

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)								
REQUESTING PHYSICIAN [Last Name, First Name]							BILL: <input type="checkbox"/> PROVIDER/ 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				
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. _____							Color _____ <input type="checkbox"/> Chlamy/GC Probe <input type="checkbox"/> Pour off <input type="checkbox"/> Spec Type _____ <input type="checkbox"/> ICT Kit <input type="checkbox"/> Other: _____	
Provider signature: _____ The tests that are ordered within this requisition are medically necessary for the treatment of this patient.								
CONSULTING COPY TO PHYSICIAN(S) [Last Name, First Name] (COMPLETE MAILING ADDRESS or FAX NUMBER is REQUIRED to SEND a CONSULT REPORT)								

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

CODE	X	AMA PANELS	DX	SPECIMEN	CODE	X	CLINICAL TESTS	DX	SPECIMEN	CODE	X	URINE ANALYSIS & CULTURE	DX	SPECIMEN	
2028100	<input type="radio"/>	Basic Metabolic Panel (Chem8)		G or SST	3501425	<input type="radio"/>	HCG, Quantitative Serum ❖		SST	1001120	<input type="radio"/>	HCG, Qualitative Urine		UC	
2919175	<input type="radio"/>	Electrolyte Panel		G or SST	0102100	<input type="radio"/>	Hematocrit ❖		L	5002175	<input type="radio"/>	Electrophoresis, Urine Protein (No Reflex)		UC	
2028075	<input type="radio"/>	Complete Metabolic Panel (Chem14)		G or SST	0102150	<input type="radio"/>	Hemoglobin ❖		L	5004450	<input type="radio"/>	Electrophoresis, Urine Protein Analyzer		UC	
2019100	<input type="radio"/>	Lipid Panel ❖©		G or SST	5002400	<input type="radio"/>	Hemoglobin A1C ❖©		L	2022200	<input type="radio"/>	Microalbumin, Random Urine		UC	
2028525	<input type="radio"/>	Renal Panel		G or SST	3603500	<input type="radio"/>	HEP A M Antibody		SST	3006150	<input type="radio"/>	Protein, Urine (Timed Collection)		UC	
3603100	<input type="radio"/>	Acute Hepatitis Panel (Hep Prof) ❖		SST	3611850	<input type="radio"/>	HEP B Surface Antibody		SST	3010000	<input type="radio"/>	Protein/ Creatinine Ratio, Urine		UC	
2006125	<input type="radio"/>	Hepatic (Liver) Function Panel		G or SST	3603000	<input type="radio"/>	HEP B Surface Antigen		SST	6002002	<input type="radio"/>	Urine Culture - ID & Sensitivity ❖		UC	
	<input type="radio"/>				5590850	<input type="radio"/>	HEP C Antibody		SST	1003000	<input type="radio"/>	Urinalysis, Routine (UA)		UC	
	<input type="radio"/>				5670000	<input type="radio"/>	HIV 1 / O / 2 Antibody ❖		SST	1003050	<input type="radio"/>	UA w/ Microscopic Exam		UC	
	<input type="radio"/>				2004575	<input type="radio"/>	Homocysteine ❖©*(Call for Collection Instr.)		G	1002500	<input type="radio"/>	UA reflex to Culture - ID & Sensitivity (UA w/ClI) ❖		UC	
	<input type="radio"/>				2023075	<input type="radio"/>	Insulin		SST	2028225	<input type="radio"/>	Creatinine Clearance 24hr *		UC & SST	
	<input type="radio"/>				4501050	<input type="radio"/>	Iron ❖		G or SST	*(note: Serum specimen needed for Creatinine Clearance)					
	<input type="radio"/>				4501000	<input type="radio"/>	Iron/TIBC/%Sat ❖		G or SST	Urine Specimen Type: <input type="checkbox"/> Clean Catch <input type="checkbox"/> Catheter <input type="checkbox"/> 24hr.					
	<input type="radio"/>				2003860	<input type="radio"/>	LDH		G or SST	24 HR Urine Volume : _____ mL Height : _____					
	<input type="radio"/>				3601750	<input type="radio"/>	Luteinizing Hormone (LH)		SST	Serum Creatinine: _____ Weight : _____					
	<input type="radio"/>				2004000	<input type="radio"/>	Lipase		G or SST	CODE	X	MICROBIOLOGY - CULTURES	DX	Source:	
	<input type="radio"/>				2004100	<input type="radio"/>	Magnesium		G or SST	- Please provide a Source for the tests below -					
