

<b>Patient Last Name</b>		<b>First</b>		<b>MI</b>	
<b>Gender</b>	<b>Date of Birth</b>			<b>Room #</b>	
M	F	/	/	/	
Medical Record Number			Social Security Number		
Patient Home Address, City, State, Zip Code					
Home Telephone		Other Telephone		B	L
				S	R
				E	GY
				U	SW
				ST	PR
Patient Insurance Company Name / Coverage (attach copy of card)				<input type="checkbox"/> Venipuncture Charge (V) <input type="checkbox"/> Left Arm <input type="checkbox"/> Right Arm	
Certificate # / Policy # / Group #				<input type="checkbox"/> CLIENT BILL/FACILITY BILL/PPS to:	
Insurance Company Address, City, State, Zip				Send Copies to: _____	
Subscriber Last Name	First	MI	Subscriber's Relationship to Patient	Subscriber Address	

**Diagnosis Code(s) or complete narrative diagnosis (Refer to back for partial listing) →**

<b>Order Date</b>	<b>Time</b>	<input type="checkbox"/> Call ( ) -	<b>MD Signature:</b> _____
/ /	___ AM / PM <input type="checkbox"/> STAT! Use STAT Bag	<input type="checkbox"/> Fax ( ) -	

<b>SPECIMEN INFORMATION</b>		<b>Comments to appear on the report:</b>
<b>Collection Date / Time</b>	<b>Phlebotomist's Signature</b>	
/ /	___ AM / PM <input type="checkbox"/> FASTING	

