

Patient Name \_\_\_\_\_ Sex **M** **F**

Patient MR# / ID# \_\_\_\_\_

Patient Address \_\_\_\_\_

Phone Number \_\_\_\_\_

**DIAGNOSIS:** (Required for Medicare billing)  
 Diagnosis verbiage permitted  
 or List all applicable ICD-9 Codes  
 using the highest specificity code

Routine  STAT Specimen Type: \_\_\_\_\_ Location: \_\_\_\_\_ Point of Service Code \_\_\_\_\_

Date Collected: \_\_\_\_\_ Time Collected: \_\_\_\_\_ Phone Results To: \_\_\_\_\_ Fax #: \_\_\_\_\_

**NOTE: PHYSICIAN SIGNATURE & DATE REQUIRED**  
 The selected tests on this requisition must be medically necessary for the diagnosis and treatment of the patient. The medical necessity of the tests ordered must be appropriately documented in the patient's medical record.

Physician's Name (print): \_\_\_\_\_ Physician's Signature \_\_\_\_\_ Date: \_\_\_\_\_ Pager #: \_\_\_\_\_

Patient Acknowledgement of Specimen(s) Taken for Laboratory Testing Listed below:  
 Name (print): \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If a Medicare Patient, Did ABN Pass? **Medicare Patients:** Medicare pays only for tests that it considers medically necessary. If Medicare is likely to deny payment for one or more of the requested tests, then the Advanced Beneficiary Notice (ABN) must be explained to the patient and the patient or responsible party must sign. Tests highlighted in RED are governed by NCD. ABN may be required.

TESTS REQUESTED (Mark box to the left of test name) .See back side for Panel and Reflexive test information.

