

Legacy Laboratory Services

503-413-1234
877-270-5566
360-487-1234
LEGACY HEALTH 503-413-5048 fx
www.legacyhealth.org/labservices

CLINIC: _____

Provider: _____

NPI #: _____

Address: _____

Phone #: _____

HIGHLIGHTED FIELDS ARE REQUIRED FIELDS

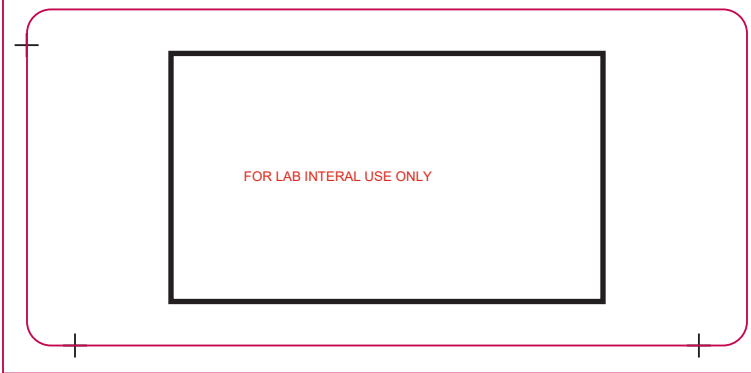
SPECIMEN COLLECTED DATE: _____

TIME: _____

BY: _____

PHOTO ID CHECKED

(Red Indicates Required)



Dx CODE TO HIGHEST SPECIFICITY (REQUIRED) 1. _____ 2. _____ 3. _____ 4. _____

SEND BILL TO (REQUIRED) (____ CLINIC) (____ PATIENT/INS.)

PATIENT'S LEGAL NAME (LAST, FIRST, MI) _____ **PREVIOUS NAME** _____

PATIENT'S SOCIAL SECURITY NUMBER (REQUESTED) _____ **SEX** _____ **DATE OF BIRTH** _____

MAILING ADDRESS (REQUIRED FOR INSURANCE & PATIENT BILLING) APT # _____

CITY/STATE _____ **ZIP** _____ **PATIENT PHONE NO.** _____

INSURANCE CO. NAME & ADDRESS (OR ATTACH COPY OF CARD) _____ **PRE AUTHORIZATION #** _____

INSURANCE ID NO. _____ **GROUP NO.** _____

MEDICAID / OMAP I.D. NO. _____ **MEDICARE BENEFICIARY IDENTIFIER** _____

ABN SIGNED (PLEASE ATTACH) MSP (PLEASE ATTACH)

OREGON GENETICS PRIVACY ACT: OPT OUT

CHARTABLE COMMENT/CHART#: _____

LAST DOSE: _____ **FASTING** _____ **URINE** RANDOM TIMED

DATE _____ TIME _____ HRS _____ HRS _____ MLS _____

DUPLICATE REPORT TO: (PROVIDER'S FULL NAME & ADDRESS) _____

STAT (IF STAT, PLACE STICKER ON OUTSIDE OF SPECIMEN BAG)

PHONE RESULTS (_____)

FAX RESULTS (To comply with HIPAA, results will only be faxed to the designated number on file at Legacy Laboratory).

GYNECOLOGIC CYTOLOGY

Conventional Smear Liquid-based Thin Prep Liquid-based SurePath

Reason: Diagnostic Routine Cervical Vaginal

LMP or #Yrs PMP: _____

Hx Abn Pap (date & dx:): _____

Hx Positive HPV test (date:): _____

Hysterectomy (cervix intact) HRT

Pregnant _____ wks BCP IUD

Post partum _____ wks Abn bleeding

Other Info: _____

HPV Test Options:

HPV High Risk & Liquid-based Pap (ASCUS Dx only)

HPV High Risk & Liquid-based Pap (Any Dx)

HPV High Risk only (No Pap)

SURGICAL PATHOLOGY **NON GYN CYTOLOGY** **FINE NEEDLE ASPIRATE**

SPECIMEN SOURCE:

