

NAME OF AGENCY (REQUIRED)	ICD-10 CODE(S) (REQUIRED)
SPECIAL INSTRUCTIONS / INCLUDE NARRATIVE DIAGNOSIS HERE (REQUIRED)	

TIME SPECIMEN RECEIVED IN LAB \_\_\_\_\_  
(MUST HAVE FULL NAME)     ROUTINE     STAT

PATIENT NAME, LAST FIRST		SEX	DATE OF BIRTH
SPECIMEN TYPE/SOURCE (IF APPLICABLE)	DATE COLLECTED	TIME COLLECTED	FAX REPORT TO THE NUMBER PROVIDED:  CALL REPORT TO THE NUMBER PROVIDED:
PHYSICIAN, PA-C, NP NAME (LAST, FIRST) (REQUIRED)	PHYSICIAN, PA-C, NP SIGNATURE (REQUIRED)		

CHEMISTRY		HEMATOLOGY		MICROBIOLOGY			
80048	<input type="checkbox"/> BASIC METABOLIC PANEL	S	85025	<input type="checkbox"/> CBC w/ DIFFERENTIAL	L	87040	<input type="checkbox"/> BLOOD CULTURE x_____
80053	<input type="checkbox"/> COMPREHENSIVE METABOLIC PANEL	S	85027	<input type="checkbox"/> CBC NO DIFFERENTIAL	L	87070	<input type="checkbox"/> WOUND CULTURE
80069	<input type="checkbox"/> RENAL PANEL	S	85014	<input type="checkbox"/> HEMOGLOBIN AND HEMATOCRIT	L	87075	Source: _____
80076	<input type="checkbox"/> LIVER PANEL	S	85018	<input type="checkbox"/> HEMOGLOBIN AND HEMATOCRIT	L	87070	<input type="checkbox"/> ABSCESS CULTURE
80061	<input type="checkbox"/> LIPID PANEL	S	86308	<input type="checkbox"/> MONOSPOT	S	87075	Source: _____
80050	<input type="checkbox"/> HEALTH PANEL (CBC w/DIFF, CMP, TSH)	L, S	82272	<input type="checkbox"/> OCCULT BLOOD	ST		<input type="checkbox"/> SPUTUM CULTURE/SENS & GRAM STAIN
82150	<input type="checkbox"/> AMYLASE	S	85049	<input type="checkbox"/> PLATELET COUNT (INCLUDED w/ CBC)	L	87070	<input type="checkbox"/> THROAT CULTURE
82247	<input type="checkbox"/> TOTAL BILIRUBIN	S	84703	<input type="checkbox"/> PREGNANCY TEST, SERUM (Qualitative)	S	87045	<input type="checkbox"/> STOOL CULTURE
82247	<input type="checkbox"/> TOTAL & DIRECT BILIRUBIN	S	85610	<input type="checkbox"/> PROTIME (includes INR)	B	87324	<input type="checkbox"/> CLOSTRIDIUM DIFFICILE TOXIN
82248	<input type="checkbox"/> TOTAL & DIRECT BILIRUBIN	S	85730	<input type="checkbox"/> PTT	B	83630	<input type="checkbox"/> STOOL FOR WBCs
82247	<input type="checkbox"/> NEONATAL BILIRUBIN	S	85045	<input type="checkbox"/> RETICULOCYTE COUNT	L	87177	<input type="checkbox"/> OVA AND PARASITES
82247	<input type="checkbox"/> NEONATAL TOTAL AND DIRECT BILIRUBIN	S	85651	<input type="checkbox"/> SEDIMENTATION RATE	L	87086	<input type="checkbox"/> URINE CULTURE
82248	<input type="checkbox"/> NEONATAL TOTAL AND DIRECT BILIRUBIN	S	85384	<input type="checkbox"/> FIBRINOGEN	B		<input type="checkbox"/> FOLEY CATH <input type="checkbox"/> IN/OUT CATH <input type="checkbox"/> CLEAN CATCH
83880	<input type="checkbox"/> BNP (B-NATRIURETIC PEPTIDE)	S	85379	<input type="checkbox"/> D-DIMER	B	87430	<input type="checkbox"/> RAPID STREP SCREEN
84520	<input type="checkbox"/> BUN	S	86592	<input type="checkbox"/> RPR (SYPHILIS SEROLOGY)	S	87804	<input type="checkbox"/> RAPID INFLUENZA
86140	<input type="checkbox"/> C-REACTIVE PROTEIN (NOT High Sensitivity)	S	<b>BLOOD BANK</b>			87807	<input type="checkbox"/> RAPID RSV
82550	<input type="checkbox"/> TOTAL CPK w/ REFLEX TO CKMB	S	86900	<input type="checkbox"/> ABO TYPE AND Rh	L or P	87205	<input type="checkbox"/> GRAM STAIN - Source _____
82550	<input type="checkbox"/> TOTAL CPK, No Reflex	S	86901	<input type="checkbox"/> ABO TYPE AND Rh	L or P	<b>MISCELLANEOUS LABS</b>	