ORGAN/DISEASE PANELS			GENERAL LAB TESTS (continued)			GENERAL LAB TESTS (continued)					
<input checked="" type="checkbox"/>	<b>MULT</b>	<b>ANEMIA CASCADE</b> (Hgb, Hct, Indices; Plasma Iron, TIBC, % Saturation, Ferritin, Vit B12, Retic Count, Folate)	<b>ANEMIA</b>	<input checked="" type="checkbox"/>	<b>MULT</b>	<input type="checkbox"/> Hemoglobin & Hematocrit	<b>HFI</b>	<input type="checkbox"/> Uric Acid	<b>URIC</b>		
						<input type="checkbox"/> Hepatitis A Antibody, IgM	<b>HAIGM</b>	<input type="checkbox"/> Urinalysis	<b>UAW</b>		
						<input type="checkbox"/> Hepatitis A Antibody, total	<b>HASCN</b>	<input type="checkbox"/> Urinalysis, Culture if indicated	<b>UAWC</b>		
						<input type="checkbox"/> Hepatitis B PCR, quantitative	<b>SHEBOT</b>	<input type="checkbox"/> Valproic Acid (Depakene)	<b>VALP</b>		
						<input type="checkbox"/> Hepatitis Bc Antibody, IgM	<b>COREM</b>	<input type="checkbox"/> Vitamin A (must protect from light)	<b>XVITA</b>		
						<input type="checkbox"/> Hepatitis Bc Antibody, total	<b>HBCORE</b>	<input type="checkbox"/> Vitamin B1, whole blood	<b>XTHIAM</b>		
						<input type="checkbox"/> Hepatitis Be Antibody	<b>HBEAB</b>	<input type="checkbox"/> Vitamin B12	<b>VITB12</b>		
						<input type="checkbox"/> Hepatitis Be Antigen	<b>HBEAG</b>	<input type="checkbox"/> Vitamin D, 25 OH	<b>VITD</b>		
						<input type="checkbox"/> Hepatitis Bs Antibody	<b>HBSAB</b>	<b>BLOOD BANK</b>			
						<input type="checkbox"/> Hepatitis Bs Antigen	<b>HBSAG</b>				
						<input type="checkbox"/> Hepatitis C Antibody	<b>HCV</b>	<input checked="" type="checkbox"/>	<b>MULT</b>	<input type="checkbox"/> ABO/Rh & Antibody Screen	<b>BBB</b>
						<input type="checkbox"/> Hepatitis C Genotyping	<b>SHCGEN</b>	<input type="checkbox"/>	<b>MULT</b>	<input type="checkbox"/> Type, Screen and Hold	<b>TYSCH</b>
						<input type="checkbox"/> Hepatitis C PCR, qualitative	<b>SHECQL</b>	<input type="checkbox"/>	<b>MULT</b>	<input type="checkbox"/> Crossmatch # _____ units	<b>XM</b>
						<input type="checkbox"/> Hepatitis C PCR, quantitative	<b>SHECQT</b>	<b>MICROBIOLOGY</b>			
						<input checked="" type="checkbox"/> HIV 1 & 2 Antibody Screen	<b>VISI20</b>				
						<input type="checkbox"/> HIV-1 RNA Viral Load	<b>SHVQT</b>	Source required: _____			
						<input type="checkbox"/> Homocysteine, fasting	<b>HCY</b>	<input type="checkbox"/>	<b>87040</b>	<input type="checkbox"/> Blood Culture, bacteria	<b>CULBLD</b>
						<input type="checkbox"/> HPV DNA	<b>CULHPV</b>	<input type="checkbox"/>	<b>87045</b>	<input type="checkbox"/> Stool Culture	<b>CULSTL</b>
						<input type="checkbox"/> IgA	<b>IGA</b>	<input type="checkbox"/>	<b>87066</b>	<input type="checkbox"/> Urine Culture	<b>CULURI</b>
						<input type="checkbox"/> IgE	<b>IGE</b>	<input type="checkbox"/>	<b>MULT</b>	<input type="checkbox"/> Culture, bacteria	<b>CULAER</b>
						<input type="checkbox"/> IgG	<b>IGG</b>	source: _____			
						<input type="checkbox"/> IgG Subclasses	<b>IGGSUB</b>	<input type="checkbox"/>	<b>87102</b>	<input type="checkbox"/> Culture, fungal	<b>CULFUD</b>
						<input type="checkbox"/> IgM	<b>IGM</b>	source: _____			
						<input type="checkbox"/> Insulin, fasting	<b>INSUL</b>	<input type="checkbox"/>	<b>MULT</b>	<input type="checkbox"/> Culture, mycobacterial	<b>CULAFB</b>
						<input type="checkbox"/> Iron	<b>IRON</b>	source: _____			
						<input type="checkbox"/> Iron Binding Capacity	<b>TBCU</b>	<input type="checkbox"/>	<b>87252</b>	<input type="checkbox"/> Culture, viral	<b>CULVIR</b>
						<input type="checkbox"/> Iron Panel	<b>FEPAN</b>	source: _____			
						<input type="checkbox"/> LDH, plasma	<b>LDH</b>	<input type="checkbox"/>	<b>87449</b>	<input type="checkbox"/> C. difficile, Antigen Screen, stool	<b>CULCDS</b>
						<input type="checkbox"/> LH (Luteinizing Hormone)	<b>LHH</b>	<input type="checkbox"/>	<b>MULT</b>	<input type="checkbox"/> Chlamydia & N. gonorrhoeae DNA	<b>CTNG</b>
						<input type="checkbox"/> Lipase	<b>LIPASE</b>	<input type="checkbox"/>	<b>MULT</b>	<input type="checkbox"/> Group A Strep Throat, rapid	<b>CULBSS</b>
						<input type="checkbox"/> Lithium	<b>LITH</b>	<input type="checkbox"/>	<b>87081</b>	<input type="checkbox"/> Group A Strep Throat, culture	<b>CULBST</b>
						<input type="checkbox"/> Lupus Anticoagulant - DRVVT	<b>DRVVT</b>	<input type="checkbox"/>	<b>87081</b>	<input type="checkbox"/> Group B strep Screen	<b>CULGBS</b>
						<input type="checkbox"/> Lupus Anticoagulant - Hexagonal Phase	<b>HEXAG</b>	<input type="checkbox"/>	<b>87338</b>	<input type="checkbox"/> H. pylori Antigen, stool	<b>SERHPA</b>
