

PATIENT NAME (LAST, FIRST, MIDDLE)		DATE OF BIRTH	PHONE #	SOCIAL SECURITY #	MEDICAL RECORD #
NAME OF INSURED / RESPONSIBLE PARTY		MEDICARE #	MEDICAID #	ACCOUNT #	
RELATIONSHIP OF PATIENT TO INSURED <input type="checkbox"/> SELF <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT	STREET ADDRESS OF INSURED / RESPONSIBLE PARTY		CITY	STATE	ZIP
INSURANCE	INSURANCE COMPANY NAME	PRIMARY CARE PHYSICIAN / MEDICAL GROUP	MEMBER / INSURED ID #	GROUP #	
	INSURANCE ADDRESS	CITY	STATE	ZIP	INSURED SOCIAL SECURITY # (IF NOT PATIENT)
	EMPLOYER NAME / EMPLOYER TELEPHONE #	ACCIDENT INFO (COMP. AUTO. ETC.) OR OTHER COMMENTS			

CHEMISTRY PANELS

CHEMISTRY - Individual Tests

Lytes Na K Cl CO₂

Basic-Metabolic Na K Cl CO₂ BUN Cr Glu Ca

Comprehensive-Metabolic Na K Cl CO₂ BUN Cr Glu Ca TPro Alb Glob (calc) TBili AST AlkPh ALT

Hepatic Function Alb AST ALT AlkPh TBili DBili TPro

Lipid Chol Tri HDL LDL(calc) VLDL(calc) Chol/HDL ratio

Renal Function Basic-Metabolic + Phos Alb

Na BUN Ca

K Cr Phos

Cl Glucose Mg

CO₂ AST(SGOT) CPK

TProtein ALT(SGPT) LDH

Albumin Alk Phos Chol

Uric Acid GGT Tri

Amylase Bili, tot HDL

Lipase Bili, dir BNP

Bili, neonatal

HEMATOLOGY

COAGULATION

MICRO-culture

BLOOD BANK

CBC (WBC, RBC, Hgb, Hct, RBC Indices, Plt)

CBC with auto diff

CBC with man diff

Reticulocyte Ct

Sed Rate - Westergren

PT / INR

PTT

PFA - Platelet Function Assay

Fibrinogen

Source: _____

D/T collected: _____

Bacterial cult, with gm stain

Fungal cult

AFB cult

Grp B Strep cult, recto-vag

Beta Strep, throat

ABO & Rh

Antibody Screen

Direct Coombs

Rhogam

IMMUNOLOGY

URINE

MICRO-stool

ENDOCRINE

Anti-Nuclear Ab (ANA)

Rheum Factor (RA)

Cardiolipin Ab

C-Reactive Protein (CRP)

Prot Electrophor (SPEP)

Immun Electrophor (IEP)

Immunoglobulins, quant

Urine PEP & IEP

C3, C4

CH50

D/T collected: _____

Routine UA

UA with microscopic exam

Culture if indicated

Urine Culture

24 hr total protein

24 hr Creatinine Clearance

Ova & Parasites

Giardia antigen

C. difficile toxin

Culture

Gestational Diabetes screen

3 hr Glucose Tolerance

Hemoglobin A1C

FSH LH

TSH

free T4

Thyroid Screen: TSH & reflex fT4
(If TSH is abnormal)

HEPATITIS

SEROLOGY

MICRO-misc

DRUG MONITORING

Hep B Surf Antigen

Hep B Surf Antibody

Hep C Virus Antibody

Hepatitis Panel (ACUTE):
Hep A IgM, Antibody
Hep B Antibody, CoreAb
Hep C Antibody
Hep B Surface Antigen

RPR

H. pylori Ab

Mycoplasma Ab

Legionella Ab

Lyme Ds. Ab

Rubella Ab

HIV-1 Ab (Signed Consent Required)

Mono Slide Test

RAPID Beta Strep, throat

Culture if negative

Chlamydia & GC by Amplification

KOH prep, smear

Wet Mount Exam, smear

RSV antigen

Carbamazepine (Tegretol)

Cyclosporine

Digoxin

Drugs of Abuse (Urine Screen)

Phenobarbital (Luminal)

Phenytoin (Dilantin)

Theophylline

Tricyclics

Valproic Acid (Depakene)

Other:

FK506 (Tacrolimus)

MISCELLANEOUS

Iron Ferritin PSA Fecal occult blood Vitamin D

TIBC Lead CEA Sweat Cl screen Prealbumin

Vit B12 CA 125 AFP HCG, quant

Folate CA 19-9 Blood Gases HCG, qual

OTHER Unlisted Tests/Comments

Requesting Physician:

UPIN #:

Copies to:

ICD-10 Codes must be provided

--	--	--

ORDERING PRIORITY

Stat

Routine

Timed at: _____

Pre-Op for: _____

Call Report To: _____

Fax To: _____

COLLECTION INFORMATION

Date: _____ Time: _____ Initials: _____

LAB USE ONLY STAT Draw Other