

114825.939 FM/WB Order Requisition Blank

Copy of version 3.0 (approved and current)

**Last Approval or
Periodic Review
Completed**

6/23/2023

**Next Periodic Review
Needed On or Before**

6/23/2025

Effective Date

7/01/2021

Controlled Copy ID 562313

Location

This copy will be uploaded to the Lab Catalog
website:
<https://cdos.halfpenny.com/labcorp/greatriverhealth>

Organization

Great River Health System

Approval and Periodic Review Signatures

Type	Description	Date	Version	Performed By	Notes
Periodic review	Designated Reviewer	6/23/2023	3.0	Alexander Pederson MD	
Approval	Lab Director	6/23/2021	3.0	Alexander Pederson	
Approval	Administrative Director	6/22/2021	3.0	Natalie Sailors	

Signatures from prior revisions are not listed.

Version History

Version	Status	Type	Date Added	Date Effective	Date Retired
3.0	Approved and Current	Major revision	6/21/2021	7/01/2021	Indefinite

Linked Documents

- 114825.345 GRH Laboratory Quality Assurance Policy

DATE: / /

SSN: - -

NAME: (Last) (First) (M.I.)

DATE OF BIRTH: / /

SEX: ☐ M ☐ F

UNIT/ROOM:

ORDERING PHYSICIAN/PROVIDER:

DATE OF DRAW REQUESTED: TIME DRAWN:

DIAGNOSIS/ICD10 CODE(S):

BILL TO:

☐ PATIENT ☐ FACILITY :

☐ MEDICARE #

☐ MEDICAID #

☐ COMMERCIAL INSURANCE

Company Name:

Company Address:

Subscriber's Name: Subscriber SSN: - -

Policy # Subscriber DOB: / /

Group # Group Name:

Subscriber's Relationship to Patient:

Guarantor's Name: Guarantor DOB: / /

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Phone: West Burlington Campus-(319) 768-4527 Scheduling (319) 768-3577 Fort Madison Campus- (319)376-2020 Scheduling (319)376-2841

PLEASE MAKE SURE SPECIMENS ARE LABELED WITH THE PATIENT'S FULL NAME AND BIRTHDATE

Please include subscriber's address if different than patient

Patient is: ☐ Fasting ☐ Non-Fasting

PANELS

☐ COMPREHENSIVE METABOLIC PANEL (CMP) (80053).....Sodium, Potassium, Chloride, CO2, BUN, Glucose, Creatinine, Calcium, Total Protein, Albumin, Total bilirubin, ALK Phos., AST, ALT

☐ BASIC METABOIC PANEL (BMP) (80048)Sodium, Potassium, Chloride, CO2, BUN, Glucose, Creatinine, Calcium

☐ LIVER (HEPATIC) FUNCTION PANEL (80076).....Total Protein, Albumin, Direct bilirubin, Total bilirubin, ALK Phos., AST, ALT

☐ LIPID PANEL (80061).....Cholesterol, HDL, LDL, LDHDL, Triglycerides

☐ RENAL FUNCTION PANEL (80069)Sodium, Potassium, Chloride, CO2, Glucose, BUN, Creatinine, Albumin, Phos., Calcium

☐ ELECTROLYTES (LYTES) (80051)Sodium, Potassium, Chloride, CO2

CHEMISTRY

☐ Albumin (82040)

☐ ALT (SGPT) (84460)

☐ AST (SGOT) (84450)

☐ Bilirubin, Direct (82248)

☐ Bilirubin, Total (82247)

☐ BUN (84520)

☐ Creatinine 82565

☐ Hemoglobin, A1C (83036)

☐ Potassium (84132)

☐ Magnesium (83735)

☐ Phosphorus (84100)

☐ TSH (84443)

☐ FT4 (84439)*

☐ BNP (83880)

☐ B12 (82607)

☐ C-Reactive Protein (CRP) (86140)

☐ CPK (82550)

☐ Other

HEMATOLOGY

☐ Protine (INR) (85610)

☐ CBC with Differential (85025)

☐ CBC(hemogram) (85027)

☐ Platelet Count (85049)

☐ HH (85014, 85018)

☐ Manual Differential, WBC (85004)

☐ Sed Rate (ESR) (85652)

☐ Other

THERAPEUTIC DRUGS

☐ Depakote (80164)

☐ Tegretol (80156)

☐ Vancomycin, Random (80202)

☐ Vancomycin, Trough (80202)

☐ Lamotritigine (82491)

☐ Levetiracetam (80177)

☐ Leflunomide (82542)

☐ Other

URINE – INDICATE COLLECTION TYPE

☐ CLEAN CATCH ☐ CATH

☐ Urinalysis, Complete (81001)

☐ UA, Reflex to Culture (81001)

☐ Urine Culture (87086)

☐ Other

MISCELLANEOUS TESTS

☐ Microalbumin, Random Urine Panel (82043, 82570)

☐ Stool Culture (87045, 87046, 87015)

☐ Wound Culture (87070, 87205)

Source:

☐ Other

The Pathologists have designated a number of “reflex” tests, which when performed immediately on positive results, expedite patient care and diagnosis. These tests are marked by an asterisk (*). Please refer to the GRMC Laboratory Test Catalog for further information.

OTHER INSTRUCTION:

Phone Results: Fax Results to:

Physician/Provider's Signature: Date:

Facility Name

Address

Phone

Fax