

| | | | | | |
|---|----------------------|-----------------|--------------------------------------|---|----|
| Patient Last Name | | First | | MI | |
| Gender | Date of Birth | | | Room # | |
| 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 | <input type="checkbox"/> Call () - | MD Signature: _____ |
| / / | ___ AM / PM <input type="checkbox"/> STAT! Use STAT Bag | <input type="checkbox"/> Fax () - | |

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

| PROFILES and PANELS (PST, unless otherwise indicated) | CHEMISTRY (PST, unless otherwise indicated) | COAGULATION (BLUE) |
|---|--|---|
| <input type="checkbox"/> Electrolyte Panel (LAB16) NA, K, CL, CO2 <input type="checkbox"/> Basic Metabolic Panel (LAB15) NA, K, CL, CO2, GLU, CRE, CA, BUN <input type="checkbox"/> Comprehensive Metabolic Panel (LAB4054) NA, K, CL, CO2, GLU, BUN, CRE, CA, TP, ALB, ALKP, TBIL, AST, ALT <input type="checkbox"/> Hepatitis (Acute) Panel (LAB39446)* HAVM, HBGM, HBSAG, HCR# (S) <input type="checkbox"/> Liver / Hepatic Function Panel (LAB3001) TP, ALB, ALKP, TBIL, DBIL, AST, ALT <input type="checkbox"/> Lipid Panel with LDL (LAB40521) <input type="checkbox"/> Obstetric Panel (LAB293, LAB471, LAB4227, BBK302, LAB119)* CBCD, HBSAG, RUB, PREN, SYPHAB# (L, S, P) <input type="checkbox"/> Obstetric Panel (LAB293, LAB471, LAB4227, BBK302, LAB119, LAB3007) CBCD, HBSAG, RUB, PREN, SYPHQ#, HIVCO# (L, S, P) <input type="checkbox"/> Renal Function Panel (LAB4265)* NA, K, CL, CO2, GLU*, BUN, CRE, CA, PHOS, ALB | <input type="checkbox"/> Albumin (LAB45) <input type="checkbox"/> Alpha-Feto Prot (LAB559)* <input type="checkbox"/> SGPT (LAB132) <input type="checkbox"/> SGOT (LAB131) <input type="checkbox"/> Alkaline Phos (LAB112) <input type="checkbox"/> Amylase (LAB48) <input type="checkbox"/> Bilirubin, Direct (LAB52) <input type="checkbox"/> Bilirubin, Total (LAB50) <input type="checkbox"/> CRP inflam (LAB149) <input type="checkbox"/> CRP high sens (LAB4161) <input type="checkbox"/> CA 125 (LAB155)* (S) <input type="checkbox"/> CA 15-3 (LAB776)* (S) <input type="checkbox"/> CA 19-9 (LAB777)* (S) <input type="checkbox"/> Calcium (LAB53) <input type="checkbox"/> CEA* (LAB57) (S) <input type="checkbox"/> Chloride (LAB59) <input type="checkbox"/> Cholesterol, Total (LAB60)* <input type="checkbox"/> Carbon Dioxide (LAB55) <input type="checkbox"/> Creatinine (LAB40275) <input type="checkbox"/> Creatine Kinase (LAB62) <input type="checkbox"/> Digoxin (LAB23)* <input type="checkbox"/> Dilantin (LAB31) <input type="checkbox"/> Estradiol (LAB523) <input type="checkbox"/> Ferritin (LAB68)* <input type="checkbox"/> Folate (LAB69) (S) <input type="checkbox"/> Free T4 (LAB127)* <input type="checkbox"/> FSH (LAB86) <input type="checkbox"/> G-Glutamyl Trans (LAB465)* <input type="checkbox"/> Glucose (LAB82)* <input type="checkbox"/> Hemoglobin A1C (LAB90)* (L) <input type="checkbox"/> HCG Quantitative (LAB144)* <input type="checkbox"/> HCG, Urine Qual (LAB437) (U) <input type="checkbox"/> HCG Tumor Marker (LAB752)* (S) <input type="checkbox"/> HDL Cholesterol (LAB4166)* | <input type="checkbox"/> HIV-1/2 Ag/Ab (LAB3007)* # (S) <input type="checkbox"/> IGE (LAB4112) (S) <input type="checkbox"/> Iron (LAB40493)* (S) <input type="checkbox"/> Iron Saturation (LAB829)* (S) <input type="checkbox"/> Lactate Dehydrogenase (LAB4135) <input type="checkbox"/> Lead Screen (LAB11427) (L) <input type="checkbox"/> Lipase (LAB99) <input type="checkbox"/> Luteinizing Hormone (LAB87) <input type="checkbox"/> Magnesium (LAB103) <input type="checkbox"/> Microalbumin (LAB689) (U) <input type="checkbox"/> Phosphorous (LAB113) <input type="checkbox"/> Potassium (LAB114) <input type="checkbox"/> Progesterone (LAB4026) <input type="checkbox"/> Prolactin (LAB531) (S) <input type="checkbox"/> Protein Electro (LAB4054522) (S) <input type="checkbox"/> Protein Electro (LAB4054523) (U) <input type="checkbox"/> PSA Monitoring (LAB4024)* <input type="checkbox"/> PSA Screening (LAB116)* <input type="checkbox"/> PSA Tot/Free Diagnostic (LAB4151)* (+1S) <input type="checkbox"/> Quad / AFP Screen (LAB560)* (+1S) <input type="checkbox"/> T4, Total (LAB126)* <input type="checkbox"/> Testosterone, Total (LAB124) <input type="checkbox"/> Testosterone, Tot/Free (LAB4154) (3R) <input type="checkbox"/> Total Protein (LAB118) <input type="checkbox"/> Total T3 (LAB136)* <input type="checkbox"/> Triglyceride (LAB134)* <input type="checkbox"/> TSH (LAB129)* <input type="checkbox"/> TSH Monitoring (LAB45318) # <input type="checkbox"/> TSH Screening (LAB3006) # <input type="checkbox"/> Urea Nitrogen (BUN) (LAB140) <input type="checkbox"/> Uric Acid (LAB141) <input type="checkbox"/> Valproic Acid (LAB25) <input type="checkbox"/> Vitamin B12 (LAB67) <input type="checkbox"/> Vitamin D, 25-OH (LAB535)* |