PROFILES and PANELS (PST, unless otherwise indicated)	CHEMISTRY (PST, unless otherwise indicated)	COAGULATION (BLUE)
<input type="checkbox"/> <b>Electrolyte Panel (LAB16)</b> NA, K, CL, CO2 <input type="checkbox"/> <b>Basic Metabolic Panel (LAB15)</b> NA, K, CL, CO2, GLU, CRE, CA, BUN <input type="checkbox"/> <b>Comprehensive Metabolic Panel (LAB4054)</b> NA, K, CL, CO2, GLU, BUN, CRE, CA, TP, ALB, ALKP, TBIL, AST, ALT <input type="checkbox"/> <b>Hepatitis (Acute) Panel (LAB39446)*</b> HAVM, HBGM, HBSAG, HCR# (S) <input type="checkbox"/> <b>Liver / Hepatic Function Panel (LAB3001)</b> TP, ALB, ALKP, TBIL, DBIL, AST, ALT <input type="checkbox"/> <b>Lipid Panel with LDL (LAB40521)</b> <input type="checkbox"/> <b>Obstetric Panel (LAB293, LAB471, LAB4227, BBK302, LAB119)*</b> CBCD, HBSAG, RUB, PREN, SYPHAB# (L, S, P) <input type="checkbox"/> <b>Obstetric Panel (LAB293, LAB471, LAB4227, BBK302, LAB119, LAB3007)</b> CBCD, HBSAG, RUB, PREN, SYPHAB#, HIVCO# (L, S, P) <input type="checkbox"/> <b>Renal Function Panel (LAB4265)*</b> NA, K, CL, CO2, GLU*, BUN, CRE, CA, PHOS, ALB	<input type="checkbox"/> <b>Albumin (LAB45)</b> <input type="checkbox"/> <b>Alpha-Feto Prot (LAB559)*</b> <input type="checkbox"/> <b>SGPT (LAB132)</b> <input type="checkbox"/> <b>SGOT (LAB131)</b> <input type="checkbox"/> <b>Alkaline Phos (LAB112)</b> <input type="checkbox"/> <b>Amylase (LAB48)</b> <input type="checkbox"/> <b>Bilirubin, Direct (LAB52)</b> <input type="checkbox"/> <b>Bilirubin, Total (LAB50)</b> <input type="checkbox"/> <b>CRP inflam (LAB149)</b> <input type="checkbox"/> <b>CRP high sens (LAB4161)</b> <input type="checkbox"/> <b>CA 125 (LAB155)*</b> (S) <input type="checkbox"/> <b>CA 15-3 (LAB776)*</b> (S) <input type="checkbox"/> <b>CA 19-9 (LAB777)*</b> (S) <input type="checkbox"/> <b>Calcium (LAB53)</b> <input type="checkbox"/> <b>CEA* (LAB57)</b> (S) <input type="checkbox"/> <b>Chloride (LAB59)</b> <input type="checkbox"/> <b>Cholesterol, Total (LAB60)*</b> <input type="checkbox"/> <b>Carbon Dioxide (LAB55)</b> <input type="checkbox"/> <b>Creatinine (LAB40275)</b> <input type="checkbox"/> <b>Creatine Kinase (LAB62)</b> <input type="checkbox"/> <b>Digoxin (LAB23)*</b> <input type="checkbox"/> <b>Dilantin (LAB31)</b> <input type="checkbox"/> <b>Estradiol (LAB523)</b> <input type="checkbox"/> <b>Ferritin (LAB68)*</b> <input type="checkbox"/> <b>Folate (LAB69)</b> (S) <input type="checkbox"/> <b>Free T4 (LAB127)*</b> <input type="checkbox"/> <b>FSH (LAB86)</b> <input type="checkbox"/> <b>G-Glutamyl Trans (LAB465)*</b> <input type="checkbox"/> <b>Glucose (LAB82)*</b> <input type="checkbox"/> <b>Hemoglobin A1C (LAB90)*</b> (L) <input type="checkbox"/> <b>HCG Quantitative (LAB144)*</b> <input type="checkbox"/> <b>HCG, Urine Qual (LAB437)</b> (U) <input type="checkbox"/> <b>HCG Tumor Marker (LAB752)*</b> (S) <input type="checkbox"/> <b>HDL Cholesterol (LAB4166)*</b>	<input type="checkbox"/> <b>HIV-1/2 Ag/Ab (LAB3007)*</b> # (S) <input type="checkbox"/> <b>IGE (LAB4112)</b> (S) <input type="checkbox"/> <b>Iron (LAB40493)*</b> (S) <input type="checkbox"/> <b>Iron Saturation (LAB829)*</b> (S) <input type="checkbox"/> <b>Lactate Dehydrogenase (LAB4135)</b> <input type="checkbox"/> <b>Lead Screen (LAB11427)</b> (L) <input type="checkbox"/> <b>Lipase (LAB99)</b> <input type="checkbox"/> <b>Luteinizing Hormone (LAB87)</b> <input type="checkbox"/> <b>Magnesium (LAB103)</b> <input type="checkbox"/> <b>Microalbumin (LAB689)</b> (U) <input type="checkbox"/> <b>Phosphorous (LAB113)</b> <input type="checkbox"/> <b>Potassium (LAB114)</b> <input type="checkbox"/> <b>Progesterone (LAB4026)</b> <input type="checkbox"/> <b>Prolactin (LAB531)</b> (S) <input type="checkbox"/> <b>Protein Electro (LAB4054522)</b> (S) <input type="checkbox"/> <b>Protein Electro (LAB4054523)</b> (U) <input type="checkbox"/> <b>PSA Monitoring (LAB4024)*</b> <input type="checkbox"/> <b>PSA Screening (LAB116)*</b> <input type="checkbox"/> <b>PSA Tot/Free Diagnostic (LAB4151)*</b> (+1S) <input type="checkbox"/> <b>Quad / AFP Screen (LAB560)*</b> (+1S) <input type="checkbox"/> <b>T4, Total (LAB126)*</b> <input type="checkbox"/> <b>Testosterone, Total (LAB124)</b> <input type="checkbox"/> <b>Testosterone, Tot/Free (LAB4154)</b> (3R) <input type="checkbox"/> <b>Total Protein (LAB118)</b> <input type="checkbox"/> <b>Total T3 (LAB136)*</b> <input type="checkbox"/> <b>Triglyceride (LAB134)*</b> <input type="checkbox"/> <b>TSH (LAB129)*</b> <input type="checkbox"/> <b>TSH Monitoring (LAB45318)</b> # <input type="checkbox"/> <b>TSH Screening (LAB3006)</b> # <input type="checkbox"/> <b>Urea Nitrogen (BUN) (LAB140)</b> <input type="checkbox"/> <b>Uric Acid (LAB141)</b> <input type="checkbox"/> <b>Valproic Acid (LAB25)</b> <input type="checkbox"/> <b>Vitamin B12 (LAB67)</b> <input type="checkbox"/> <b>Vitamin D, 25-OH (LAB535)*</b>
MICROBIOLOGY		HEMATOLOGY (LAV)