82565	<input type="checkbox"/> CREATININE (WITH eGFR)	S	86850	<input type="checkbox"/> INDIRECT COOMBS (ANTIBODY SCREEN)	R	86038	<input type="checkbox"/> ANA
82947	<input type="checkbox"/> GLUCOSE	S	86880	<input type="checkbox"/> DIRECT COOMBS	L or P	82378	<input type="checkbox"/> CEA
83086	<input type="checkbox"/> HEMOGLOBIN A1c	L		<input type="checkbox"/> TYPE AND SCREEN [86900,86901,86850]	PR	87340	<input type="checkbox"/> HEPATITIS B SURFACE ANTIGEN [Source] *
83615	<input type="checkbox"/> LDH	S	86920	<input type="checkbox"/> TYPE AND CROSSMATCH _____ unit(s)	PR	86706	<input type="checkbox"/> HEPATITIS B SURFACE ANTIBODY [Exposed] *
83690	<input type="checkbox"/> LIPASE	S	<b>THERAPEUTIC DRUGS</b>			86803	<input type="checkbox"/> HEPATITIS C ANTIBODY [Exposed/Source] *
80178	<input type="checkbox"/> LITHIUM	S	80156	<input type="checkbox"/> CARBAMAZEPINE (TEGRETOL)	S	80074	<input type="checkbox"/> ACUTE HEPATITIS PANEL
83735	<input type="checkbox"/> MAGNESIUM	S	80162	<input type="checkbox"/> DIGOXIN	S	86703	<input type="checkbox"/> HIV PROFILE [Exposed] *
84132	<input type="checkbox"/> POTASSIUM	S	80185	<input type="checkbox"/> DILANTIN (PHENYTOIN)	S		<input type="checkbox"/> Rapid HIV [Source] *
84702	<input type="checkbox"/> HCG, PREGNANCY TEST (Quantitative)	S	80170	<input type="checkbox"/> GENTAMICIN <input type="checkbox"/> Trough <input type="checkbox"/> Peak	S	84165	<input type="checkbox"/> PROTEIN ELECTROPHORESIS, SERUM
84481	<input type="checkbox"/> FREE T3	S	80184	<input type="checkbox"/> PHENOBARBITAL	R	86334	<input type="checkbox"/> IMMUNOFIXATION, SERUM
84439	<input type="checkbox"/> FREE T4	S	80164	<input type="checkbox"/> VALPROIC ACID (DEPAKOTE)	S	84153	<input type="checkbox"/> PROSTATE SPECIFIC ANTIGEN (PSA)
84443	<input type="checkbox"/> hTSH	S	80202	<input type="checkbox"/> VANCOMYCIN <input type="checkbox"/> Trough <input type="checkbox"/> Peak	S	82306	<input type="checkbox"/> VITAMIN D 25-HYDROXY
84484	<input type="checkbox"/> TROPONIN I	S	80200	<input type="checkbox"/> TOBRAMYCIN <input type="checkbox"/> Trough <input type="checkbox"/> Peak	S	<b>ADDITIONAL TESTING</b>	
84550	<input type="checkbox"/> URIC ACID	S	80177	<input type="checkbox"/> KEPPRA (LEVETIRACETAM)	R		
83540	<input type="checkbox"/> IRON & TIBC	S	80175	<input type="checkbox"/> LAMOTRIGINE (LAMICTAL)	R		
83550	<input type="checkbox"/> IRON & TIBC	S	80197	<input type="checkbox"/> FK506 / PROGRAF / TACROLIMUS	L		
82746	<input type="checkbox"/> FOLATE & VITAMIN B12	S	<b>URINE TESTING</b>				
82607	<input type="checkbox"/> FOLATE & VITAMIN B12	S	81001	<input type="checkbox"/> URINALYSIS <input type="checkbox"/> CATH <input type="checkbox"/> CLEAN CATCH	U		
82728	<input type="checkbox"/> FERRITIN	S	84703	<input type="checkbox"/> PREGNANCY TEST	U		
82140	<input type="checkbox"/> AMMONIA	S	80307	<input type="checkbox"/> DRUG SCREEN	U		
83605	<input type="checkbox"/> LACTIC ACID	S	82570	<input type="checkbox"/> PROTEIN/CREATININE RATIO	U		
			82043	<input type="checkbox"/> MICROALBUMIN	U		



\*Note: "Source" and "Exposed" are used only to provide direction in the event there is an exposure order to aid in choosing the appropriate tests and are not meant to dissuade the test from being ordered for non-exposure testing.