| MICROBIOLOGY Source (required): _____ <input type="checkbox"/> AFB Culture & Smear (LAB4666) <input type="checkbox"/> India Ink (LAB4773) <input type="checkbox"/> Strep B Vag/Rectal Scr (LAB4168) <input type="checkbox"/> AFB Smear (in house) (LAB266) <input type="checkbox"/> Influenza A & B (LAB42615) <input type="checkbox"/> Patient allergic to Pen <input type="checkbox"/> Anaerobic Culture (LAB233) <input type="checkbox"/> Influenza A & B/RSV PCR (LAB3010) <input type="checkbox"/> Throat Culture (LAB236) <input type="checkbox"/> Bacterial Vaginitis (LAB4826) <input type="checkbox"/> KOH Prep (LAB4676) <input type="checkbox"/> Tissue Culture/Smear (LAB4670) # <input type="checkbox"/> Blood Culture (LAB4674) # <input type="checkbox"/> MRSA Screen (LAB4671) # <input type="checkbox"/> Urine Culture (LAB4797)* <input type="checkbox"/> C.diff Ag/Toxin (LAB253) # <input type="checkbox"/> Ova & Parasite (LAB955) <input type="checkbox"/> VRE Screen (LAB3004) # <input type="checkbox"/> Cryptosporidium (LAB4755) <input type="checkbox"/> Pinworm Prep (LAB248) <input type="checkbox"/> Wet Prep (LAB4678) <input type="checkbox"/> CSF Culture/Smear (LAB4756) <input type="checkbox"/> Rectal Screen for Strep A (LAB4695) <input type="checkbox"/> Wound Culture/Smear (LAB4371) # <input type="checkbox"/> Ear/Iye Culture (LAB4764) # <input type="checkbox"/> Other: _____ <input type="checkbox"/> Fluid Culture/Smear (LAB269) # <input type="checkbox"/> Respiratory Culture (LAB4712) # <input type="checkbox"/> Fungal Culture (LAB240) <input type="checkbox"/> (Includes bronchial and sputum cultures) <input type="checkbox"/> Genital Culture/Smear (LAB4769) # <input type="checkbox"/> Rotavirus Antigen (LAB443) <input type="checkbox"/> Giardia Antigen (LAB4770) <input type="checkbox"/> RSV Rapid by EIA (LAB4692) # <input type="checkbox"/> Stool Culture, Comprehensive (LAB223) # (includes + Tests) <input type="checkbox"/> +Shiga Toxin (LAB4641) <input type="checkbox"/> +Salmonella/Shigella # <input type="checkbox"/> +Campylobacter <input type="checkbox"/> +E Coli 0157 # <input type="checkbox"/> +Yersinia # <input type="checkbox"/> Chlamydia DNA (LAB4682) <input type="checkbox"/> GC DNA (LAB11129) <input type="checkbox"/> Chlam/GC DNA (LAB4744) <input type="checkbox"/> Trichomonas (LAB4683) <input type="checkbox"/> Rapid Grp A Strep (LAB4710) <input type="checkbox"/> Rapid Strep w/Reflex Throat Culture (LAB40722) # | OTHER TESTS _____ _____ _____ | HEMATOLOGY (LAV) <input type="checkbox"/> APTT (LAB325)* <input type="checkbox"/> PT with INR (LAB320)* <input type="checkbox"/> CBC (LAB294)* <input type="checkbox"/> CBC with Diff (LAB293)* (Manual Diff if indicated) <input type="checkbox"/> Hematocrit (LAB289)* <input type="checkbox"/> Reticulocyte Count (LAB4664) <input type="checkbox"/> Sedimentation Rate (LAB322) <input type="checkbox"/> WBC (LAB787)* IMMUNOLOGY (SST) <input type="checkbox"/> ANA with Reflex Titer (LAB147) # <input type="checkbox"/> Helicobacter Pylori Ab (LAB158)* <input type="checkbox"/> Hepatitis A IGM (LAB39444) <input type="checkbox"/> Hepatitis B Core IGM (LAB549) <input type="checkbox"/> Hepatitis B Surf AB (LAB472) <input type="checkbox"/> Hepatitis B Surf AG (LAB471) <input type="checkbox"/> Hepatitis BE AB/AG (LAB3019) <input type="checkbox"/> Hepatitis C Ab w/ Reflex (LAB868) (+1S) <input type="checkbox"/> Lyme Ab with Reflex (LAB4130) # <input type="checkbox"/> Mono / Hetero AB (LAB4698) <input type="checkbox"/> Rheumatoid Factor (LAB206) <input type="checkbox"/> Rubella Immunity (LAB4227) <input type="checkbox"/> Syphilis AB (LAB1197) # <input type="checkbox"/> Measles (Rubeola) IgG (LAB4007) <input type="checkbox"/> Mumps IgG (LAB4781) <input type="checkbox"/> VZV IgG (LAB4219) URINALYSIS <input type="checkbox"/> Occult Bld, Feces (LAB11274)* , Diagnostic <input type="checkbox"/> Colorectal Screening, Feces (LAB402267) <input type="checkbox"/> Urinalysis, with Microscopy (LAB4668) <input type="checkbox"/> UA without Sediment (LAB347) <input type="checkbox"/> UA with Reflex Culture (LAB45323) # BLOOD BANK (PINK)* <input type="checkbox"/> Prenatal Screen (BBK302) # (includes + tests below) <input type="checkbox"/> +Type and Rh (BBT3) <input type="checkbox"/> +Antibody Screen w/reflex ID (BBT2) # <input type="checkbox"/> Antibody Titer (BBT40) <input type="checkbox"/> ABO & RH (BBT3) <input type="checkbox"/> Rhlg Evaluation (BBT157) # weeks gest <input type="checkbox"/> Direct Antiglobulin Test (BBT8) (L)* |

