

FOR LAB USE ONLY

SST	RED	LAV	BLUE	FROZEN	OTHER:
UA	UA-24	UA-CULT	STOOL	SWAB	
DATE COLLECTED: / /		TIME COLLECTED: AM PM		ACCOUNT NO.:	HISTORY NO. or LABEL:
FASTING <input type="checkbox"/> hours		INIT: _____		AFFIX ACCESSION LABEL HERE	
PATIENT LAST NAME FIRST M.I.			SEX		
ADDRESS/STREET CITY STATE			ZIP		
HOME PHONE SOCIAL SECURITY NO.			BIRTHDATE Mo Day Year		



64153



OUTPATIENT LABORATORY REQUISITION
1221 PINE GROVE AVENUE PORT HURON, MICHIGAN 48060
PHONE: (810) 989-3263 FAX: (810) 989-3221

PHYSICIAN SIGNATURE: _____ Date _____

A COPY OF INSURANCE CARD IS REQUESTED

BILL TO: BC/BS MC MCAID OTHER PATIENT

SUBSCRIBER NAME LAST FIRST INITIAL

GROUP # CONTRACT #

PATIENT IS:
 Subscriber
 Spouse
 Dependent

STAT PRIORITY

SEND COPY TO:

ICD-10 CM REQUIRED FOR INSURANCE BILLING AND MUST BE PROVIDED TO JUSTIFY MEDICAL NECESSITY FOR TESTS ORDERED PARTIAL LIST APPEARS BELOW

PHYSICIAN NOTICE

Advanced Beneficiary Notice: If physicians and caregivers have reason to believe that Medicare will not pay for a procedure because it is not covered due to medical necessity, screening or frequency they are required to provide the Medicare patient with an ABN. If Medicare is likely to deny payment you should complete the ABN and ask the patient to sign it.

Medical Necessity: When ordering tests for which Medicare reimbursement will be sought, physicians (or other individuals authorized by law to order tests) should only order tests that are medically necessary for the diagnosis or treatment of a patient, rather than for screening purposes. (@=ABN targeted tests)

<input type="checkbox"/> COMP with eGFR COMPREHENSIVE METABOLIC PANEL	<input type="checkbox"/> BMP with eGFR BASIC METABOLIC PANEL	<input type="checkbox"/> RFP with eGFR RENAL FUNCTION PANEL	<input type="checkbox"/> LYTE ELECTROLYTE PANEL	<input type="checkbox"/> LIPID @ LIPID PANEL	<input type="checkbox"/> HPA @ HEPATIC FUNCTION PANEL	<input type="checkbox"/> HEPPNL @ ACUTE HEPATITIS PANEL
Glucose Potassium Albumin ALT BUN Chloride Calcium AST Creatinine CO ₂ Alk Phosphatase Anion gap Sodium Total Protein Total Bilirubin (SST)	Glucose Sodium CO ₂ BUN Potassium Calcium Creatinine Chloride Anion gap Albumin CO ₂ (SST)	Glucose Sodium Calcium BUN Potassium Phosphorus Creatinine Chloride Anion gap Albumin CO ₂ (SST)	Sodium Potassium Chloride Anion gap CO ₂ (SST)	Cholesterol Triglycerides HDL Cholesterol LDL (CALC) (SST)	Albumin Total Protein Bilirubin (Total, Fractions) ALT, AST Alk Phosphatase (SST)	HAV, IgM HBV core Ab, IgM HBV Ag HCV Ab (SST)

