

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!)							FOR LAB USE ONLY
LAST NAME (Please Print Legibly)		FIRST	MIDDLE	PATIENT SS#	SEX M <input type="checkbox"/> F <input type="checkbox"/>	DATE OF BIRTH [MM / DD / YYYY]	LAB ID:
PATIENT ADDRESS			CITY	STATE	ZIP CODE	HOME PHONE	RCV'D TIME/DATE:
COLLECTION DATE:	TIME:	<input type="checkbox"/> A.M. <input type="checkbox"/> Fasting <input type="checkbox"/> P.M. <input type="checkbox"/> Non-Fasting		PATIENT MRN.	NAME OF GUARANTOR:		SPECIMENS RCV'D <input type="checkbox"/> Un-Spun
BILLING INFORMATION (Required)							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 <input type="checkbox"/> Chlam/GC Probe <input type="checkbox"/> Pour off Liquid _____ Frozen _____ <input type="checkbox"/> Other: _____
REQUESTING PHYSICIAN [Last Name, First Name]			BILL: <input type="checkbox"/> CLIENT/ OFFICE <input type="checkbox"/> PATIENT/ INSURANCE Please provide a photo copy of the patient's insurance card(s)				
			PRIMARY INSURANCE CARRIER	2 nd - INSURANCE CARRIER			
			POLICY/ MEMBER/ MEDICARE NUMBER	2 nd - POLICY/ MEMBER/ MEDICARE NUMBER			
			GROUP NUMBER/ PERSONAL CODE	2 nd - GROUP NUMBER/ PERSONAL CODE			
			POLICY HOLDER	2 nd - POLICY HOLDER			
			EMPLOYER	2 nd - EMPLOYER			
CONSULTING COPY TO PHYSICIAN(s) [Last Name, First Name] (COMPLETE MAILING ADDRESS or FAX NUMBER is REQUIRED to SEND a CONSULT REPORT)			Indicate if reason for visit is related to Hospice Care: YES <input type="checkbox"/> NO <input type="checkbox"/> Provide the Name of Hospice: 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. Physicians should only order tests which are medically necessary for the diagnosis or treatment of the patient. Medicare will not pay for screening tests.				

RML ANALYZER PANELS / CUSTOM PANELS / OTHER TESTS NOT LISTED / ADDITIONAL ICD9 DIAGNOSIS CODES 12.29.2011

CODE	X	AMA PANELS	ICD-9	SPECIMEN	CODE	X	CLINICAL TESTS	ICD-9	SPECIMEN	CODE	X	URINE ANALYSIS & CULTURE	ICD-9	SPECIMEN																																																																																
2028100	<input type="checkbox"/>	Basic Metabolic Panel (Chem8)		G or SST	5577750	<input type="checkbox"/>	Helicobacter pylori Antibody ❖		SST	1001120	<input type="checkbox"/>	HCG, Qualitative Urine		UC																																																																																
2919175	<input type="checkbox"/>	Electrolyte Panel		G or SST	0102100	<input type="checkbox"/>	Hematocrit ❖		L	5002175	<input type="checkbox"/>	Electrophoresis, Urine Protein (No Reflex)		UC																																																																																
2028075	<input type="checkbox"/>	Complete Metabolic Panel (Chem14)		G or SST	0102150	<input type="checkbox"/>	Hemoglobin ❖		L	5004450	<input type="checkbox"/>	Electrophoresis, Urine Protein Analyzer		UC																																																																																
2953400	<input type="checkbox"/>	Obstetric Panel (Prenatal 8)		SST,R,L,P	5002400	<input type="checkbox"/>	Hemoglobin A1C ❖		L	2022200	<input type="checkbox"/>	Microalbumin, Random Urine		UC																																																																																
2019100	<input type="checkbox"/>	Lipid Panel ❖©		G or SST	3603500	<input type="checkbox"/>	HEP A M Antibody		SST	3006150	<input type="checkbox"/>	Protein, Urine (Timed Collection)		UC																																																																																
2028525	<input type="checkbox"/>	Renal Panel		G or SST	3611850	<input type="checkbox"/>	HEP B Surface Antibody		SST	3010000	<input type="checkbox"/>	Protein / Creatinine Ratio, Urine		UC																																																																																
3603100	<input type="checkbox"/>	Acute Hepatitis Panel (Hep Prof) ❖		SST	3603000	<input type="checkbox"/>	HEP B Surface Antigen		SST	6002002	<input type="checkbox"/>	Urine Culture - ID & Sensitivity ❖		UC																																																																																
2006125	<input type="checkbox"/>	Hepatic (Liver) Function Panel		G or SST	5590850	<input type="checkbox"/>	HEP C Antibody		SST	1003000	<input type="checkbox"/>	Urinalysis, Routine (UA)		UC																																																																																
					5670000	<input type="checkbox"/>	HIV 1 / O / 2 Antibody ❖		SST	1003050	<input type="checkbox"/>	UA w/ Microscopic Exam		UC																																																																																
					2004575	<input type="checkbox"/>	Homocysteine ❖©*(Call for Collection Instr.)		G	1002500	<input type="checkbox"/>	UA reflex to Culture - ID & Sensitivity (UA w/CI) ❖		UC																																																																																
					2023075	<input type="checkbox"/>	Insulin		SST	2028225	<input type="checkbox"/>	Creatinine Clearance 24hr *		UC & SST																																																																																
