

FOR LAB USE ONLY:  
ACCT.# \_\_\_\_\_



**Ascension  
Sacred Heart  
Emerald Coast**

# Test Requisition

ALL HIGHLIGHTED AREAS ARE  
REQUIRED TO BE A VALID ORDER

**Scheduling:**  
Phone: (850) 278-3800  
Hours: Mon - Fri, 7:00a - 5:30p  
Lab Orders Fax Server: (850) 278-3787

**ORDER DATE:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**PATIENT'S FULL NAME:** \_\_\_\_\_  
LAST FIRST MI

**DOB:** \_\_\_\_/\_\_\_\_/\_\_\_\_ SSN: \_\_\_\_-\_\_\_\_-\_\_\_\_

SEX: M F PHONE #: (\_\_\_\_) \_\_\_\_-\_\_\_\_

ADDRESS: \_\_\_\_\_

**Insurance Carrier:** \_\_\_\_\_

**Policy #:** \_\_\_\_\_ **Group #:** \_\_\_\_\_

**Guarantor:**  Self  Other: \_\_\_\_\_  
LAST FIRST MI

**DOB:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Relationship:** \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_-\_\_\_\_

Insurance Authorization #: \_\_\_\_\_ Exp. Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**HOME HEALTH CARE AGENCY OR FACILITY:**  
FACILITY NAME: \_\_\_\_\_  
FACILITY ADDRESS: \_\_\_\_\_  
DIRECT PHONE #: (\_\_\_\_) \_\_\_\_-\_\_\_\_

**SPECIMEN**  
Collected By (First & Last Name): \_\_\_\_\_  
Date Collected: \_\_\_\_\_ Time Collected: \_\_\_\_\_ AM / PM

**PROVIDER'S FULL NAME:** \_\_\_\_\_  
Last First MI

**PROVIDER'S SIGNATURE:** \_\_\_\_\_

Copy to Provider: \_\_\_\_\_  
Last First MI

Provider's Phone #: (\_\_\_\_) \_\_\_\_-\_\_\_\_

<input type="checkbox"/> <b>Fax Report To:</b>	<input type="checkbox"/> <b>Critical Report To:</b>
Fax #:	Phone #:

**Ascension Sacred Heart Emerald Coast**  
7800 Hwy 98 West  
Miramar Beach, FL 32550  
Phone: (850) 278-3181

**Lab Express - Destin Market Shops**  
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Miramar Beach, FL 32550  
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TEST NAME	DIAGNOSIS CODE	CPT CODE
<input type="checkbox"/> Routine <input type="checkbox"/> Stat <input type="checkbox"/> Fasting		
<input type="checkbox"/> Alkaline Phosphatase	84075	_____
<input type="checkbox"/> Bilirubin Direct	82248	_____
<input type="checkbox"/> Bilirubin Total	82247	_____
<input type="checkbox"/> Calcium Level Total	82310	_____
<input type="checkbox"/> CBC Hemogram (CBC)	85027	_____
<input type="checkbox"/> CBC w/Differential (CBCD)	85025	_____
<input type="checkbox"/> Cholesterol Total*	82465	_____
<input type="checkbox"/> C Reactive Protein (CRP Quant)	86140	_____
<input type="checkbox"/> Creatinine Level	82540	_____
<input type="checkbox"/> Digoxin Level	80162	_____
<input type="checkbox"/> Ferritin	82728	_____
<input type="checkbox"/> Glucose Level	82947	_____
<input type="checkbox"/> Hemoglobin A1c (Glycated)	83036	_____
<input type="checkbox"/> HIV p24 Ag, HIV-1, 2 Ab Combo Screen	87389	_____
<input type="checkbox"/> Iron Level	83540	_____
<input type="checkbox"/> Lactate Dehydrogenase (LDH)	83615	_____
<input type="checkbox"/> Lead, Blood (SENDOUT)	83655	_____
<input type="checkbox"/> Magnesium Level	83735	_____
<input type="checkbox"/> Microalbumin/Creatinine Ratio, Urine	82043	_____
<input type="checkbox"/> Partial Thromboplastin Time (PTT)	85730	_____
<input type="checkbox"/> Phenytoin Level Total (Dilantin)	80185	_____
<input type="checkbox"/> Potassium Level	84132	_____
<input type="checkbox"/> Prostate Specific Antigen	84153	_____
<input type="checkbox"/> Prothrombin Time (PT with INR)	85610	_____
<input type="checkbox"/> PSA Screen (Medicare)	G0103	_____
<input type="checkbox"/> Sedimentation Rate (ESR)	85651	_____
<input type="checkbox"/> Sodium Level	84295	_____
<input type="checkbox"/> T4 Total	84436	_____
<input type="checkbox"/> Thyroid Stimulating Hormone (TSH)	84443 / 84439	_____
Reflex will occur when TSH result is outside established normal range		
<input type="checkbox"/> Thyroxine Free (Free T4)	84439	_____
<input type="checkbox"/> TIBC w/Transferrin*	83540 / 83550	_____
<input type="checkbox"/> Triglycerides*	84478	_____
<input type="checkbox"/> TSH with Reflex Free T4	84443	_____
<input type="checkbox"/> Uric Acid	84550	_____
<input type="checkbox"/> Urinalysis with Microscopic	81001	_____
Urine Type: <input type="checkbox"/> Clean Catch <input type="checkbox"/> Cath <input type="checkbox"/> In/Out		
<input type="checkbox"/> Do Urinalysis w/Culture, if indicated	87086	_____
<input type="checkbox"/> Vitamin D 25 Hydroxy Level	82306	_____
<input type="checkbox"/> _____	_____	_____
<input type="checkbox"/> _____	_____	_____
<input type="checkbox"/> _____	_____	_____

