insurance card(s)

PRIMARY INSURANCE CARRIER	2nd - INSURANCE CARRIER
POLICY/ MEMBER/ MEDICARE NUMBER	2nd - POLICY/ MEMBER/ MEDICARE NUMBER
GROUP NUMBER/ PERSONAL CODE	2nd - GROUP NUMBER/ PERSONAL CODE
POLICY HOLDER	2nd - POLICY HOLDER
EMPLOYER	2nd - EMPLOYER

When ordering tests for which Medicare reimbursement will be sought, physicians should only order tests which are medically necessary for the diagnosis or treatment of the patient. **Medicare will not pay for screening tests.**

1.	2.	3.	4.	5.	6.

Link each ICD9 code above to the test by writing the box number next to the corresponding test name.

FOR LAB USE ONLY
LAB ID:
RCV'D TIME/DATE:

SPECIMENS RCV'D
☐ Un-Spun
☐ Red/Gray(SST)
☐ Gold(SST)
☐ Red
☐ Lavender
☐ Green (PST)
☐ Dk Green
☐ Blue
☐ Gray
☐ Navy
☐ Pink
☐ Yellow ACD
☐ Blood Culture
☐ Urine
Lid Color ____
Cup ____
Jug ____
Mono V ____
☐ Occult Blood
☐ Slide
☐ Stool
☐ Swab
Color ____
☐ Chlam/GC Probe
☐ Pour off
Liquid ____
Frozen ____
☐ Other: _____

RML ANALYZER PANELS / CUSTOM PANELS / OTHER TESTS NOT LISTED / ADDITIONAL ICD9 DIAGNOSIS CODES 06.25.2010

CODE	X	AMA PANELS	ICD-9	SPECIMEN
2028100	○	Basic Metabolic Panel (Chem8)		G or SST
2919175	○	Electrolyte Panel		G or SST
2028075	○	Complete Metabolic Panel (Chem14)		G or SST
2953400	○	Obstetric Panel (Prenatal 8)		SST,R,L,P
2019100	○	**Lipid Panel** ❖◎		G or SST
2028525	○	Renal Panel		G or SST
3603100	○	**Acute Hepatitis Panel** (Hep Prof) ❖		SST
2006125	○	Hepatic (Liver) Function Panel		G or SST

CODE	X	CLINICAL TESTS	ICD-9	SPECIMEN
7301010	○	ABORh (ABO Group & Rh type)		P or L
7320150	○	Antibody Screen (Indirect Coombs)		P or L
2000250	○	Alkaline Phosphatase		G or SST
2000150	○	Albumin		G or SST
2004850	○	ALT (SGPT)		G or SST
2000350	○	Amylase		G or SST
5500050	○	ANA Screen		SST
2004800	○	AST (SGOT)		G or SST
2000950	○	Bilirubin, Total		G or SST
2000800	○	Bilirubin, Direct		G or SST
2015175	○	B-Type Natriuretic Peptide (BNP)		L
2001100	○	BUN (Blood Urea Nitrogen)		G or SST
2001150	○	Calcium		G or SST
0101301	○	**CBC with Automated Diff** ❖		L
0101425	○	**CBC without Automated Diff** ❖		L
4500425	○	**CEA** ❖		SST
2001850	○	**Cholesterol Total** ❖◎		G or SST
2001840	○	**Cholesterol HDL** ❖◎		G or SST
2001950	○	CPK		G or SST
2025050	○	Creatinine		G or SST
2008425	○	**CRP**		SST
2023150	○	**CRP, Cardio (Hi-Sensitivity)** ❖◎		SST
4500550	○	**Digoxin** ❖		G or SST
4002300	○	Dilantin		G or SST
5572000	○	DNA Antibody (Dbl Stranded)		SST
5002125	○	Electrophoresis, Serum (No Reflex)		SST
5004425	○	Electrophoresis, Serum Analyzer		SST
4500800	○	**Ferritin** ❖		SST
4500950	○	**Folic Acid (Folate)** ❖◎		SST
3601200	○	Follicle Stimulating Hormone (FSH)		SST
2002100	○	**GGT** ❖		G or SST
2002240	○	**Glucose, Random** ❖		GY,G or SST
3601450	○	HCG, Qualitative Serum		SST
3601425	○	**HCG, Quantitative Serum** ❖		SST