	<input type="radio"/>				3501340	<input type="radio"/>	Occult Blood, Fecal x3 © (Guaiac green card)		STL	6000100	<input type="radio"/>	AFB (Acid Fast Bacillus)			
	<input type="radio"/>				3510285	<input type="radio"/>	Occult Blood, Fecal © (Automated ICT Kit)		STL	6000200	<input type="radio"/>	Blood (Arm: <input type="checkbox"/> L <input type="checkbox"/> R)			
	<input type="radio"/>				2012225	<input type="radio"/>	PSA ❖©		SST	6000325	<input type="radio"/>	Fungal (<input type="checkbox"/> Skin <input type="checkbox"/> Hair <input type="checkbox"/> Nails)			
	<input type="radio"/>				1500350	<input type="radio"/>	* PT w/ INR (Protime) ❖		B	6000300	<input type="radio"/>	Fungal Culture			
	<input type="radio"/>				1500050	<input type="radio"/>	* PTT ❖		B	6000255	<input type="radio"/>	Group B Streptococcus			
	<input type="radio"/>				* Patient Anticoagulant Therapy? <input type="checkbox"/> No <input type="checkbox"/> Yes - Please List:						6002011	<input type="radio"/>	Nasal		
	<input type="radio"/>				5572775	<input type="radio"/>	RA Factor		SST	6002001	<input type="radio"/>	Sputum			
	<input type="radio"/>				0111800	<input type="radio"/>	Reticulocyte Count		L	6002450	<input type="radio"/>	Stool			
	<input type="radio"/>				5518900	<input type="radio"/>	Rubella Ab		SST	6002003	<input type="radio"/>	Throat			
	<input type="radio"/>				0107000	<input type="radio"/>	Sedimentation Rate (ESR)		L	6002002	<input type="radio"/>	Urine Culture - ID & Sensitivity ❖			
	<input type="radio"/>				2005000	<input type="radio"/>	Sodium		G or SST	6002005	<input type="radio"/>	Urogenital (<input type="checkbox"/> Vaginal <input type="checkbox"/> Cervical <input type="checkbox"/> Penile)			
	<input type="radio"/>				3501625	<input type="radio"/>	Stool for Polysegmented Neutrophils(WBC)		STL	6000153	<input type="radio"/>	Wound AEROBIC			
	<input type="radio"/>				5500607	<input type="radio"/>	Syphilis Antibody Screen w/Reflex		SST	6000050	<input type="radio"/>	Wound ANAEROBIC			
	<input type="radio"/>				4502600	<input type="radio"/>	T3 Total (Triiodothyronine)		SST	CODE	X	MICROBIOLOGY	DX	Source:	
	<input type="radio"/>				4502700	<input type="radio"/>	T3 Uptake ❖©		SST	6000475	<input type="radio"/>	Clostridium difficile (C Diff) Analyzer			
	<input type="radio"/>				4502650	<input type="radio"/>	T4 ❖©		SST	6910109	<input type="radio"/>	C.trachomatis Swab			
	<input type="radio"/>				4502550	<input type="radio"/>	T4, Free ❖©		SST	6910115	<input type="radio"/>	N.gonorrhoeae Swab			
	<input type="radio"/>				3602650	<input type="radio"/>	Testosterone, Total		R	6910127	<input type="radio"/>	C.trachomatis, N.gonorrhoeae Swab			
	<input type="radio"/>				2005350	<input type="radio"/>	Triglycerides ❖		G or SST	3502325	<input type="radio"/>	H Pylori AG			
	<input type="radio"/>				4501925	<input type="radio"/>	TSH ❖©		SST	6060200	<input type="radio"/>	Parasite Screen			
	<input type="radio"/>				2005750	<input type="radio"/>	Uric Acid		G or SST	6001700	<input type="radio"/>	Rapid Group A Strep *(Neg. reflex to culture)			
	<input type="radio"/>				4604810	<input type="radio"/>	Vaginosis Panel (BD Affirm)		AMBIENT TEMP TRANS. SWAB	6003125	<input type="radio"/>	Rapid Influenza (A and B)			
	<input type="radio"/>				4500900	<input type="radio"/>	Vitamin B12 ❖©		SST	6001850	<input type="radio"/>	Rapid RSV			
	<input type="radio"/>				2023925	<input type="radio"/>	Vitamin D Total ❖©		SST	2915445	<input type="radio"/>	Vaginosis Prof Swab			

❖ Medical Necessity (May Need ABN) / © Frequency (Needs ABN) / Some Tests May Require A Preauthorization
 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