MICROBIOLOGY CULTURES	CPT CODE	DIAGNOSIS CODE
<b>Specimen Description:</b>		
<input type="checkbox"/> Acid Fast Bacilli Culture w/AFB Smear	87116 / 87206 / 87015	_____
<input type="checkbox"/> Bronchoscopy Culture w/Smear	87070 / 87015 / 87205	_____
<input type="checkbox"/> Ear Culture w/Smear Aerobic	87070 / 87205	_____
<input type="checkbox"/> Eye Culture w/Smear Aerobic	87070 / 87205	_____
<input type="checkbox"/> Fluid Culture w/Anaerobes & Smear	87070 / 87205 / 87015 / 87075	_____
<input type="checkbox"/> Fungus Culture w/Smear	87102 / 87205	_____
<input type="checkbox"/> Genital Culture w/Smear	87070 / 87205	_____
<input type="checkbox"/> Respiratory Culture w/Smear	87070 / 87205	_____
<input type="checkbox"/> Skin Culture w/Smear	87070 / 87205	_____
<input type="checkbox"/> Stool Culture	87045 / 87046	_____
<input type="checkbox"/> Throat Culture	87070	_____
<input type="checkbox"/> Tissue Culture w/Anaerobes & Smear	87070 / 87176 / 87205 / 87075	_____
<input type="checkbox"/> Urine Culture <input type="checkbox"/> Clean Catch <input type="checkbox"/> In/Out Cath <input type="checkbox"/> Foley	87086	_____
<input type="checkbox"/> Wound Culture w/Smear	87070 / 87205	_____
<input type="checkbox"/> Wound Culture w/Anaerobes & Smear	87075 / 87070 / 87205	_____
<b>MICROBIOLOGY OTHER</b>		
<input type="checkbox"/> 2019 Coronavirus SARS-CoV-2 FL	87635	_____
<input type="checkbox"/> Chlamydia trachomatis by NAAT	87491	_____
<input type="checkbox"/> Clostridioides difficile by NAAT	87493	_____
<input type="checkbox"/> Fecal Blood Test by IC	82274	_____
<input type="checkbox"/> Group A Streptococcus by NAAT (Throat)	87651	_____
<input type="checkbox"/> Group B Streptococcus by NAAT (Vaginal/Rectal)	87653	_____
<input type="checkbox"/> HIV Quantitative by NAAT (Viral Load)	87536	_____
<input type="checkbox"/> HSV 1 & 2 by NAAT	87529	_____
<input type="checkbox"/> Influenza A,B by NAAT	87502	_____
<input type="checkbox"/> Neisseria gonorrhoeae by NAAT	87591	_____
<input type="checkbox"/> Occult Blood Gastric Fluid	82271 / 83986	_____
<input type="checkbox"/> Occult Blood, Stool Non Neoplasm Screen x1	82272	_____
<input type="checkbox"/> Occult Blood, Stool x3 Neoplasm Screen	82270	_____
<input type="checkbox"/> RPR Qual by Latex Agglutination	86592	_____
<input type="checkbox"/> Trichomonas vaginalis by NAAT	87661	_____
<input type="checkbox"/> _____	_____	_____
<input type="checkbox"/> _____	_____	_____

<input type="checkbox"/> BASIC METABOLIC PANEL (BMP) Sodium, Potassium, Chloride, CO2, BUN, Glucose, Creatinine, Calcium, Osmolality*, AGAP*, Bun/Creat Ratio*	• 80048	_____
<input type="checkbox"/> COMPREHENSIVE METABOLIC PANEL (CMP) Sodium, Potassium, Chloride, CO2, BUN, Glucose, Creatinine, Total Protein, Calcium, Albumin, Bili Total, AST, Alk Phos, ALT, AG Ratio*, Osmolality*, AGAP*, Bun/Creat Ratio*	• 80053	_____
<input type="checkbox"/> ELECTROLYTE PANEL Sodium, Potassium, Chloride, CO2, AGAP*	• 80051	_____
<input type="checkbox"/> HEPATIC FUNCTION PANEL Total Protein, Albumin, Bili Total, AST, Alk Phos, Bili Direct, ALT, Bili Indirect, AG Ratio*	• 80076	_____
<input type="checkbox"/> HEPATITIS PANEL Hep A IgM, Hep B Core Ab, Hep B Core IgM, Hep Bs Ag, Hep C Ab	• 80074	_____
<input type="checkbox"/> LIPID PANEL* Trig, Chol, HDL C, LDL C Calc*, Chol/HDL, Non-HDL Chol, VLDL Chol	• 80061	_____
<input type="checkbox"/> RENAL FUNCTION PANEL Sodium, Potassium, Chloride, CO2, BUN, Glucose, Creatinine, Calcium, Albumin, Phosphorus, Osmolality*, AGAP*, Bun/Creat Ratio*	• 80069	_____

\* Fasting Specimen Required • Calculation\*

For a complete listing see the Ascension Sacred Heart Laboratory Online Test Menu

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