CODE	X	CLINICAL TESTS	ICD-9	SPECIMEN
5577750	○	**Helicobacter pylori Antibody** ❖		SST
0102100	○	**Hematocrit** ❖		L
0102150	○	**Hemoglobin** ❖		L
5002400	○	**Hemoglobin A1C** ❖		L
3603500	○	HEP A M Antibody		SST
3611850	○	HEP B Surface Antibody		SST
3603000	○	HEP B Surface Antigen		SST
5590850	○	HEP C Antibody		SST
5670000	○	**HIV 1 / O / 2 Antibody** ❖		SST
2004575	○	**Homocysteine** ❖◎*(Call for Collection Instr.)		G
2023075	○	Insulin		SST
4501050	○	**Iron** ❖		G or SST
4501000	○	**Iron/TIBC/ %Sat** ❖		G or SST
2003860	○	LDH		G or SST
3601750	○	Luteinizing Hormone (LH)		SST
2004000	○	Lipase		G or SST
2004100	○	Magnesium		G or SST
5504950	○	Mono Test		SST
3501340	○	**Occult Blood, Fecal** x3 ◎(Guaiac green card)		STL
3510285	○	**Occult Blood, Fecal** ◎ (Automated ICT Kit)		STL
2012225	○	**PSA** ❖◎		SST
1500350	○	*** PT w/ INR (Protime)** ❖		B
1500050	○	*** PTT** ❖		B

*** Patient Anticoagulant Therapy?**
☐ **No**
☐ **Yes -** Please List:

5572775	○	RA Factor		SST
0111800	○	Reticulocyte Count		L
5500600	○	RPR		SST
5518900	○	Rubella Ab		SST
0107000	○	Sedimentation Rate (ESR)		L
2005000	○	Sodium		G or SST
3501625	○	Stool for Polysegmented Neutrophils(WBC)		STL
4502600	○	T3 Total (Triiodothyronine)		SST
4502700	○	**T3 Uptake** ❖◎		SST
4502650	○	**T4** ❖◎		SST
4502550	○	**T4, Free** ❖◎		SST
3602650	○	Testosterone, Total		R
2005350	○	**Triglycerides** ❖◎		G or SST
4501925	○	**TSH** ❖◎		SST
2005750	○	Uric Acid		G or SST
4500900	○	**Vitamin B12** ❖◎		SST

CODE	X	URINE ANALYSIS & CULTURE	ICD-9	SPECIMEN
1001120	○	HCG, Qualitative Urine		UC
5002175	○	Electrophoresis, Urine Protein (No Reflex)		UC
5004450	○	Electrophoresis, Urine Protein Analyzer		UC
2022200	○	Microalbumin, Random Urine		UC
3006150	○	Protein, Urine (Timed Collection)		UC
3010000	○	Protein / Creatinine Ratio, Urine		UC
6002002	○	**Urine Culture - ID & Sensitivity** ❖		UC
1003000	○	Urinalysis, Routine (UA)		UC
1003050	○	UA w/ Microscopic Exam		UC
1002500	○	**UA reflex to Culture - ID & Sensitivity** (UA w/CII) ❖		UC
2028225	○	**Creatinine Clearance 24hr ***		**UC & SST**

*(note: Serum specimen needed for Creatinine Clearance)

Urine Specimen Type: ☐ Clean Catch ☐ Catheter ☐ 24hr.

24 HR Urine **Volume :**_____ mL **Height :**_____

Serum Creatinine:_____ **Weight :**_____

CODE	X	MICROBIOLOGY - CULTURES	ICD-9	Source:
		- Please provide a Source for the tests below -		
6000100	○	AFB (Acid Fast Bacillus)		
6000200	○	Blood (Arm: ☐ L ☐ R)		
6000325	○	Fungal (☐ Skin ☐ Hair ☐ Nails)		
6000300	○	Fungal Culture		
6000255	○	Group B Streptococcus		
6002011	○	Nasal		
6002001	○	Sputum		
6002450	○	Stool		
6002003	○	Throat		
6002002	○	**Urine Culture - ID & Sensitivity** ❖		
6002005	○	Urogenital (☐ Vaginal ☐ Cervical ☐ Penile)		
6000650	○	Wet Prep for Yeast & Trichomonas		
6000153	○	Wound AEROBIC		
6000050	○	Wound ANAEROBIC		

CODE	X	MICROBIOLOGY - ANTIGEN TESTS	ICD-9	Source:
6000475	○	Clostridium difficile (C Diff) Screen		
5559980	○	Chlamydia Probe		
5960180	○	GC Probe		
5560330	○	GC & Chlamydia Probe		
6060200	○	Parasite Screen		
6001700	○	Rapid Group A Strep *(Neg. reflex to culture)		
6003125	○	Rapid Influenza (A and B)		
6001850	○	Rapid RSV		

❖ **Medical Necessity (May Need ABN)** / ◎ **Frequency (Needs ABN)** / [9999998 Draw Charge] [2900550 PEND OCCUL] [2900825 PEND ICT]

SST= Serum Separator tube **R**= Red No Gel **L**= Lavender(EDTA) **P**= Pink(EDTA) **GY**= Gray (Sodium fluoride) **G**=Green (Lithium Heparin) **B**=Blue (Sodium Citrate) **UC**= Sterile Urine Container **STL**=Stool