<b>Source (required):</b> _____ <input type="checkbox"/> <b>AFB Culture &amp; Smear (LAB4666)</b> <input type="checkbox"/> <b>India Ink (LAB4773)</b> <input type="checkbox"/> <b>Strep B Vag/Rectal Scr (LAB4168)</b> <input type="checkbox"/> <b>AFB Smear (in house) (LAB266)</b> <input type="checkbox"/> <b>Influenza A &amp; B (LAB42615)</b> <input type="checkbox"/> <b>Patient allergic to Pen</b> <input type="checkbox"/> <b>Anaerobic Culture (LAB233)</b> <input type="checkbox"/> <b>Influenza A &amp; B/RSV PCR (LAB3010)</b> <input type="checkbox"/> <b>Throat Culture (LAB236)</b> <input type="checkbox"/> <b>Bacterial Vaginitis (LAB4826)</b> <input type="checkbox"/> <b>KOH Prep (LAB4676)</b> <input type="checkbox"/> <b>Tissue Culture/Smear (LAB4670)</b> # <input type="checkbox"/> <b>Blood Culture (LAB4674)</b> # <input type="checkbox"/> <b>MRSA Screen (LAB4671)</b> # <input type="checkbox"/> <b>Urine Culture (LAB4797)*</b> <input type="checkbox"/> <b>C.diff Ag/Toxin (LAB253)</b> # <input type="checkbox"/> <b>Ova &amp; Parasite (LAB955)</b> <input type="checkbox"/> <b>VRE Screen (LAB3004)</b> # <input type="checkbox"/> <b>Cryptosporidium (LAB4755)</b> <input type="checkbox"/> <b>Pinworm Prep (LAB248)</b> <input type="checkbox"/> <b>Wet Prep (LAB4678)</b> <input type="checkbox"/> <b>CSF Culture/Smear (LAB4756)</b> <input type="checkbox"/> <b>Rectal Screen for Strep A (LAB4695)</b> <input type="checkbox"/> <b>Wound Culture/Smear (LAB4371)</b> # <input type="checkbox"/> <b>Ear/Iye Culture (LAB4764)</b> # <input type="checkbox"/> <b>Other: _____</b> <input type="checkbox"/> <b>Fluid Culture/Smear (LAB269)</b> # <input type="checkbox"/> <b>Respiratory Culture (LAB4712)</b> # <input type="checkbox"/> <b>Fungal Culture (LAB240)</b> <input type="checkbox"/> <b>(Includes bronchial and sputum cultures)</b> <input type="checkbox"/> <b>Genital Culture/Smear (LAB4769)</b> # <input type="checkbox"/> <b>Rotavirus Antigen (LAB443)</b> <input type="checkbox"/> <b>Giardia Antigen (LAB4770)</b> <input type="checkbox"/> <b>RSV Rapid by EIA (LAB4692)</b> # <input type="checkbox"/> <b>Stool Culture, Comprehensive (LAB223)</b> # (includes + Tests) <input type="checkbox"/> <b>+Shiga Toxin (LAB4641)</b> <input type="checkbox"/> <b>+Salmonella/Shigella</b> # <input type="checkbox"/> <b>+Campylobacter</b> <input type="checkbox"/> <b>+E Coli 0157</b> # <input type="checkbox"/> <b>+Yersinia</b> # <input type="checkbox"/> <b>Chlamydia DNA (LAB4682)</b> <input type="checkbox"/> <b>GC DNA (LAB11129)</b> <input type="checkbox"/> <b>Chlam/GC DNA (LAB4744)</b> <input type="checkbox"/> <b>Trichomonas (LAB4683)</b> <input type="checkbox"/> <b>Rapid Grp A Strep (LAB4710)</b> <input type="checkbox"/> <b>Rapid Strep w/Reflex Throat Culture (LAB40722)</b> #		<input type="checkbox"/> <b>APTT (LAB325)*</b> <input type="checkbox"/> <b>PT with INR (LAB320)*</b> <input type="checkbox"/> <b>CBC (LAB294)*</b> <input type="checkbox"/> <b>CBC with Diff (LAB293)*</b> <input type="checkbox"/> <b>(Manual Diff if indicated)</b> <input type="checkbox"/> <b>Hematocrit (LAB289)*</b> <input type="checkbox"/> <b>Reticulocyte Count (LAB4664)</b> <input type="checkbox"/> <b>Sedimentation Rate (LAB322)</b> <input type="checkbox"/> <b>WBC (LAB877)*</b>
		IMMUNOLOGY (SST)
		<input type="checkbox"/> <b>ANA with Reflex Titer (LAB147)</b> # <input type="checkbox"/> <b>Helicobacter Pylori Ab (LAB158)*</b> <input type="checkbox"/> <b>Hepatitis A IGM (LAB39444)</b> <input type="checkbox"/> <b>Hepatitis B Core IGM (LAB549)</b> <input type="checkbox"/> <b>Hepatitis B Surf AB (LAB472)</b> <input type="checkbox"/> <b>Hepatitis B Surf AG (LAB471)</b> <input type="checkbox"/> <b>Hepatitis BE AB/AG (LAB3019)</b> <input type="checkbox"/> <b>Hepatitis C Ab w/ Reflex (LAB868)</b> (+1S) <input type="checkbox"/> <b>Lyme Ab with Reflex (LAB4130)</b> # <input type="checkbox"/> <b>Mono / Hetero AB (LAB4698)</b> <input type="checkbox"/> <b>Rheumatoid Factor (LAB206)</b> <input type="checkbox"/> <b>Rubella Immunity (LAB4227)</b> <input type="checkbox"/> <b>Syphilis AB (LAB1197)</b> # <input type="checkbox"/> <b>Measles (Rubeola) IgG (LAB4007)</b> <input type="checkbox"/> <b>Mumps IgG (LAB4781)</b> <input type="checkbox"/> <b>VZV IgG (LAB4219)</b>
		URINALYSIS
		<input type="checkbox"/> <b>Occult Bld, Feces (LAB11274)*</b> , Diagnostic <input type="checkbox"/> <b>Colorectal Screening, Feces (LAB402267)</b> <input type="checkbox"/> <b>UA with Reflex Sediment (LAB347)</b> <input type="checkbox"/> <b>UA with Reflex Culture (LAB45323)</b> #
		BLOOD BANK (PINK)*
		<input type="checkbox"/> <b>Prenatal Screen (BBK302)</b> # <input type="checkbox"/> (includes + tests below) <input type="checkbox"/> <b>+Type and Rh (BBT3)</b> <input type="checkbox"/> <b>+Antibody Screen w/reflex ID (BBT2)</b> # <input type="checkbox"/> <b>Antibody Titer (BBT40)</b> <input type="checkbox"/> <b>ABO &amp; RH (BBT3)</b> <input type="checkbox"/> <b>Rhlg Evaluation (BBT157)</b> <input type="checkbox"/> # weeks gest <input type="checkbox"/> <b>Direct Antiglobulin Test (BBT8)</b> (L)*
		OTHER TESTS