1. _____ 2. _____

3. _____ 4. _____

CLINICAL INFORMATION: _____

ABORH* ABO* RH* 2L	HCG, QUALITATIVE (PREG) SS HCGP	T4, FREE** SS T4F	MICROBIOLOGY
ALBUMIN SS ALB	HCG, QUANTITATIVE** SS HCGQ	URIC ACID SS URIC	(SOURCE): _____
ALT (SGPT) SS SGPT	HEMOGLOBIN A1C (GLYCO)** L HGBA	URINALYSIS (DIP STICK ONLY)** U U DIPSTICK	CULTURE, SPUTUM C RES
ANA SCREEN W/REFLEX SS ANA R-IFA	HEPATITIS B SURFACE ANTIBODY SS HEP B SAB	URINALYSIS with MICROSCOPY** U U UAMIC	CULTURE, URINE** C U
ANTIBODY SCREEN* 2L ABSC-OTR	HEPATITIS B SURFACE ANTIGEN W/REFLEX SS HEP B SAG	URINALYSIS with MICROSCOPY w/CULT reflex** U U UAMIC R	CULTURE, SKIN/WOUND C SKIN SUP
AST (SGOT) SS SGOT	HEPATITIS C ANTIBODY SCREEN SS HEP C AB	URINE MICROSCOPY ONLY** U U WODIP	CULTURE _____
B12 FOLATE SS B12,FOL	HIV 1/2 AB & P24 AG SCN W/REFLEX** SS HIV SCN DIFF	URINE MICROSCOPY ONLY w/CULT reflex** U U WODIP R	GENITAL CULTURES
BILIRUBIN, TOTAL SS BILT	IRON** SS IRON	VALPROIC ACID SS VALP	CULTURE, ROUTINE C GEN
BNP (B-TYPE NATRIURETIC PEPTIDE) L BNP	IRON BINDING CAPACITY** SS IRON IBC	VITAMIN D 25 HYDROXY LEVEL SS VITD 25	CULTURE FOR BETA STREP C BS
BUN SS BUN	LITHIUM SS LI		PENICILLIN ALLERGIC? YES NO
CA125** SS CA125	MAGNESIUM SS MG		THROAT TESTS
CALCIUM SS CA	PHENOBARBITAL SS PHENO		RAPID BETA STREP A BETA
CBC with Auto Differential** L CBCA	PHENYTOIN (DILANTIN) R DIL		CULTURE FOR BETA STREP C BS
CBC without Auto Diff** L CBCN	PHOSPHORUS SS PHOS		STOOL TESTS
CEA** SS CEA	POTASSIUM SS K		CULTURE, STOOL C ST
CHOLESTEROL** SS CHOL	PREALBUMIN SS PREALB		GIARDIA/CRYPTOSPORIDIUM SCRIN O P SCR
CK, TOTAL SS CK	PROGESTERONE SS PROG		PARASITE EXPANDED EXAM PARA COMP
CREATININE SS CR	PROLACTIN SS PROL		CLOSTRIDIUM DIFFICILE CD TOXIN
CREATININE CLEARANCE U,SS U TM CRC	PROTEIN, TOTAL SS TP		FECAL LEUKOCYTE SMEAR SM FL
HT _____ WT _____	PROTEIN ELECTROPHORESIS, SERUM SS PELP S, No		FECAL BLOOD (GUAIAEC)** FE B
DHEA-SERUM (ARUP LAB) SS DHEA TMS	PROTEIN ELECTROPHORESIS W/REFLEX SS PELP S, Yes		AFB/FUNGUS CULTURES
DHEA-SULFATE (LEGACY) SS DHEA S04	PT-PT-INR B PT-INR		CULT, AFB C AFB
DIGOXIN** R DIG	PSA** SS PSA		CULT, FUNGUS C F
ESR (SED RATE) L ESR	PSA ANNUAL SCREEN-MEDICARE ONLY** SS PSA ANN		MOLECULAR/VIPER TESTING
ESTRADIOL SS ESTRA	RHEUMATOID FACTOR SS RA FAC		VAGINAL PATHOGENS VAGPATH DNA
FERRITIN** SS FTN	RUBELLA ANTIBODY IGG SS RUBG		PERTUSSIS PCR PERTUS DNA
FSH LH SS FSH,LH	SYPHILIS ANTIBODY SCN W/REFLEX SS SYPH AB RFLX		HERPES SIMPLEX DNA HSV DNA
GAMMA GT** SS GGT	TEGRETOL R TEG		GC/CHLAMYDIA BY BD QX GC/CT BD
GLUCOSE** SS GLU	TESTOSTERONE, TOTAL SS		
GLUCOSE OB SCREEN 1 HR GY GLUS	TRIGLYCERIDES** SS TRIG		
GLUCOSE TOLERANCE (HRS) GY	TSH** SS TSH		
GLUCOSE OB TOLERANCE 3 HR SS GTT OB	TSH W/REFLEX** SS TSHR		

LEGACY LABORATORY USE ONLY	SS	L	U	B	R	GY	GN	S	P	C	Y	F	LCX	MISC	REC'D BY	ROE	AUDIT	EDIT
	SST TUBE	LAVENDER	URINE	BLUE	RED	GRAY	GREEN	SERUM	PLASMA	ROYAL BLUE	CULTURE	YELLOW	FROZEN					

ADDITIONAL TESTS: