

Lab Order Form

Date _____ Patient Legal Name _____ LAST FIRST

Date of Birth _____ Patient Phone Number _____ Gender Male Female

Physician's Name _____ Physician Phone Number _____

Physician's Signature _____ (circle one) MD DO PA APN

DIAGNOSIS REQUIRED. (Use signs, symptoms, complaints, or previous diagnosis. DO NOT USE "Rule Out", "vs", "Suspected", or "Possible/Probable". Any ICD-10-CM code must be accompanied by narrative.)

DIAGNOSIS _____

Medicare does not cover routine screening tests. The ordering of medically unnecessary testing including Organ/Disease Panels for Medicare and Medicaid patients may result in significant fines and penalties under the Civil False Claims Act.

NOTES/OTHER: _____

CLIENT INFO: _____

SPECIMEN COLLECTION DATE: _____

CHEMISTRY			
<input type="checkbox"/> Region 8 Allergy Panel	<input type="checkbox"/> Glucose	<input type="checkbox"/> T4, Total	<input type="checkbox"/> WBC, Stool
<input type="checkbox"/> Adult Food Allergy Panel	<input type="checkbox"/> Growth Hormone	<input type="checkbox"/> aTPO (anti-thyroperoxidase Ab)	<input type="checkbox"/> C. difficile Toxin
<input type="checkbox"/> Childhood Allergy Panel (peds progressive panel, walnut, shrimp, mouse urine, cladosporium herb)	<input type="checkbox"/> HbA1c (glycosylated Hgb)	<input type="checkbox"/> aTG (anti-thyroglobulin Ab)	<input type="checkbox"/> Rapid Strep A
<input type="checkbox"/> Egg Component Allergy Panel	<input type="checkbox"/> hCG, Serum Quantitative	<input type="checkbox"/> Thyroglobulin Tumor Marker (thyroglobulin level and thyroglobulin AB)	BLOOD BANK
<input type="checkbox"/> Food Allergy Profile (common food profile, almond, hazelnut, cashew, salmon, sesame seed, tuna)	<input type="checkbox"/> hCG, Serum Qualitative	<input type="checkbox"/> TSH	<input type="checkbox"/> Type and Screen
<input type="checkbox"/> Milk Allergy Component Panel	<input type="checkbox"/> Hepatitis B Surface Antigen (HBsAg)	<input type="checkbox"/> TSH w/ reflex T4-Free	<input type="checkbox"/> BBPN
<input type="checkbox"/> Peanut Component Allergy Panel	<input type="checkbox"/> Hepatitis B Surface Antibody (HBsAb)	<input type="checkbox"/> Uric Acid	<input type="checkbox"/> DAT (Direct Coombs)
<input type="checkbox"/> Pediatric Progressive Allergy Panel	<input type="checkbox"/> Hepatitis Panel, Acute (Hep A AB IgM, Hep B core AB IgM, Hep B surface AG, Hep C AB)	<input type="checkbox"/> Vit B1 (Thiamin)	<input type="checkbox"/> ABO/Rh (blood type)
<input type="checkbox"/> Allergen, Rast (indicate allergens below)	<input type="checkbox"/> Hepatic/Liver Function Panel (Albumin, BILI - total and direct, Alk Phos, Total Protein, ALT, AST)	<input type="checkbox"/> Vit B6	<input type="checkbox"/> Antibody Screen
	<input type="checkbox"/> HIV Ab/Ag Combo	<input type="checkbox"/> Vit B12	COAGULATION
	<input type="checkbox"/> LH	<input type="checkbox"/> Vit D (25 Hydroxy - Vitamin D, Total)	<input type="checkbox"/> D-Dimer
	<input type="checkbox"/> Lipid Panel (Cholesterol, Triglycerides, HDL)	CYTO PATHOLOGY	<input type="checkbox"/> Factor V Leiden
	<input type="checkbox"/> Mg	<input type="checkbox"/> GC/Chlamydia Source:	<input type="checkbox"/> Fibrinogen
<input type="checkbox"/> AFP Quad Screen**	<input type="checkbox"/> MMR College Immunity Panel	<input type="checkbox"/> Thin Prep Pap**	<input type="checkbox"/> PT/INR
