

LABORATORY REQUISITION

Patient Information				Billing Information							
Last Name		First Name		MI		Please attach a copy of all Insurance I.D. Cards - Front and Back					
Social Security No.		Birthdate		Sex <input type="checkbox"/> M <input type="checkbox"/> F		Bill to: <input type="checkbox"/> Physician/Client <input type="checkbox"/> Insurance <input type="checkbox"/> Medicare <input type="checkbox"/> Patient <input type="checkbox"/> Medicaid		Medicare Number		Medicaid Number	
Phone No.		Chart No.	Room No.	Marital Status M S D X		Medicare Secondary Questionnaire Completed? <input type="checkbox"/> Yes <input type="checkbox"/> No		Insurance Authorization Number			
<input type="checkbox"/> STAT Phone _____ Fax _____ Date Drawn _____ Time drawn _____ Collected by _____						Medical Necessity Information					
						Sign, Symptom, Diagnosis or ICD9-CM info. Is required on all tests ordered. <table style="width:100%; border: none;"> <tr> <td style="width: 33%; border: none;">Narrative Diagnosis</td> <td style="width: 33%; border: none;">ICD9-CM Codes</td> </tr> </table> 1. _____ 2. _____					
Narrative Diagnosis	ICD9-CM Codes										

Panel or Individual Tests

Hematology

- CBC with auto diff (R)
- CBC with manual diff
- CBC/no diff-Hemogram (R)
- Hemoglobin
- Hematocrit
- Reticulocyte count
- Platelet count
- ESR - Sed Rate

Coagulation

- Is patient on anticoagulant?
Yes No (please circle)
- If yes, Coumadin
 Heparin
 Lovenox
- PT with INR
 - PTT
 - Fibrinogen
 - DDimer

Urinalysis

- Urinalysis w/micro if indicated (R)

Chemistry Panels

Panel or Individual

- Electrolytes (Chem 4)
 - Sodium (NA)
 - Potassium (K)
 - Chloride (CL)
 - Carbon Dioxide (CO2)
- BMP (Basic Metabolic Panel)
 - Chem 4
 - Glucose
 - BUN
 - Creatinine
 - Calcium

- COMP (Comprehensive Metabolic Panel)
 - Basic
 - Albumin
 - Alkaline phos
 - Bilirubin, Total
 - AST/SGOT
 - ALT/SGPT
 - Total Protein

- Liver Panel (LIVER)
 - Albumin
 - Bilirubin, Total
 - Bilirubin, Direct
 - AST/SGOT
 - ALT/SGPT
 - Alkaline Phos
 - Total Protein

- Comp + Liver
Order Comp + Bilirubin, D

- Renal Panel (RENAL)
 - Basic
 - Albumin
 - Phos

- Lipid Panel (LIPID)
 - Cholesterol
 - Triglycerides
 - HDL Cholesterol

- Acute Hepatitis Panel (HEPACUTEPR)
 - Hepatitis A AB IGM(R)
 - Hepatitis B Core AB IGM
 - Hepatitis B Surf AG (R)
 - Hepatitis C AB

- Cardiac Profile (CARDPRO)
 - CK
 - Troponin I

- Thyroid Profile
 - T4 Free
 - TSH

Chemistry Drug

Levels Last Dose:

Date: _____ Time: _____

- Carbamazepine (Tegretol)
- Digoxin
- Gentamicin
- Lithium
- Phenobarbital
- Phenytoin (Dilantin)
- Theophylline
- Tobramycin
- Valproic Acid (Depakote)
- Vancomycin

Chemistry Single

Assay

- Albumin
- BNP (B-Type Natriuretic Peptide)
- CRP
- CEA
- Ferritin
- Folate
- GGT
- HCGQL: serum/urine.
- Hgb A1C (GlycoHGB)
- Iron
- Iron Binding (TIBC)
- LDH
- Magnesium
- Prealbumin
- PSA
- VIT B12

Microbiology *

- Culture, Bacterial (R)
Source: _____

Check appropriate

- Aerobic
- Anaerobic (where indicated & special collection swab)
- Culture, Blood (R)
- Culture, Fungus (R)
- Culture, Stool (R)
- Culture, Throat (R)
- Group A strep screen, throat
- Culture, Urine (R)
 - Clean Catch
 - Cath
- Ova & Parasites
- C. diff. Toxin

*Please refer to the TMCA

Microbiology Nursing
Manual provided.

Misc. Tests

- _____
- _____
- _____
- _____
- _____

Only tests or Medicare Approved Panels that are medically necessary for the diagnosis or treatment of a Medicare or Medicaid patient will be reimbursed. Screening tests will not be reimbursed and should not be submitted for payment. The OIG states that a physician who orders medically unnecessary tests for which Medicare or Medicaid reimbursement is claimed may be subject to civil penalties under the False Claims Act.

(R)= Reflex if Indicated

The hospital's Medical Executive Committee has approved that additional testing be performed when the results of this test meet certain criteria. Additional charges may be assessed when reflex tests are performed. Physicians have the option of requesting that reflex tests not be performed. Should you have any questions, please contact the Laboratory Director.

Ordering Physician (Print Name)

Physician Signature:

Date / Time _____