056719 (3/19)

<b>PATIENT SERVICE CENTERS</b>	<b>Main Laboratory</b> 2014 Washington Street Newton, MA 02462 T: 617-243-6300 F: 617-243-6309	<b>Newton-Wellesley Urgent Care Center–Waltham</b> 9 Hope Avenue Waltham MA 02453 T: 617-243-5601 F: 617-243-5450	<b>NWH Medical Office Building</b> 2000 Washington Street, Suite 360 Newton, MA 02462 T: 617-243-6601 F: 617-243-5803	<b>NWH Patient Service Center</b> 173 Worcester St, Wellesley, MA 02481 T: 781-237-3007 F: 781-235-3095
	<b>NW Ambulatory Care Center</b> 307 West Central Street Natick, MA 01760 T: 508-620-1112 F: 508-879-7528	<b>Weston Medical Office Building</b> 45 Colpitts Road Weston, MA 02493 T: 781-893-5075 F: 781-642-1117	<b>NW Ambulatory Care Center</b> 111 Norfolk Street Walpole, MA 02081 T: 508-660-5081 F: 508-660-1209	<b>NW Ambulatory Care Center</b> 978 Worcester St. Wellesley, MA 02482 T: 617-831-7448

<b>REFLEX TESTING PROTOCOLS</b>	<ul style="list-style-type: none"> <li>Blood Bank Prenatal or Antibody Screen - If pos, reflex Antibody ID.</li> <li>Lipid Panel w/Reflex - If Trig is &gt; 400, reflex Direct LDL.</li> <li>Thyroid w/reflex - If Abnormal TSH, reflex FT4.</li> <li>Thyroid w/reflex - If TSH&lt;0.10 &amp; FT4 is &lt;1.77, reflex FT3.</li> <li>Thyroid L-T4 Therapy Monitor - If TSH &lt; 0.05, reflex FT4.</li> <li>CSF &amp; Body Fluid Differentials - If Abnormal Cells, reflex Pathologist Review.</li> <li>UA w/Reflex Culture - If WBC is &gt;9/hpf or age is &lt;3 years, reflex Urine Culture.</li> <li>All Bact. Cultures - If growth of a Pathogen, reflex Organism ID &amp; Sensitivity.</li> <li>Rapid Strep w/reflex Throat Culture - If neg, reflex Throat Culture.</li> <li>RSV Rapid EIA - If neg, reflex RSV Rapid DFA.</li> </ul>	<ul style="list-style-type: none"> <li>Anti Nuclear Antibody - If pos, reflex a Titer with pattern.</li> <li>Cold Agglutinin Screen - If pos, reflex a Titer.</li> <li>Hepatitis C w/Reflex - If reactive, reflex Hepatitis C RNA Quantitative.</li> <li>HIVCO - If reactive, reflex HIV1 HIV2 Antibody Differentiation test.</li> <li>Lyme AB screen - If pos or Equivocal, reflex Lyme Weston Blot.</li> <li>Celiac Profile w/reflex - If IgA is low, reflex Gliadin IgG and IgA. If the IgA is normal or high, reflex an Endomysial IgA.</li> <li>SYPHAB - If Reactive or Equivocal, reflex RPR and TP-PA.</li> <li>UA w/Reflex Sediment - If pos blood, protein or WBC, reflex Urine Sediment.</li> </ul>
---------------------------------	---	---

Please provide diagnosis information on the front page. This is a partial list of ICD-10 codes.