<input type="checkbox"/> Albumin	<input type="checkbox"/> Mumps	<input type="checkbox"/> Thin Prep Pap with HPV Reflex**	<input type="checkbox"/> Lupus Panel (lupus anticoagulant, Beta-2 glycoprotein ABS, anti-cardiolipin ABS)
<input type="checkbox"/> Alkaline Phosphatase	<input type="checkbox"/> Phos	<input type="checkbox"/> HPV	<input type="checkbox"/> PTT
<input type="checkbox"/> Amylase	<input type="checkbox"/> Protein, Total	<input type="checkbox"/> Specimen to Pathology**	HEMATOLOGY
<input type="checkbox"/> ANA Panel (SSA, SSB, RNP, SM, DSDNA, SCL-70, JO-1, CEN, Histone)	<input type="checkbox"/> PKU	<input type="checkbox"/> Fluid to Cytology**	<input type="checkbox"/> CBC w/ diff
<input type="checkbox"/> BASIC Metabolic Panel	<input type="checkbox"/> Prolactin	MICROBIOLOGY	<input type="checkbox"/> HEMOG (CBC w/o Diff)
<input type="checkbox"/> Bilirubin, Direct	<input type="checkbox"/> PSA, Diagnostic	<input type="checkbox"/> AFB Culture Source:	<input type="checkbox"/> HGB
<input type="checkbox"/> Bilirubin, Total/Direct	<input type="checkbox"/> PSA, Screening	<input type="checkbox"/> Aerobic Culture Source:	<input type="checkbox"/> Retic Count
<input type="checkbox"/> Bilirubin, Total	<input type="checkbox"/> PSA, Free and Total	<input type="checkbox"/> Anaerobic Culture Source:	URINE
<input type="checkbox"/> BNP-Pro	<input type="checkbox"/> PTH Intact	<input type="checkbox"/> Fungal Culture	<input type="checkbox"/> UA, Complete (dip and microscopic)
<input type="checkbox"/> BUN	<input type="checkbox"/> RA Titer (Rheumatoid Factor)	<input type="checkbox"/> Giardia Antigen	<input type="checkbox"/> UA, Complete w/ reflex to Urine Culture
<input type="checkbox"/> Calcium	<input type="checkbox"/> RPR	Is patient allergic to penicillin? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Creatinine Clearance, 24 hour
<input type="checkbox"/> Cholesterol	<input type="checkbox"/> Rubella, IgG	<input type="checkbox"/> HSV PCR	<input type="checkbox"/> Total Protein, 24 hour
<input type="checkbox"/> Comprehensive Metabolic Panel	<input type="checkbox"/> Rubella, IgG	<input type="checkbox"/> MRSA Culture	<input type="checkbox"/> Creatinine, 24 hour (not a clearance)
<input type="checkbox"/> Cortisol	<input type="checkbox"/> SGOT (AST)	<input type="checkbox"/> MRSA/MSSA Screen	<input type="checkbox"/> Microalbumin
<input type="checkbox"/> CPK	<input type="checkbox"/> SGPT (ALT)	<input type="checkbox"/> Sputum Culture Source:	OTHER
<input type="checkbox"/> Creatinine, serum	<input type="checkbox"/> Testosterone Total	<input type="checkbox"/> Stool Culture (includes E. coli Shigatoxin)	
<input type="checkbox"/> CRP	<input type="checkbox"/> Testosterone Total and Free Male	<input type="checkbox"/> Stool Culture (includes E. coli Shigatoxin)	
<input type="checkbox"/> CRP, high sensitivity	<input type="checkbox"/> Testosterone Total and Free Female/Child	<input type="checkbox"/> Throat Culture for Strep A	
<input type="checkbox"/> Digoxin	<input type="checkbox"/> TIBC	<input type="checkbox"/> Urine Culture	
<input type="checkbox"/> Dilantin (Phenytoin)	<input type="checkbox"/> Thyroid Profile (TSH, T4-Free)	<input type="checkbox"/> Vaginitis Panel	
<input type="checkbox"/> Folic Acid	<input type="checkbox"/> T3, Free	<input type="checkbox"/> Other culture: _____	
<input type="checkbox"/> Ferritin	<input type="checkbox"/> T3, Total	<input type="checkbox"/> Influenza/RSV by PCR	
<input type="checkbox"/> FSH	<input type="checkbox"/> T4, Free	<input type="checkbox"/> Occult Blood	
		<input type="checkbox"/> O&P (ova and parasites)	