						<input type="checkbox"/> Lupus Anticoagulant Panel	<b>LUPAN</b>	<input type="checkbox"/>	<b>87081</b>	<input type="checkbox"/> MRSA Screen	<b>CULMRS</b>
						<input type="checkbox"/> Magnesium, plasma	<b>MAG</b>	<input type="checkbox"/>	<b>MULT</b>	<input type="checkbox"/> Ova & Parasite Exam X _____	<b>PAROP</b>
						<input type="checkbox"/> Measles Antibody IgG	<b>VISMEG</b>	<input type="checkbox"/>	<b>MULT</b>	<input type="checkbox"/> Sputum Culture, bacteria	<b>CULSPU</b>
						<input type="checkbox"/> Microalbumin Creatinine Ratio	<b>MALCR</b>	<input type="checkbox"/>	<b>87808</b>	<input type="checkbox"/> Trichomonas Exam	<b>PARTRI</b>
						<input type="checkbox"/> Microalbumin, urine 24 hr	<b>MAL</b>	<input type="checkbox"/>	<b>MULT</b>	<input type="checkbox"/> Vaginitis Culture (yeast and BV)	<b>PARTRI</b>
						<input type="checkbox"/> Occult Blood	<b>OCLTBL</b>	source: _____			
						<input type="checkbox"/> Osmolality, serum	<b>OSMOSR</b>	source: _____			
						<input type="checkbox"/> Osmolality, urine	<b>OSMOUR</b>	source: _____			
						<input type="checkbox"/> Phenytoin	<b>DILNTN</b>	<b>MOLECULAR</b>			
						<input type="checkbox"/> Phosphorus, plasma	<b>PHOS</b>	<input checked="" type="checkbox"/>	<b>MULT</b>	<input type="checkbox"/> ApoE Genotype	<b>APOEP</b>
						<input type="checkbox"/> Platelet Function Analysis	<b>PFA</b>	<input type="checkbox"/>	<b>MULT</b>	<input type="checkbox"/> BCR/ABL-1 (9;22)	<b>ZBAPCR</b>
						<input type="checkbox"/> Pregnancy, urine	<b>PREG</b>	<input type="checkbox"/>	<b>MULT</b>	<input type="checkbox"/> CYP 450 Amplichip	<b>2DG19</b>
						<input type="checkbox"/> Progesterone	<b>PROG</b>	<input type="checkbox"/>	<b>MULT</b>	<input type="checkbox"/> Factor V Leiden	<b>VLEID</b>
						<input type="checkbox"/> Prolactin	<b>PRL</b>	<input type="checkbox"/>	<b>MULT</b>	<input type="checkbox"/> Factor II Variant 20210A	<b>IIVAR</b>
						<input type="checkbox"/> Protein Electrophoresis, serum	<b>SPE</b>	<input type="checkbox"/>	<b>MULT</b>	<input type="checkbox"/> Fragile X Syndrome	<b>FRAGX</b>
						<input type="checkbox"/> Protein Electrophoresis, urine	<b>URNEL</b>	<input type="checkbox"/>	<b>MULT</b>	<input type="checkbox"/> HFE Genotype	<b>HFE</b>
						<input type="checkbox"/> Protein, random urine	<b>PU</b>	<input type="checkbox"/>	<b>MULT</b>	<input type="checkbox"/> JAK2 V617F Mutation	<b>JAK2</b>
						<input type="checkbox"/> Protein, Total, plasma	<b>TPROT</b>	<input type="checkbox"/>	<b>MULT</b>	<input type="checkbox"/> MTHFR C677T Variant Analysis	<b>MTHFR</b>
						<input type="checkbox"/> Protein, urine 24 hours	<b>TPURN</b>	<input type="checkbox"/>	<b>MULT</b>	<input type="checkbox"/> Plavix	<b>PLAVIX</b>
						<input type="checkbox"/> PSA, screen	<b>PAS</b>	<input type="checkbox"/>	<b>MULT</b>	<input type="checkbox"/> UGT1A1 Genotyping	<b>UGT1A1</b>
						<input type="checkbox"/> PSA, total	<b>PA</b>	<b>ADDITIONAL TESTS</b>			
						<input type="checkbox"/> PT/INR	<b>PTNR</b>				
						<input type="checkbox"/> PTH, Intact	<b>PTHINT</b>	Write in names of additional tests/panels.			
						<input type="checkbox"/> PTT	<b>PTT</b>				
						<input type="checkbox"/> PTT/PTT	<b>PTTPTT</b>				
						<input type="checkbox"/> Renin	<b>XRENIN</b>				
						<input type="checkbox"/> Reticulocyte Count	<b>RETIC</b>				
						<input type="checkbox"/> Rheumatoid Factor (RF)	<b>RFTS</b>				
						<input type="checkbox"/> Rubella Antibody IgG	<b>VISRUB</b>				
						<input type="checkbox"/> Sex Hormone Binding Globulin	<b>XSHBG</b>				
						<input type="checkbox"/> Sirolimus (Rapamune)	<b>RAPA</b>				
						<input type="checkbox"/> Specific IgE - single (specific allergen)					
						<input type="checkbox"/> SSA (Ro) Antibody	<b>XSSA</b>				
						<input type="checkbox"/> SSB (La) Antibody	<b>XSSB</b>				
						<input type="checkbox"/> Syphilis RPR	<b>SERRPR</b>				
						<input type="checkbox"/> T3, total	<b>T3</b>				
						<input type="checkbox"/> T4, free	<b>T4FREE</b>				
						<input type="checkbox"/> T4, total	<b>T4</b>				
						<input type="checkbox"/> Testosterone, free	<b>FTES</b>				
						<input type="checkbox"/> Testosterone, total	<b>TESTOS</b>				
						<input type="checkbox"/> Thyroglobulin	<b>TG</b>				
						<input type="checkbox"/> Thyroid Function Cascade	<b>TFT</b>				
						<input type="checkbox"/> Tissue Transglutaminase Antibody	<b>XTRANS</b>				
						<input type="checkbox"/> TPO Antibodies	<b>TPOAB</b>				
						<input type="checkbox"/> T-Subsets	<b>TSUBS</b>				
						<input type="checkbox"/> Troponin I	<b>TPI</b>				
						<input type="checkbox"/> TSH (ultrasensitive if tTSH <0.2)	<b>TSH</b>				