

MEDICAL RECORD #: ACCOUNT #: STAT
COLLECT DATE: COLLECT TIME: AM PM PHONE results to: FAX results to:
PATIENT LEGAL NAME - LAST FIRST MIDDLE INITIAL
PATIENT ADDRESS
CITY STATE ZIP PHONE
SEX BIRTHDATE SOCIAL SECURITY NUMBER MARITAL STATUS
INSURANCE INFORMATION: PLEASE ATTACH COPIES OF ALL INSURANCES
GUARANTOR NAME - RESPONSIBLE FOR PAYMENT - (Fill in only if DIFFERENT from patient's) LAST / FIRST / MIDDLE INITIAL
GUARANTOR ADDRESS - (Fill in only if Different from Patient's) STATE ZIP
RELATIONSHIP BIRTHDATE SOCIAL SECURITY NUMBER

Provider Signature: Date:
Copy of report to:
DIAGNOSIS - (MEDICALLY NECESSARY) SIGNS / SYMPTOMS:
Shaded tests have Medicare diagnosis requirements and/or frequency limitations.

URINE TESTS: Creatinine Clearance 24 hour, Creatinine Serum Required, Microalbumin/Creatinine Ratio (random urine) (MACRR), Protein, random (QPRU), Protein/Creatinine Ratio (random urine) (UPC), Creatinine, random (CRR), Urinalysis, complete (UAM), Urinalysis, complete, with Culture if indicated (UIF), Urine Culture - includes Colony Count (URC) (Dx needed), Cytology, urine
MICROBIOLOGY: Source / Site, Susceptibility and organism ID reflex test performed when appropriate (addl. charge), Routine Culture, Aerobic (includes Gram Stain), AFB Culture and Smear, Anaerobic Culture, Fungus Culture Fungus Smear, HSV 1 & 2 by PCR, Influenzae A and B, RSV (Resp. Sync. Virus), Sputum Culture (includes Gram Stain), Chlamydia, GC, Trich, Staph aureus Culture, nasal, Strep A Screen & Culture, Strep A Culture only, Strep B Culture (Vag/Rectal), Stool Culture, Ova & Parasites Screen, Giardia Antigen, Stool, Clostridium difficile, Fecal WBC, Rotavirus, Occult Blood (Dx needed), H. pylori antigen, Stool, Culture without Gram Stain

B = Barrier (Green or Gold), L = Lavender, BL = Blue, PK = Pink, G = Gray, GL = Gold, R = Red

BLOOD TESTS: PANELS: Basic Metabolic Panel, Comprehensive Metabolic Panel, Electrolyte Panel, Hepatic/Liver Function Panel, Hepatitis Panel, Acute (Dx needed), Hepatitis Panel, Chronic, Lipid Panel, 12-Hr Fast Preferred (Dx needed), Renal Function Panel, Region 7 Allergen Resp Panel (M83279)
Glucose Tolerance: Gestational 100 g, 3 hr - Fast 12 Hr (fasting, 1, 2, & 3 hr specimens), Non-Gestational 75 g, 2 hr - Fast 12 Hr (fasting & 2 hr specimens), Group, Rh, Antibody Screen (TAS), HCG Quantitative (Dx needed), HDL Cholesterol - 12-Hr Fast Preferred (Dx needed), Hemoglobin and Hematocrit, Hemoglobin A1c (Dx needed), Hepatitis A Antibody (IgM), Hepatitis Bcore Antibody (total IgM/IgG), Hepatitis Bcore Antibody (IgM only), Hepatitis B surface Antibody, Hepatitis B surface Antigen, Hepatitis C Antibody, HIV 1 & 2 Antigen & Antibody (Dx needed), Iron (Dx needed), Iron binding capacity (includes iron) (Dx needed), LD (Lactate Dehydrogenase), Lead (to MDCH Lab), LDL Cholesterol, measured - 12-Hr Fast Preferred (Dx needed), LH (Luteinizing Hormone), Lipase, Magnesium, Mononucleosis Screen, Phosphorus, Platelet Count, Potassium (K+), Pregnancy, Serum, Prolactin, PSA Annual Screen (Dx needed), Z125 Mal. neoplasm screen, no family hx, Other, PSA Diagnostic (Dx needed), PSA Total & Free (Dx needed)

OTHER BLOOD TESTS: Albumin, Alkaline Phosphatase, Alpha Fetoprotein (AFP) (Dx needed), ALT, Amylase, ANA (incl Centromere Ab w/ reflex to titer), Antibody Screen (only), ASO titer, AST, Bilirubin, Total, Bilirubin, Direct, BNP (Beta Natriuretic Peptide), BUN, C-Reactive Protein (CRP), C-Reactive Protein High Sensitive Cardiac, Calcium, Carcinoembryonic Antigen (CEA) (Dx needed), Cardiolipin (Phospholipid) Antibody (M82976), CBC (includes Platelet Ct), CBC with Diff & Platelet Ct, CBC with Diff & Platelet Ct & Path Consult, Chloride, Cholesterol, Total (Dx needed), Cortisol AM (draw before 10 am), Cortisol PM (draw after 4 pm), Creatinine, Erythrocyte Sed Rate (ESR), Estradiol, Ferritin (Dx needed), Folate Fast 6 Hr, Free T4 (Dx needed), Free T4 Med Check (Dx needed), FSH (Foll. Stim. Hormone)

OTHER TESTS REQUESTED: PT/INR (Prothrombin Time) (Dx needed), Z7901 Long-term use anticoagulant, RA Screen (titer performed if positive), Rubella Screen, Sodium (Na+), Syphilis Serology (VDRL), Testosterone, Free & Total (Dx needed), Testosterone Total, Thyroid Testing Dx: T3, Free, T3, Total, Free T4 (Dx needed), Free T4, Med Check (Dx needed), Thyroperoxidase Antibody (TPO Ab), TSH, Sensitive (Dx needed), TSH, Sensitive, Med check (Dx needed), TSH Screen with Cascade Testing (Dx needed), Total Protein, Transferrin (Dx needed), Triglycerides - 12-hr Fast Preferred (Dx needed), Uric Acid, Vitamin B12, Vitamin D: 25-OH, Total (D2 + D3) (VITD) (Dx needed)

THERAPEUTIC DRUG LEVELS: Last Dose Taken: Date: Time: Digoxin (6 hrs after dose) (Dx needed), Lamotrigine (Lamictal)(M80999), Levetiracetam (Keppra)(M83140), Lithium, Phenobarbitol, Phenytoin (Dilantin), Tegretol (Carbamazepine), Theophylline, Valproic Acid (Depakote)