					4501050	<input type="checkbox"/>	Iron ❖		G or SST	*(note: Serum specimen needed for Creatinine Clearance)																																																																																				
					4501000	<input type="checkbox"/>	Iron/TIBC/%Sat ❖		G or SST	Urine Specimen Type: <input type="checkbox"/> Clean Catch <input type="checkbox"/> Catheter <input type="checkbox"/> 24hr.																																																																																				
					2003860	<input type="checkbox"/>	LDH		G or SST	24 HR Urine Volume : _____ mL Height : _____																																																																																				
					3601750	<input type="checkbox"/>	Luteinizing Hormone (LH)		SST	Serum Creatinine: _____ Weight : _____																																																																																				
					2004000	<input type="checkbox"/>	Lipase		G or SST	<table border="1" style="width:100%; border-collapse: collapse; font-size: 8px;"> <thead> <tr style="background-color: #4a69bd; color: white;"> <th>CODE</th> <th>X</th> <th>MICROBIOLOGY - CULTURES</th> <th>ICD-9</th> <th>Source:</th> </tr> </thead> <tbody> <tr> <td colspan="5">- Please provide a Source for the tests below -</td> </tr> <tr> <td>6000100</td> <td><input type="checkbox"/></td> <td>AFB (Acid Fast Bacillus)</td> <td></td> <td>.....</td> </tr> <tr> <td>6000200</td> <td><input type="checkbox"/></td> <td>Blood (Arm: <input type="checkbox"/> L <input type="checkbox"/> R)</td> <td></td> <td>.....</td> </tr> <tr> <td>6000325</td> <td><input type="checkbox"/></td> <td>Fungal (<input type="checkbox"/> Skin <input type="checkbox"/> Hair <input type="checkbox"/> Nails)</td> <td></td> <td>.....</td> </tr> <tr> <td>6000300</td> <td><input type="checkbox"/></td> <td>Fungal Culture</td> <td></td> <td>.....</td> </tr> <tr> <td>6000255</td> <td><input type="checkbox"/></td> <td>Group B Streptococcus</td> <td></td> <td>.....</td> </tr> <tr> <td>6002011</td> <td><input type="checkbox"/></td> <td>Nasal</td> <td></td> <td>.....</td> </tr> <tr> <td>6002001</td> <td><input type="checkbox"/></td> <td>Sputum</td> <td></td> <td>.....</td> </tr> <tr> <td>6002450</td> <td><input type="checkbox"/></td> <td>Stool</td> <td></td> <td>.....</td> </tr> <tr> <td>6002003</td> <td><input type="checkbox"/></td> <td>Throat</td> <td></td> <td>.....</td> </tr> <tr> <td>6002002</td> <td><input type="checkbox"/></td> <td>Urine Culture - ID & Sensitivity ❖</td> <td></td> <td>.....</td> </tr> <tr> <td>6002005</td> <td><input type="checkbox"/></td> <td>Urogenital (<input type="checkbox"/> Vaginal <input type="checkbox"/> Cervical <input type="checkbox"/> Penile)</td> <td></td> <td>.....</td> </tr> <tr> <td>6000650</td> <td><input type="checkbox"/></td> <td>Wet Prep for Yeast & Trichomonas</td> <td></td> <td>.....</td> </tr> <tr> <td>6000153</td> <td><input type="checkbox"/></td> <td>Wound AEROBIC</td> <td></td> <td>.....</td> </tr> <tr> <td>6000050</td> <td><input type="checkbox"/></td> <td>Wound ANAEROBIC</td> <td></td> <td>.....</td> </tr> </tbody> </table>					CODE	X	MICROBIOLOGY - CULTURES	ICD-9	Source:	- Please provide a Source for the tests below -					6000100	<input type="checkbox"/>	AFB (Acid Fast Bacillus)		6000200	<input type="checkbox"/>	Blood (Arm: <input type="checkbox"/> L <input type="checkbox"/> R)		6000325	<input type="checkbox"/>	Fungal (<input type="checkbox"/> Skin <input type="checkbox"/> Hair <input type="checkbox"/> Nails)		6000300	<input type="checkbox"/>	Fungal Culture		6000255	<input type="checkbox"/>	Group B Streptococcus		6002011	<input type="checkbox"/>	Nasal		6002001	<input type="checkbox"/>	Sputum		6002450	<input type="checkbox"/>	Stool		6002003	<input type="checkbox"/>	Throat		6002002	<input type="checkbox"/>	Urine Culture - ID & Sensitivity ❖		6002005	<input type="checkbox"/>	Urogenital (<input type="checkbox"/> Vaginal <input type="checkbox"/> Cervical <input type="checkbox"/> Penile)		6000650	<input type="checkbox"/>	Wet Prep for Yeast & Trichomonas		6000153	<input type="checkbox"/>	Wound AEROBIC		6000050	<input type="checkbox"/>	Wound ANAEROBIC	
CODE	X	MICROBIOLOGY - CULTURES	ICD-9	Source:																																																																																										
- Please provide a Source for the tests below -																																																																																														
6000100	<input type="checkbox"/>	AFB (Acid Fast Bacillus)																																																																																											
6000200	<input type="checkbox"/>	Blood (Arm: <input type="checkbox"/> L <input type="checkbox"/> R)																																																																																											
6000325	<input type="checkbox"/>	Fungal (<input type="checkbox"/> Skin <input type="checkbox"/> Hair <input type="checkbox"/> Nails)																																																																																											