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

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

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| REFLEX TESTING PROTOCOLS | <ul style="list-style-type: none"> Blood Bank Prenatal or Antibody Screen - If pos, reflex Antibody ID. Lipid Panel w/Reflex - If Trig is > 400, reflex Direct LDL. Thyroid w/reflex - If Abnormal TSH, reflex FT4. Thyroid w/reflex - If TSH<0.10 & FT4 is <1.77, reflex FT3. Thyroid L-T4 Therapy Monitor - If TSH < 0.05, reflex FT4. CSF & Body Fluid Differentials - If Abnormal Cells, reflex Pathologist Review. UA w/reflex - If Esterase, Nitrite or WBC are pos, reflex Urine Culture. All Bact. Cultures - If growth of a Pathogen, reflex Organism ID & Sensitivity. Rapid Strep w/reflex Throat Culture - If neg, reflex Throat Culture. | <ul style="list-style-type: none"> RSV Rapid EIA - If neg, reflex RSV Rapid DFA. Anti Nuclear Antibody - If pos, reflex a Titer with pattern. Cold Agglutinin Screen - If pos, reflex a Titer. Hepatitis C w/Reflex - If reactive, reflex Hepatitis C RNA Quantitative. HIVCO - If reactive, reflex HIV1 HIV2 Antibody Differentiation test. Lyme AB screen - If pos or Equivocal, reflex Lyme Weston Blot. Celiac Profile w/reflex - If IgA is low, reflex Gliadin IgG and IgA. If the IgA is normal or high-reflex an Endomysial IgA. SYPHAB - If Reactive or Equivocal, reflex RPR and TP-PA. |
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Please provide diagnosis information on the front page. This is a partial list of ICD-10 codes.