<p>This list was compiled from the latest ICD-10-CM manual. This list is intended to assist ordering providers in providing accurate diagnosis information; however is not a complete listing of all ICD-10 codes. An ICD-10-CM manual should be used as a complete reference to report diagnostic information.</p>	R10.13	Abdominal Pain, Epigastric	N94.89	Other specified conditions associated with female genital organs and menstrual cycle	I26.99	Other pulmonary embolism without acute cor pulmonae
	R10.32	Abdominal Pain, lt lower quad	M10.9	Gout, unspecified	K50.90	Crohn's Disease, unspecified, without complications
	R10.31	Abdominal Pain, rt lower quad	R51	Headache	N28.9	Renal insufficiency
	R10.11	Abdominal Pain, RUQ	R31.9	Hematuria, unspecified	N19	Unspecified Kidney Failure
	R10.9	Abdominal Pain, unspecified	K62.5	Hemorrhage, rectal & anal	M06.9	Rheumatoid arthritis, unspecified
	R79.89	Other specified abnormal findings of blood chemistry	G60.9	Hereditary and idiopathic neuropathy, uns	J30.9	Rhinitis, allergic, unspecified cause
	R94.5	Abnormal Liver Function Study	Z86.711	Personal History of pulmonary embolism	J31.0	Chronic Rhinitis
	R63.5	Abnormal Weight Gain	E83.52	Hypercalcaemia	Z00.129	Routine child health examination without abnormal findings
	L70.9	Acne, Other	E78.0	Hypercholesterolemia, pure	Z00.121	Routine child health examination with abnormal findings
	I82.409	Acute embolism and thromb of unspecified deep veins of unspecified lower extremity	R73.9	Hyperglycemia, unspecified	Z00.00	General adult medical examination without abnormal findings
	L65.9	Alopecia, unspecified	E78.5	Hyperlipidemia, unspecified	Z00.01	General adult medical examination with abnormal findings
	R41.82	Altered Mental Status, unspecified	I10	Hypertension	Z12.11	Screening, Malignant neoplasm of colon
	D64.9	Anemia, unspecified	E16.2	Hypoglycemia, unspecified	Z12.12	Screening, Malignant neoplasm of rectum
	F41.9	Anxiety disorder, unspecified	E03.9	Hypothyroidism, NOS	Z13.6	Screening for cardiovascular disorders
	M12.9	Arthropathy	N97.9	Female infertility, unspecified	Z11.4	Screening for human immunodeficiency virus [HIV]
	I48.0	Paroxysmal atrial fibrillation	N46.9	Male infertility, unspecified	Z11.59	Screening for other viral diseases
	I48.2	Chronic atrial fibrillation	D50.8	Iron deficiency anemia, dietary	Z12.4	Screening, Mal Neop Cervix
	I48.91	Unspecified atrial fibrillation	D50.9	Iron deficiency anemia, unspecified	Z12.72	Screening, Mal Neop Vagina
	M89.9	Disorder of bone, unspecified	E83.10	Iron Metabolism disorder, unspecified	Z12.5	Screening for malignant neoplasm of prostate
	M94.9	Disorder of cartilage, unspecified	M25.50	Pain in unspecified joint	Z11.3	Screening for infections with a predominantly sexual mode of transmission
	K58.0	IBS with diarrhea	N18.9	Kidney Disease, chronic, unspecified	Z72.89	Screening for Venereal Disease (high risk)
	K58.9	IBS without diarrhea	E78.9	Disorder of lipoprotein metabolism, unspecified	R56.9	Seizure
	N40.1	Enlarged prostate with lower urinary tract symptoms	Z79.899	Long-term (current) Use of Other Meds	R06.02	Shortness of Breath
	N40.0	Enlarged prostate without lower urinary tract symptoms	Z79.01	Long-term use anticoagul	R21	Rash and other nonspecific skin eruption
	J40	Bronchitis, not specified as acute or chronic	A96.20	Lyme disease, unspecified	R20.2	Paresthesia of skin
	N20.0	Calculus of Kidney	C85.80	Other specified types of non-Hodgkin lymphoma, unspecified site	J02.0	Local infection of the skin and subcutaneous tissue, unspecified
	N20.1	Calculus of ureter	C61	Malignant Neoplasm of prostate	N39.3	Stress incontinence, male or female
	I49.9	Cardiac Arrhythmia, unspecified	N95.1	Menopausal and female climacteric states	R55	Syncope and collapse
	K90.0	Celiac Disease	N91.2	Amenorrhea, unspecified	E29.1	Testicular Hypofunction
	R07.9	Chest Pain, unspecified	N92.6	Irregular menstruation, unspecified	E05.90	Thyrotoxicosis, without crisis or storm
	R07.89	Other chest pain	N92.0	Excessive and frequent menstruation with regular cycle	R40.4	Transient Alt of Awareness
	I50.9	Heart Failure, unspecified	N92.1	Excessive and frequent menstruation with irregular cycle	K51.90	Ulcerative Colitis, unspecified without complications
	K59.00	Constipation, unspecified	G43.09	Migraine	J06.9	Upper Respiratory Infection, Acute, unspecified
	J44.9	COPD	G72.9	Mononeuritis of unspecified site	R35.0	Urinary Frequency
	I25.10	Atheroscler heart disease of native coronary artery without angina pectoris	C90.00	Multiple myeloma, not having achieved remission	N39.0	Urinary Tract Infection
	R05	Cough	M79.1	Myalgia, unspecified	L50.9	Uticaria (hives)
	E86.0	Dehydration	M60.80	Myositis, unspecified	N76.0	Vaginitis, Acute
	F32.9	Depression, NOS	D46.9	Myelodysplastic Syndrome, unspec	N76.1	Vaginitis, subacute and chronic
	L23.9	Allergic contact dermatitis, unspecified cause	R11.0	Nausea without vomiting	Z20.2	Contact with and (suspected) exposure to infections with a predominantly sexual mode of transmission
	L24.9	Irritant contact dermatitis, unspecified cause	R11.2	Nausea with vomiting	B97.89	Other viral agents as the cause of diseases classified elsewhere
	L25.9	Unspecified contact dermatitis, unspecified cause	R35.1	Nocturia	E55.9	Vitamin D Deficiency
	L25.4	Unspecified contact dermatitis due to food in contact with skin	E66.01	Morbid (severe) obesity due to excess calories	R11.10	Vomiting, Unspecified
	R17.9	Diarrhea	E66.01	Obesity, unspecified	R53.1	Other malaise
	R42	Dizziness and giddiness	F11.20	Opioid dependence, uncomplicated	R53.82	Chronic fatigue, unspecified
	E11.9	Type 2 diabetes mellitus without complications	M81.0	Other osteoporosis without current pathological fracture	R53.83	Other Fatigue
	Z51.81	Drug Monitoring, therapeutic	E66.3	Overweight	R63.4	Abnormal Weight Loss
	R30.0	Dysuria	R00.2	Palpitations		
	F50.9	Eating disorder, unspecified	J02.9	Acute pharyngitis, unspecified		
R60.9	Edema	J18.9	Pneumonia, unspecified organism			
R03.0	Elevated bp without diagnosis of hypertension	Z33.1	Preg state, incidental			
N18.6	End Stage Renal Disease	Z01.812	Encounter for preprocedural laboratory examination			
K21.9	Esophageal Reflux	C61	Malignant Neoplasm of prostate			
R50.9	Fever, unspecified	R97.2	PSA, Elevated			
K52.9	Noninfective gastroenteritis and colitis, unspecified					