6000300	<input type="checkbox"/>	Fungal Culture																																																																																											
6000255	<input type="checkbox"/>	Group B Streptococcus																																																																																											
6002011	<input type="checkbox"/>	Nasal																																																																																											
6002001	<input type="checkbox"/>	Sputum																																																																																											
6002450	<input type="checkbox"/>	Stool																																																																																											
6002003	<input type="checkbox"/>	Throat																																																																																											
6002002	<input type="checkbox"/>	Urine Culture - ID & Sensitivity ❖																																																																																											
6002005	<input type="checkbox"/>	Urogenital (<input type="checkbox"/> Vaginal <input type="checkbox"/> Cervical <input type="checkbox"/> Penile)																																																																																											
6000650	<input type="checkbox"/>	Wet Prep for Yeast & Trichomonas																																																																																											
6000153	<input type="checkbox"/>	Wound AEROBIC																																																																																											
6000050	<input type="checkbox"/>	Wound ANAEROBIC																																																																																											
					2012225	<input type="checkbox"/>	PSA ❖©		SST																																																																																					
					1500350	<input type="checkbox"/>	* PT w/ INR (Protime) ❖		B																																																																																					
					1500050	<input type="checkbox"/>	* PTT ❖		B																																																																																					
					* Patient Anticoagulant Therapy?																																																																																									
					<input type="checkbox"/> No																																																																																									
					<input type="checkbox"/> Yes - Please List:																																																																																									
					5572775	<input type="checkbox"/>	RA Factor		SST																																																																																					
					0111800	<input type="checkbox"/>	Reticulocyte Count		L																																																																																					
					5500600	<input type="checkbox"/>	RPR		SST																																																																																					
					5518900	<input type="checkbox"/>	Rubella Ab		SST																																																																																					
					0107000	<input type="checkbox"/>	Sedimentation Rate (ESR)		L																																																																																					
					2005000	<input type="checkbox"/>	Sodium		G or SST																																																																																					
					3501625	<input type="checkbox"/>	Stool for Polysegmented Neutrophils(WBC)		STL																																																																																					
					4502600	<input type="checkbox"/>	T3 Total (Triiodothyronine)		SST																																																																																					
					4502700	<input type="checkbox"/>	T3 Uptake ❖©		SST																																																																																					
					4502650	<input type="checkbox"/>	T4 ❖©		SST																																																																																					
					4502550	<input type="checkbox"/>	T4, Free ❖©		SST																																																																																					
					3602650	<input type="checkbox"/>	Testosterone, Total		R																																																																																					
					2005350	<input type="checkbox"/>	Triglycerides ❖©		G or SST																																																																																					
					4501925	<input type="checkbox"/>	TSH ❖©		SST																																																																																					
					2005750	<input type="checkbox"/>	Uric Acid		G or SST																																																																																					
					4500900	<input type="checkbox"/>	Vitamin B12 ❖©		SST																																																																																					
❖ 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																																																																																														