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

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|---|----------------------|--------------|------------------------|---------------|--------------------------------------|
| Patient Last Name | | First | | MI | |
| Gender | Date of Birth | | | Room # | |
| M | F | / | / | | |
| Medical Record Number | | | Social Security Number | | |
| Patient Home Address, City, State, Zip Code | | | | | |
| Home Telephone | | | Other Telephone | | |
| Patient Insurance Company Name / Coverage (attach copy of card) | | | | | |
| Certificate # / Policy # / Group # | | | | | |
| Insurance Company Address, City, State, Zip | | | | | |
| 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 () - Fax () - **MD Signature:** _____

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

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| <input type="checkbox"/> Electrolyte Panel (LAB16) NA, K, CL, CO2 <input type="checkbox"/> Basic Metabolic Panel (LAB15) NA, K, CL, CO2, GLU, CRE, CA, BUN <input type="checkbox"/> Comprehensive Metabolic Panel (LAB4054) NA, K, CL, CO2, GLU, BUN, CRE, CA, TP, ALB, ALKP, TBIL, AST, ALT <input type="checkbox"/> Hepatitis (Acute) Panel (LAB39446)* HAVM, HBCM, HBSAG, HCR# (S) <input type="checkbox"/> Liver / Hepatic Function Panel (LAB3001) TP, ALB, ALKP, TBIL, DBIL, AST, ALT <input type="checkbox"/> Lipid Panel with LDL (LAB40521) <input type="checkbox"/> Obstetric Panel (LAB293, LAB471, LAB4227, BBK302, LAB119)* CBCD, HBSAG, RUB, PREN, SYPHAB# (L, S, P) <input type="checkbox"/> Obstetric Panel (LAB293, LAB471, LAB4227, BBK302, LAB119, LAB3007) CBCD, HBSAG, RUB, PREN, SYPHAB#, HIVCO# (L, S, P) <input type="checkbox"/> Renal Function Panel (LAB4265)* NA, K, CL, CO2, GLU*, BUN, CRE, CA, PHOS, ALB | <input type="checkbox"/> Albumin (LAB45) <input type="checkbox"/> Alpha-Feto Prot (LAB559)* <input type="checkbox"/> SGPT (LAB132) <input type="checkbox"/> SGOT (LAB131) <input type="checkbox"/> Alkaline Phos (LAB112) <input type="checkbox"/> Amylase (LAB48) <input type="checkbox"/> Bilirubin, Direct (LAB52) <input type="checkbox"/> Bilirubin, Total (LAB50) <input type="checkbox"/> CRP inflam (LAB149) <input type="checkbox"/> CRP high sens (LAB4161) <input type="checkbox"/> CA 125 (LAB155)* (S) <input type="checkbox"/> CA 15-3 (LAB776)* (S) <input type="checkbox"/> CA 19-9 (LAB777)* (S) <input type="checkbox"/> Calcium (LAB53) <input type="checkbox"/> CEA* (LAB57) (S) <input type="checkbox"/> Chloride (LAB59) <input type="checkbox"/> Cholesterol, Total (LAB60)* <input type="checkbox"/> Carbon Dioxide (LAB55) <input type="checkbox"/> Creatinine (LAB40275) <input type="checkbox"/> Creatine Kinase (LAB62) <input type="checkbox"/> Digoxin (LAB23)* <input type="checkbox"/> Dilantin (LAB31) <input type="checkbox"/> Estradiol (LAB523) <input type="checkbox"/> Ferritin (LAB68)* <input type="checkbox"/> Folate (LAB69) (S) <input type="checkbox"/> Free T4 (LAB127)* <input type="checkbox"/> FSH (LAB86) <input type="checkbox"/> G-Glutamyl Trans (LAB465)* <input type="checkbox"/> Glucose (LAB82)* <input type="checkbox"/> Hemoglobin A1C (LAB90)* (L) <input type="checkbox"/> HCG Quantitative (LAB144)* <input type="checkbox"/> HCG, Urine Qual (LAB437) (U) <input type="checkbox"/> HCG Tumor Marker (LAB752)* (S) <input type="checkbox"/> HDL Cholesterol (LAB4166)* | <input type="checkbox"/> HIV-1/2 Ag/Ab (LAB3007)* # (S) <input type="checkbox"/> IGE (LAB4112) (S) <input type="checkbox"/> Iron (LAB40493)* (S) <input type="checkbox"/> Iron Saturation (LAB829)* (S) <input type="checkbox"/> Lactate Dehydrogenase (LAB4135) <input type="checkbox"/> Lead Screen (LAB11427) (L) <input type="checkbox"/> Lipase (LAB99) <input type="checkbox"/> Luteinizing Hormone (LAB87) <input type="checkbox"/> Magnesium (LAB103) <input type="checkbox"/> Microalbumin (LAB689) (U) <input type="checkbox"/> Phosphorous (LAB113) <input type="checkbox"/> Potassium (LAB114) <input type="checkbox"/> Progesterone (LAB4026) <input type="checkbox"/> Prolactin (LAB531) (S) <input type="checkbox"/> Protein Electro (LAB4054522) (S) <input type="checkbox"/> Protein Electro (LAB4054523) (U) <input type="checkbox"/> PSA Monitoring (LAB4024)* <input type="checkbox"/> PSA Screening (LAB116)* <input type="checkbox"/> PSA Tot/Free Diagnostic (LAB4151)* (+1S) <input type="checkbox"/> Quad / AFP Screen (LAB560)* (+1S) <input type="checkbox"/> T4, Total (LAB126)* <input type="checkbox"/> Testosterone, Total (LAB124) <input type="checkbox"/> Testosterone, Tot/Free (LAB4154) (3R) <input type="checkbox"/> Total Protein (LAB118) <input type="checkbox"/> Total T3 (LAB136)* <input type="checkbox"/> Triglyceride (LAB134)* <input type="checkbox"/> TSH (LAB129)* <input type="checkbox"/> TSH Monitoring (LAB45318) # <input type="checkbox"/> TSH Screening (LAB3006) # <input type="checkbox"/> Urea Nitrogen (BUN) (LAB140) <input type="checkbox"/> Uric Acid (LAB141) <input type="checkbox"/> Valproic Acid (LAB25) <input type="checkbox"/> Vitamin B12 (LAB67) <input type="checkbox"/> Vitamin D, 25-OH (LAB535)* |
| MICROBIOLOGY | HEMATOLOGY (LAV) | |
| Source (required): _____ <input type="checkbox"/> AFB Culture & Smear (LAB4666) <input type="checkbox"/> India Ink (LAB4773) <input type="checkbox"/> Strep B Vag/Rectal Scr (LAB4168) <input type="checkbox"/> AFB Smear (in house) (LAB266) <input type="checkbox"/> Influenza A & B (LAB42615) <input type="checkbox"/> Patient allergic to Pen <input type="checkbox"/> Anaerobic Culture (LAB233) <input type="checkbox"/> Influenza A & B/RSV PCR (LAB3010) <input type="checkbox"/> Throat Culture (LAB236) <input type="checkbox"/> Bacterial Vaginitis (LAB4826) <input type="checkbox"/> KOH Prep (LAB4676) <input type="checkbox"/> Tissue Culture/Smear (LAB4670) # <input type="checkbox"/> Blood Culture (LAB4674) # <input type="checkbox"/> MRSA Screen (LAB4671) # <input type="checkbox"/> Urine Culture (LAB4797)* <input type="checkbox"/> C.diff Ag/Toxin (LAB253) # <input type="checkbox"/> Ova & Parasite (LAB955) <input type="checkbox"/> VRE Screen (LAB3004) # <input type="checkbox"/> Cryptosporidium (LAB4755) <input type="checkbox"/> Pinworm Prep (LAB248) <input type="checkbox"/> Wet Prep (LAB4678) <input type="checkbox"/> CSF Culture/Smear (LAB4756) <input type="checkbox"/> Rectal Screen for Strep A (LAB4695) <input type="checkbox"/> Wound Culture/Smear (LAB4371) # <input type="checkbox"/> Ear/Iye Culture (LAB4764) # <input type="checkbox"/> Other: _____ <input type="checkbox"/> Fluid