<b>Patient Last Name</b>		<b>First</b>		<b>MI</b>	
<b>Gender</b>	<b>Date of Birth</b>			<b>Room #</b>	
M	F	/	/		
Medical Record Number			Social Security Number		
Patient Home Address, City, State, Zip Code					
Home Telephone		Other Telephone		B	L
				S	R
				E	GY
				U	SW
				ST	PR
Patient Insurance Company Name / Coverage (attach copy of card)				<input type="checkbox"/> Venipuncture Charge (V) <input type="checkbox"/> Left Arm <input type="checkbox"/> Right Arm	
Certificate # / Policy # / Group #				<input type="checkbox"/> CLIENT BILL/FACILITY BILL/PPS to:	
Insurance Company Address, City, State, Zip				Send Copies to: _____	
Subscriber Last Name	First	MI	Subscriber's Relationship to Patient	Subscriber Address	

**Diagnosis Code(s) or complete narrative diagnosis (Refer to back for partial listing) →**

**Order Date** / / **Time** AM / PM  **STAT! Use STAT Bag**  Call ( ) - **MD Signature:** \_\_\_\_\_  
 Fax ( ) -

SPECIMEN INFORMATION		Comments to appear on the report:
<b>Collection Date / Time</b>	<b>Phlebotomist's Signature</b>	
/ / AM / PM <input type="checkbox"/> <b>FASTING</b>	_____	