ALPHABETICAL LISTING OF INDIVIDUAL TESTS AND SPECIMEN REQUIREMENTS - ANY PANEL COMPONENT MAY BE ORDERED SEPARATELY

OTHER:	<input type="checkbox"/> ALB Albumin SST	<input type="checkbox"/> LDH LD (LDH) SST	<input type="checkbox"/> ENA ENA (SM/RNP) SST	
	<input type="checkbox"/> ALK Alkaline Phosphatase SST	<input type="checkbox"/> LH LH SST	<input type="checkbox"/> SJO Sjogrens (SSA/SSB) SST	
COMMENTS:	<input type="checkbox"/> ALT ALT (SGPT) SST	<input type="checkbox"/> LIP Lipase SST	THERAPEUTIC DRUGS*	
	<input type="checkbox"/> AMY Amylase SST	<input type="checkbox"/> LIPREF Lipid Panel reflexed to Direct LDL if TRIG>400 @ SST	<input type="checkbox"/> VALP Depakene (Valproic Acid) SST	<input type="checkbox"/> DIG Digoxin (Lanoxin) @ SST
	<input type="checkbox"/> AICE Angiotension Conv. Enzyme (ACE) SST	<input type="checkbox"/> LDL If TRIG>400 @ SST	<input type="checkbox"/> PHENY Dilantin (Phenytoin) R	<input type="checkbox"/> LAMOT Lamictal (Lamotrigine) R
	<input type="checkbox"/> AST AST (SGOT) SST	<input type="checkbox"/> MG Magnesium @ SST	<input type="checkbox"/> CARB Tegretol (Carbamazepine) SST	*Date/Time of last dose _____
	<input type="checkbox"/> B12 Vitamin B12 SST	<input type="checkbox"/> PHOS Phosphorus SST	MICROBIOLOGY/VIROLOGY	
	<input type="checkbox"/> TBIL Bilirubin, Total SST	<input type="checkbox"/> POT Potassium SST	Cultures include a sensitivity on clinically significant organisms	
	<input type="checkbox"/> NBIL Bilirubin, Neonatal SST	<input type="checkbox"/> PSA PSA, Diagnostic @ SST	Source (required) _____	
	<input type="checkbox"/> BUN BUN SST	<input type="checkbox"/> PSASCN PSA, Annual Screen Z12.5 SST	<input type="checkbox"/> GENC* Genital	<input type="checkbox"/> GSSC Genital Group B Strep
	<input type="checkbox"/> CA Calcium SST	<input type="checkbox"/> TP Protein, Total Serum SST	<input type="checkbox"/> GCRNA GC RNA	<input type="checkbox"/> CHRNA Chlamydia RNA
	<input type="checkbox"/> CBCD CBC (Inc PLT and Diff) @ LAV	<input type="checkbox"/> TPEML Prothrombin Time with INR @ SST	<input type="checkbox"/> CHGRNA Chlamydia/GC RNA Panel	<input type="checkbox"/> HSPVPCR Herpes Culture w/typing
	<input type="checkbox"/> CBC CBC (Inc PLT, No Diff) @ LAV	<input type="checkbox"/> PTINR PRH, Intact @ PEARL	<input type="checkbox"/> RTRAG Trichomonas Ag, females only SWAB	<input type="checkbox"/> STOC EHEC Stool Culture w/Shiga toxin
	<input type="checkbox"/> CEA CEA @ SST	<input type="checkbox"/> PTHI RPR (VDRL) @ SST	<input type="checkbox"/> WBCST Stool Exam for WBC's	<input type="checkbox"/> GCRYP Giardia/Cryptosporidium
	<input type="checkbox"/> CPK CPK SST	<input type="checkbox"/> RUBLG Rubella IgG SST	<input type="checkbox"/> CDPCR Clostridium Difficile PCR (C-Diff)	<input type="checkbox"/> ROTC Rotavirus
	<input type="checkbox"/> CORTS Cortisol SST	<input type="checkbox"/> ESR Sed Rate @ LAV	<input type="checkbox"/> OCCB Occult Blood, Stool, Diagnostic @	<input type="checkbox"/> OCCSCN Occult Blood, Stool, Annual Screen
	<input type="checkbox"/> CREAT Creatinine with eGFR SST	<input type="checkbox"/> FT4 T4, Free SST	<input type="checkbox"/> Z12.12 Colon CA Screen	<input type="checkbox"/> Z12.11 Rectal CA Screen