Culture/Smear (LAB269) # <input type="checkbox"/> Respiratory Culture (LAB4712) # <input type="checkbox"/> Fungal Culture (LAB240) <input type="checkbox"/> (Includes bronchial and sputum cultures) <input type="checkbox"/> Genital Culture/Smear (LAB4769) # <input type="checkbox"/> Rotavirus Antigen (LAB443) <input type="checkbox"/> Giardia Antigen (LAB4770) <input type="checkbox"/> RSV Rapid by EIA (LAB4692) # <input type="checkbox"/> Stool Culture, Comprehensive (LAB223) # (includes + Tests) <input type="checkbox"/> +Shiga Toxin (LAB4641) <input type="checkbox"/> +Salmonella/Shigella # <input type="checkbox"/> +Campylobacter <input type="checkbox"/> +E Coli 0157 # <input type="checkbox"/> +Yersinia # <input type="checkbox"/> Chlamydia DNA (LAB4682) <input type="checkbox"/> GC DNA (LAB11129) <input type="checkbox"/> Chlam/GC DNA (LAB4744) <input type="checkbox"/> Trichomonas (LAB4683) <input type="checkbox"/> Rapid Grp A Strep (LAB4710) <input type="checkbox"/> Rapid Strep w/Reflex Throat Culture (LAB40722) # | <input type="checkbox"/> APTT (LAB325)* <input type="checkbox"/> PT with INR (LAB320)* <input type="checkbox"/> CBC (LAB294)* <input type="checkbox"/> CBC with Diff (LAB293)* <input type="checkbox"/> (Manual Diff if indicated) <input type="checkbox"/> Hematocrit (LAB289)* <input type="checkbox"/> Reticulocyte Count (LAB4664) <input type="checkbox"/> Sedimentation Rate (LAB322) <input type="checkbox"/> WBC (LAB787)* IMMUNOLOGY (SST) <input type="checkbox"/> ANA with Reflex Titer (LAB147) # <input type="checkbox"/> Helicobacter Pylori Ab (LAB158)* <input type="checkbox"/> Hepatitis A IGM (LAB39444) <input type="checkbox"/> Hepatitis B Core IGM (LAB549) <input type="checkbox"/> Hepatitis B Surf AB (LAB472) <input type="checkbox"/> Hepatitis B Surf AG (LAB471) <input type="checkbox"/> Hepatitis BE AB/AG (LAB3019) <input type="checkbox"/> Hepatitis C Ab w/ Reflex (LAB868) (+1S) <input type="checkbox"/> Lyme Ab with Reflex (LAB4130) # <input type="checkbox"/> Mono / Hetero AB (LAB4698) <input type="checkbox"/> Rheumatoid Factor (LAB206) <input type="checkbox"/> Rubella Immunity (LAB4227) <input type="checkbox"/> Syphilis AB (LAB1197) # <input type="checkbox"/> Measles (Rubeola) IgG (LAB4007) <input type="checkbox"/> Mumps IgG (LAB4781) <input type="checkbox"/> VZV IgG (LAB4219) URINALYSIS <input type="checkbox"/> Occult Bld, Feces (LAB11274)* , Diagnostic <input type="checkbox"/> Colorectal Screening, Feces (LAB402267) <input type="checkbox"/> Urinalysis, with Microscopy (LAB4668) <input type="checkbox"/> UA without Sediment (LAB347) <input type="checkbox"/> UA with Reflex Culture (LAB45323) # BLOOD BANK (PINK)* <input type="checkbox"/> Prenatal Screen (BBK302) # <input type="checkbox"/> (includes + tests below) <input type="checkbox"/> +Type and Rh (BBT3) <input type="checkbox"/> +Antibody Screen w/reflex ID (BBT2) # <input type="checkbox"/> Antibody Titer (BBT40) <input type="checkbox"/> ABO & RH (BBT3) <input type="checkbox"/> Rhlg Evaluation (BBT157) <input type="checkbox"/> # weeks gest _____ <input type="checkbox"/> Direct Antiglobulin Test (BBT8) (L)* | |
| | OTHER TESTS | |
| | <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ | |

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