PROFILES and PANELS (PST, unless otherwise indicated)	CHEMISTRY (PST, unless otherwise indicated)	COAGULATION (BLUE)
<input type="checkbox"/> <b>Electrolyte Panel (LAB16)</b> NA, K, CL, CO2 <input type="checkbox"/> <b>Basic Metabolic Panel (LAB15)</b> NA, K, CL, CO2, GLU, CRE, CA, BUN <input type="checkbox"/> <b>Comprehensive Metabolic Panel (LAB4054)</b> NA, K, CL, CO2, GLU, BUN, CRE, CA, TP, ALB, ALKP, TBIL, AST, ALT <input type="checkbox"/> <b>Hepatitis (Acute) Panel (LAB39446)*</b> HAVM, HBCM, HBSAG, HCR# (S) <input type="checkbox"/> <b>Liver / Hepatic Function Panel (LAB3001)</b> TP, ALB, ALKP, TBIL, DBIL, AST, ALT <input type="checkbox"/> <b>Lipid Panel with LDL (LAB40521)</b> <input type="checkbox"/> <b>Obstetric Panel (LAB293, LAB471, LAB4227, BBK302, LAB119)*</b> CBCD, HBSAG, RUB, PREN, SYPHAB# (L, S, P) <input type="checkbox"/> <b>Obstetric Panel (LAB293, LAB471, LAB4227, BBK302, LAB119, LAB3007)</b> CBCD, HBSAG, RUB, PREN, SYPHAB#, HIVCO# (L, S, P) <input type="checkbox"/> <b>Renal Function Panel (LAB4265)*</b> NA, K, CL, CO2, GLU*, BUN, CRE, CA, PHOS, ALB	<input type="checkbox"/> <b>Albumin (LAB45)</b> <input type="checkbox"/> <b>Alpha-Feto Prot (LAB559)*</b> <input type="checkbox"/> <b>SGPT (LAB132)</b> <input type="checkbox"/> <b>SGOT (LAB131)</b> <input type="checkbox"/> <b>Alkaline Phos (LAB112)</b> <input type="checkbox"/> <b>Amylase (LAB48)</b> <input type="checkbox"/> <b>Bilirubin, Direct (LAB52)</b> <input type="checkbox"/> <b>Bilirubin, Total (LAB50)</b> <input type="checkbox"/> <b>CRP inflam (LAB149)</b> <input type="checkbox"/> <b>CRP high sens (LAB4161)</b> <input type="checkbox"/> <b>CA 125 (LAB155)*</b> (S) <input type="checkbox"/> <b>CA 15-3 (LAB776)*</b> (S) <input type="checkbox"/> <b>CA 19-9 (LAB777)*</b> (S) <input type="checkbox"/> <b>Calcium (LAB53)</b> <input type="checkbox"/> <b>CEA* (LAB57)</b> (S) <input type="checkbox"/> <b>Chloride (LAB59)</b> <input type="checkbox"/> <b>Cholesterol, Total (LAB60)*</b> <input type="checkbox"/> <b>Carbon Dioxide (LAB55)</b> <input type="checkbox"/> <b>Creatinine (LAB40275)</b> <input type="checkbox"/> <b>Creatine Kinase (LAB62)</b> <input type="checkbox"/> <b>Digoxin (LAB23)*</b> <input type="checkbox"/> <b>Dilantin (LAB31)</b> <input type="checkbox"/> <b>Estradiol (LAB523)</b> <input type="checkbox"/> <b>Ferritin (LAB68)*</b> <input type="checkbox"/> <b>Folate (LAB69)</b> (S) <input type="checkbox"/> <b>Free T4 (LAB127)*</b> <input type="checkbox"/> <b>FSH (LAB86)</b> <input type="checkbox"/> <b>G-Glutamyl Trans (LAB465)*</b> <input type="checkbox"/> <b>Glucose (LAB82)*</b> <input type="checkbox"/> <b>Hemoglobin A1C (LAB90)*</b> (L) <input type="checkbox"/> <b>HCG Quantitative (LAB144)*</b> <input type="checkbox"/> <b>HCG, Urine Qual (LAB437)</b> (U) <input type="checkbox"/> <b>HCG Tumor Marker (LAB752)*</b> (S) <input type="checkbox"/> <b>HDL Cholesterol (LAB4166)*</b>	<input type="checkbox"/> <b>HIV-1/2 Ag/Ab (LAB3007)*</b> # (S) <input type="checkbox"/> <b>IGE (LAB4112)</b> (S) <input type="checkbox"/> <b>Iron (LAB40493)*</b> (S) <input type="checkbox"/> <b>Iron Saturation (LAB829)*</b> (S) <input type="checkbox"/> <b>Lactate Dehydrogenase (LAB4135)</b> <input type="checkbox"/> <b>Lead Screen (LAB11427)</b> (L) <input type="checkbox"/> <b>Lipase (LAB99)</b> <input type="checkbox"/> <b>Luteinizing Hormone (LAB87)</b> <input type="checkbox"/> <b>Magnesium (LAB103)</b> <input type="checkbox"/> <b>Microalbumin (LAB689)</b> (U) <input type="checkbox"/> <b>Phosphorous (LAB113)</b> <input type="checkbox"/> <b>Potassium (LAB114)</b> <input type="checkbox"/> <b>Progesterone (LAB4026)</b> <input type="checkbox"/> <b>Prolactin (LAB531)</b> (S) <input type="checkbox"/> <b>Protein Electro (LAB4054522)</b> (S) <input type="checkbox"/> <b>Protein Electro (LAB4054523)</b> (U) <input type="checkbox"/> <b>PSA Monitoring (LAB4024)*</b> <input type="checkbox"/> <b>PSA Screening (LAB116)*</b> <input type="checkbox"/> <b>PSA Tot/Free Diagnostic (LAB4151)*</b> (+1S) <input type="checkbox"/> <b>Quad / AFP Screen (LAB560)*</b> (+1S) <input type="checkbox"/> <b>T4, Total (LAB126)*</b> <input type="checkbox"/> <b>Testosterone, Total (LAB124)</b> <input type="checkbox"/> <b>Testosterone, Tot/Free (LAB4154)</b> (3R) <input type="checkbox"/> <b>Total Protein (LAB118)</b> <input type="checkbox"/> <b>Total T3 (LAB136)*</b> <input type="checkbox"/> <b>Triglyceride (LAB134)*</b> <input type="checkbox"/> <b>TSH (LAB129)*</b> <input type="checkbox"/> <b>TSH Monitoring (LAB45318)</b> # <input type="checkbox"/> <b>TSH Screening (LAB3006)</b> # <input type="checkbox"/> <b>Urea Nitrogen (BUN) (LAB140)</b> <input type="checkbox"/> <b>Uric Acid (LAB141)</b> <input type="checkbox"/> <b>Valproic Acid (LAB25)</b> <input type="checkbox"/> <b>Vitamin B12 (LAB67)</b> <input type="checkbox"/> <b>Vitamin D, 25-OH (LAB535)*</b>
MICROBIOLOGY	HEMATOLOGY (LAV)	
