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RML
REGIONAL MEDICAL LABORATORY

4142 S Mingo Rd Tulsa, OK 74146 (918) 744-2500
WWW.RMLONLINE.COM (800) 722-8077

CALL
 FAX

STAT

Note:
All tests marked with the Frequency © symbol must have a signed ABN accompany the requisition.
Completed by: _____

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	
REQUESTING PHYSICIAN [Last Name, First Name]									
BILLING INFORMATION (Required)				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. _____									
Link each DX 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.									

- 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 _____
- Aptima Swab
- Pour off
- Spec Type _____
- ICT Kit
- Other: _____

RML ANALYZER PANELS / CUSTOM PANELS / OTHER TESTS NOT LISTED / ADDITIONAL DX DIAGNOSIS CODES 9-2019

CODE	X AMA PANELS	SPECIMEN	CODE	X CLINICAL TESTS	SPECIMEN	CODE	X URINE ANALYSIS & CULTURE	SPECIMEN
2028100	<input type="checkbox"/> Basic Metabolic Panel (Chem8)	G or SST	3601425	<input type="checkbox"/> HCG, Quantitative Serum ❖	G or 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
2019100	<input type="checkbox"/> Lipid Panel ❖©	G or SST	5002403	<input type="checkbox"/> Hemoglobin A1C ❖©	L	2022200	<input type="checkbox"/> Microalbumin, Random Urine	UC
2028525	<input type="checkbox"/> Renal Panel	G or SST	3603500	<input type="checkbox"/> HEP A M Antibody	SST	3006150	<input type="checkbox"/> Protein, Urine (Timed Collection)	UC
3603100	<input type="checkbox"/> Acute Hepatitis Panel (Hep Prof) ❖	SST	3611850	<input type="checkbox"/> HEP B Surface Antibody	SST	3010000	<input type="checkbox"/> Protein/ Creatinine Ratio, Urine	UC
2006125	<input type="checkbox"/> Hepatic (Liver) Function Panel	G or SST	3603000	<input type="checkbox"/> HEP B Surface Antigen	SST	6002002	<input type="checkbox"/> Urine Culture - ID & Sensitivity ❖	UC
7301010	<input type="checkbox"/> ABORh (ABO Group & Rh type)	P or L	5590850	<input type="checkbox"/> HEP C Antibody	SST	1003000	<input type="checkbox"/> Urinalysis, Routine (UA)	UC
7301170	<input type="checkbox"/> Antibody Screen (Indirect Coombs)	P or L	3609705	<input type="checkbox"/> HIV Antigen / Antibody Screen	SST	1003050	<input type="checkbox"/> UA w/ Microscopic Exam	UC
3620125	<input type="checkbox"/> Alpha 1 Fetoprot	G or SST	2004575	<input type="checkbox"/> Homocysteine ❖©*(Call for Collection Instr.)	G, L or SST	1002500	<input type="checkbox"/> UA reflex to Culture - ID & Sensitivity (UA w/CI) ❖	UC
2004850	<input type="checkbox"/> ALT (SGPT)	G or SST	2023075	<input type="checkbox"/> Insulin	SST	2028225	<input type="checkbox"/> Creatinine Clearance 24hr *	UC & SST
2000350	<input type="checkbox"/> Amylase	G or SST	4501050	<input type="checkbox"/> Iron ❖	G or SST	*(note: Serum specimen needed for Creatinine Clearance)		
5500050	<input type="checkbox"/> ANA Screen	SST	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.		
2004800	<input type="checkbox"/> AST (SGOT)	G or SST	2003860	<input type="checkbox"/> LDH	G or SST	24 HR Urine Volume : _____ mL Height : _____		
2000950	<input type="checkbox"/> Bilirubin, Total	G or SST	3601750	<input type="checkbox"/> Luteinizing Hormone (LH)	SST	Serum Creatinine: _____ Weight : _____		
2000800	<input type="checkbox"/> Bilirubin, Direct	G or SST	2004000	<input type="checkbox"/> Lipase	G or SST			
2015175	<input type="checkbox"/> B-Type Natriuretic Peptide (BNP)	L	2004100	<input type="checkbox"/> Magnesium	G or SST			
2001100	<input type="checkbox"/> BUN (Blood Urea Nitrogen)	G or SST	3501340	<input type="checkbox"/> Occult Blood, Fecal x3 ©(Guaiac green card)	STL			
2015625	<input type="checkbox"/> CA 125 Assay ❖	G or SST	3510285	<input type="checkbox"/> Fecal Immunochemical Test (FIT) ©	FIT			
2024000	<input type="checkbox"/> CA 15-3 ❖	G or SST	2012225	<input type="checkbox"/> PSA ❖©	SST			
2024050	<input type="checkbox"/> Carbohydrate AG 19-9 ❖	G or SST	1500350	<input type="checkbox"/> * PT w/ INR (Prottime) ❖	B			
0101301	<input type="checkbox"/> CBC with Automated Diff ❖	L	1500050	<input type="checkbox"/> * PTT ❖	B			
0101425	<input type="checkbox"/> CBC without Automated Diff ❖	L	* Patient Anticoagulant Therapy? <input type="checkbox"/> No <input type="checkbox"/> Yes - Please List:					
5570175	<input type="checkbox"/> CCP ab	G or SST	5572775	<input type="checkbox"/> RA Factor	SST			
4500425	<input type="checkbox"/> CEA ❖	G or SST	0111800	<input type="checkbox"/> Reticulocyte Count	L			
2001850	<input type="checkbox"/> Cholesterol Total ❖©	G or SST	5518901	<input type="checkbox"/> Rubella Ab	SST			
2001840	<input type="checkbox"/> Cholesterol HDL ❖©	G or SST	0107000	<input type="checkbox"/> Sedimentation Rate (ESR)	L			
2001950	<input type="checkbox"/> CPK	G or SST	2005000	<input type="checkbox"/> Sodium	G or SST			
2025050	<input type="checkbox"/> Creatinine	G or SST	3501625	<input type="checkbox"/> Stool for Polysegmented Neutrophils(WBC)	STL			
2008425	<input type="checkbox"/> CRP	G or SST	5500607	<input type="checkbox"/> Syphilis Antibody Screen w/Reflex	SST			
2023150	<input type="checkbox"/> CRP, Cardio (Hi-Sensitivity) ❖©	G or SST	4502600	<input type="checkbox"/> T3 Total (Triiodothyronine)	G, R or SST			
4500550	<input type="checkbox"/> Digoxin ❖	G or SST	4502650	<input type="checkbox"/> T4 ❖©	G or SST			
4002300	<input type="checkbox"/> Dilantin	G or SST	4502550	<input type="checkbox"/> T4, Free ❖©	G or SST			
5572000	<input type="checkbox"/> dsDNA Ab	SST	3602650	<input type="checkbox"/> Testosterone, Total	R or SST			
5580775	<input type="checkbox"/> EBV PCR Quant	L or SST	2005350	<input type="checkbox"/> Triglycerides ❖©	G or SST			
5002125	<input type="checkbox"/> Electrophoresis, Serum (No Reflex)	SST	4501925	<input type="checkbox"/> TSH ❖©	G or SST			
5004425	<input type="checkbox"/> Electrophoresis, Serum Analyzer	SST	2005750	<input type="checkbox"/> Uric Acid	G or SST			
4500800	<input type="checkbox"/> Ferritin ❖	SST	4604810	<input type="checkbox"/> Vaginosis Panel (BD Affirm)	G or SST			
4500950	<input type="checkbox"/> Folic Acid (Folate) ❖©	G or SST	4500900	<input type="checkbox"/> Vitamin B12 ❖©	G or SST			
3601200	<input type="checkbox"/> Follicle Stimulating Hormone (FSH)	SST	2023925	<input type="checkbox"/> Vitamin D Total ❖©	G or SST			
2002100	<input type="checkbox"/> GGT ❖	G or SST						
2002240	<input type="checkbox"/> Glucose, Random ❖	GY,G or SST						
3601450	<input type="checkbox"/> HCG, Qualitative Serum	G or SST						