	<input type="checkbox"/> CRP CRP (inflammatory) SST	<input type="checkbox"/> TESTO Testosterone SST	<input type="checkbox"/> URNC Urine Culture <input type="checkbox"/> Void <input type="checkbox"/> Cath @	<input type="checkbox"/> SPTC* Sputum Culture
	<input type="checkbox"/> CRPHS CRP, High Sensitive (cardiac) @ SST	<input type="checkbox"/> TESTF Testosterone, Free SST	<input type="checkbox"/> THTC Throat Culture	<input type="checkbox"/> TSSC 24 hr. Strep Screen, Throat
	<input type="checkbox"/> EBVPNL EBC, IgM VCA SST	<input type="checkbox"/> TRIG Triglycerides, @ SST	<input type="checkbox"/> S10C Rapid Group A Strep, Throat	<input type="checkbox"/> WDC* Wound Culture
	<input type="checkbox"/> FE Iron @ SST	<input type="checkbox"/> TSH TSH @ SST	<input type="checkbox"/> ANAC Anaerobic Cult	<input type="checkbox"/> BFLC* Body Fluid Cult
	<input type="checkbox"/> FETI Iron with TIBC. % Saturation @ SST	<input type="checkbox"/> TSHREF TSH reflexed to FT 4 if abnormal @ SST	<input type="checkbox"/> FUNG Fungus Culture Source _____	<input type="checkbox"/> AFBC TB Smear & Cult
	<input type="checkbox"/> FER Ferritin @ SST	<input type="checkbox"/> URIC Uric Acid SST	<input type="checkbox"/> BBLC Blood Culture	*Includes Gram Stain
	<input type="checkbox"/> FOL Folate, Serum SST	<input type="checkbox"/> VITDML Vitamin D @ SST	URINE TESTING	
	<input type="checkbox"/> FSH FSH SST	<input type="checkbox"/> UA Urinalysis w/microscopic if indicated U	<input type="checkbox"/> UHCG Qual Urine HCG U	<input type="checkbox"/> URMALCREWD Microalbumin/Creatinine Ratio U
	<input type="checkbox"/> GGT GGT @ SST	<input type="checkbox"/> UHCG Qual Urine HCG U	<input type="checkbox"/> URMALB24 Microalbumin, 24" Urine U24	<input type="checkbox"/> URTPT Total Protein, Random Urine U
	<input type="checkbox"/> GLU Glucose @ SST	<input type="checkbox"/> URMALCREWD Microalbumin/Creatinine Ratio U	<input type="checkbox"/> URTP24 Total Protein, 24" Urine U24	<input type="checkbox"/> URCRE Creatinine, Random Urine U
	<input type="checkbox"/> A1C Glycohemoglobin (HgbA1C) @ LAV	<input type="checkbox"/> URMALB24 Microalbumin, 24" Urine U24	<input type="checkbox"/> URCRE24 Creatinine, 24" Urine U24	<input type="checkbox"/> URCRCL Creatinine Clearance (includes Blood Creatinine) U24, SST
	<input type="checkbox"/> HCGQNT HCG, Quant Serum @ SST	<input type="checkbox"/> URTPT Total Protein, 24" Urine U24	<input type="checkbox"/> ANA ANA SST	<input type="checkbox"/> DNADS DNA, double stranded SST
	<input type="checkbox"/> HBSAG Hepatitis B Surface Antigen @ SST	<input type="checkbox"/> URCRE Creatinine, Random Urine U	<input type="checkbox"/> RF Rheumatoid Factor SST	
	<input type="checkbox"/> HBSAB Hepatitis B Surface Antibody @ SST	<input type="checkbox"/> URCRE24 Creatinine, 24" Urine U24		
	<input type="checkbox"/> HBCM Hepatitis B Core AB IgM @ SST	<input type="checkbox"/> URCRCL Creatinine Clearance (includes Blood Creatinine) U24, SST		
	<input type="checkbox"/> HAVMI Hepatitis A Antibody, IgM @ SST			
	<input type="checkbox"/> HCVG Hepatitis C AB @ SST			
	<input type="checkbox"/> HELGML H Pylori Antibody, IgG SST			
	<input type="checkbox"/> HTR0 Heterophile (Infectious Mono) SST			
	<input type="checkbox"/> HIV12 HIV-1/HIV-2 AB @ SST			
	<input type="checkbox"/> HLAB27 HLA B-27 2LAV			
	<input type="checkbox"/> HCYSTML Homocysteine @ PEARL			