<b>Source (required):</b> _____ <input type="checkbox"/> <b>AFB Culture &amp; Smear (LAB4666)</b> <input type="checkbox"/> <b>India Ink (LAB4773)</b> <input type="checkbox"/> <b>Strep B Vag/Rectal Scr (LAB4168)</b> <input type="checkbox"/> <b>AFB Smear (in house) (LAB266)</b> <input type="checkbox"/> <b>Influenza A &amp; B (LAB42615)</b> <input type="checkbox"/> <b>Patient allergic to Pen</b> <input type="checkbox"/> <b>Anaerobic Culture (LAB233)</b> <input type="checkbox"/> <b>Influenza A &amp; B/RSV PCR (LAB3010)</b> <input type="checkbox"/> <b>Throat Culture (LAB236)</b> <input type="checkbox"/> <b>Bacterial Vaginitis (LAB4826)</b> <input type="checkbox"/> <b>KOH Prep (LAB4676)</b> <input type="checkbox"/> <b>Tissue Culture/Smear (LAB4670)</b> # <input type="checkbox"/> <b>Blood Culture (LAB4674)</b> # <input type="checkbox"/> <b>MRSA Screen (LAB4671)</b> # <input type="checkbox"/> <b>Urine Culture (LAB4797)*</b> <input type="checkbox"/> <b>C.diff Ag/Toxin (LAB253)</b> # <input type="checkbox"/> <b>Ova &amp; Parasite (LAB955)</b> <input type="checkbox"/> <b>VRE Screen (LAB3004)</b> # <input type="checkbox"/> <b>Cryptosporidium (LAB4755)</b> <input type="checkbox"/> <b>Pinworm Prep (LAB248)</b> <input type="checkbox"/> <b>Wet Prep (LAB4678)</b> <input type="checkbox"/> <b>CSF Culture/Smear (LAB4756)</b> <input type="checkbox"/> <b>Rectal Screen for Strep A (LAB4695)</b> <input type="checkbox"/> <b>Wound Culture/Smear (LAB4371)</b> # <input type="checkbox"/> <b>Ear/Iye Culture (LAB4764)</b> # <input type="checkbox"/> <b>Other: _____</b> <input type="checkbox"/> <b>Fluid Culture/Smear (LAB269)</b> # <input type="checkbox"/> <b>Respiratory Culture (LAB4712)</b> # <input type="checkbox"/> <b>Fungal Culture (LAB240)</b> <input type="checkbox"/> <b>(Includes bronchial and sputum cultures)</b> <input type="checkbox"/> <b>Genital Culture/Smear (LAB4769)</b> # <input type="checkbox"/> <b>Rotavirus Antigen (LAB443)</b> <input type="checkbox"/> <b>Giardia Antigen (LAB4770)</b> <input type="checkbox"/> <b>RSV Rapid by EIA (LAB4692)</b> # <input type="checkbox"/> <b>Stool Culture, Comprehensive (LAB223)</b> # (includes + Tests) <input type="checkbox"/> <b>+Shiga Toxin (LAB4641)</b> <input type="checkbox"/> <b>+Salmonella/Shigella</b> # <input type="checkbox"/> <b>+Campylobacter</b> <input type="checkbox"/> <b>+E Coli 0157</b> # <input type="checkbox"/> <b>+Yersinia</b> # <input type="checkbox"/> <b>Chlamydia DNA (LAB4682)</b> <input type="checkbox"/> <b>GC DNA (LAB11129)</b> <input type="checkbox"/> <b>Chlam/GC DNA (LAB4744)</b> <input type="checkbox"/> <b>Trichomonas (LAB4683)</b> <input type="checkbox"/> <b>Rapid Grp A Strep (LAB4710)</b> <input type="checkbox"/> <b>Rapid Strep w/Reflex Throat Culture (LAB40722)</b> #	<input type="checkbox"/> <b>APTT (LAB325)*</b> <input type="checkbox"/> <b>PT with INR (LAB320)*</b> <input type="checkbox"/> <b>CBC (LAB294)*</b> <input type="checkbox"/> <b>CBC with Diff (LAB293)*</b> (Manual Diff if indicated) <input type="checkbox"/> <b>Hematocrit (LAB289)*</b> <input type="checkbox"/> <b>Reticulocyte Count (LAB4664)</b> <input type="checkbox"/> <b>Sedimentation Rate (LAB322)</b> <input type="checkbox"/> <b>WBC (LAB877)*</b>	
	IMMUNOLOGY (SST)	
	<input type="checkbox"/> <b>ANA with Reflex Titer (LAB147)</b> # <input type="checkbox"/> <b>Helicobacter Pylori Ab (LAB158)*</b> <input type="checkbox"/> <b>Hepatitis A IGM (LAB39444)</b> <input type="checkbox"/> <b>Hepatitis B Core IGM (LAB549)</b> <input type="checkbox"/> <b>Hepatitis B Surf AB (LAB472)</b> <input type="checkbox"/> <b>Hepatitis B Surf AG (LAB471)</b> <input type="checkbox"/> <b>Hepatitis BE AB/AG (LAB3019)</b> <input type="checkbox"/> <b>Hepatitis C Ab w/ Reflex (LAB868)</b> (+1S) <input type="checkbox"/> <b>Lyme Ab with Reflex (LAB4130)</b> # <input type="checkbox"/> <b>Mono / Hetero AB (LAB4698)</b> <input type="checkbox"/> <b>Rheumatoid Factor (LAB206)</b> <input type="checkbox"/> <b>Rubella Immunity (LAB4227)</b> <input type="checkbox"/> <b>Syphilis AB (LAB1197)</b> # <input type="checkbox"/> <b>Measles (Rubeola) IgG (LAB4007)</b> <input type="checkbox"/> <b>Mumps IgG (LAB4781)</b> <input type="checkbox"/> <b>VZV IgG (LAB4219)</b>	
	URINALYSIS	
	<input type="checkbox"/> <b>Occult Bld, Feces (LAB11274)*</b> , Diagnostic <input type="checkbox"/> <b>Colorectal Screening, Feces (LAB402267)</b> <input type="checkbox"/> <b>UA with Reflex Sediment (LAB347)</b> <input type="checkbox"/> <b>UA with Reflex Culture (LAB45323)</b> #	
	BLOOD BANK (PINK)*	
	<input type="checkbox"/> <b>Prenatal Screen (BBK302)</b> # (includes + tests below) <input type="checkbox"/> <b>+Type and Rh (BBT3)</b> <input type="checkbox"/> <b>+Antibody Screen w/reflex ID (BBT2)</b> # <input type="checkbox"/> <b>Antibody Titer (BBT40)</b> <input type="checkbox"/> <b>ABO &amp; RH (BBT3)</b> <input type="checkbox"/> <b>Rhlg Evaluation (BBT157)</b> <input type="checkbox"/> <b># weeks gest</b> <input type="checkbox"/> <b>Direct Antiglobulin Test (BBT8)</b> (L)*	
	OTHER TESTS	
	_____ _____ _____	

# Denotes Reflex Testing -- See Reverse Side of Requisition \*RED Denotes Medicare / ABN Eligible Testing Yellow fields are required to authenticate order  
 PST = plasma sep. tube, GY = gray top, L = lavender top, P = pink top, R = red top, S = serum sep. tube, U = urine, +1S = additional S, +1/ESR = additional lavender top or ESR tube