CODE	X MICROBIOLOGY - CULTURES	Source:
- Please provide a Source for the tests below -		
6000100	<input type="checkbox"/> AFB (<input type="checkbox"/> Respiratory <input type="checkbox"/> Stool <input type="checkbox"/> Urine)	
6000130	<input type="checkbox"/> AFB direct (<input type="checkbox"/> Tissue <input type="checkbox"/> Fluid <input type="checkbox"/> Other _____)	
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	
6001075	<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)	
6000153	<input type="checkbox"/> Wound AEROBIC	
6000050	<input type="checkbox"/> Wound ANAEROBIC	
CODE	X MICROBIOLOGY - NON-CULTURE	Source:
6000475	<input type="checkbox"/> Clostridium difficile (C Diff) Analyzer	
6910109	<input type="checkbox"/> C.trachomatis Aptima Swab	
6910115	<input type="checkbox"/> N.gonorrhoeae Aptima Swab	
6910127	<input type="checkbox"/> C.trachomatis, N.gonorrhoeae Aptima Swab	
3502325	<input type="checkbox"/> H Pylori AG	
6060300	<input type="checkbox"/> Parasite Screen	
6001700	<input type="checkbox"/> Rapid Group A Strep *(Neg. reflex to culture)	
6003125	<input type="checkbox"/> Rapid Influenza (A and B)	
6001850	<input type="checkbox"/> Rapid RSV	
2915445	<input type="checkbox"/> Vaginosis Prof Eswab	

❖ 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