FOR LAB USE ONLY:

ACCT.# _____

Scheduling:
Phone: 416-6800, Option 1
Hours: M - F, 7:00 a.m. - 5:30 p.m.
Lab Order **Fax Server:** 416-7337

Ascension Sacred Heart Pensacola

Test Requisition

ALL HIGHLIGHTED AREAS ARE REQUIRED TO BE A VALID ORDER

HOME HEALTH CARE AGENCY OR FACILITY:

FACILITY NAME: _____

FACILITY ADDRESS: _____

_____

DIRECT PHONE #: (_____)_____-_____

SPECIMEN

Collected By (First & Last Name): _____

Date Collected: _____ Time Collected: _____ AM / PM

ORDER DATE: ____/____/_____

PATIENT'S FULL NAME: _____
Last First MI

DOB: ____ /____ /_____ SSN: _____ - ___ - _____

PHONE #: (_____) _____ - _____ SEX: M F

ADDRESS: _____

Insurance Carrier: _____

Policy #: _____ **Group #:** _____

Guarantor: ☐ Self ☐ Other: _____
Last First MI

DOB: ___ /___ /_____ **Relationship:** _____ Phone #: (____)____-_____

Insurance Authorization #: _____ Exp. Date: ___ /___ /_____

PROVIDER'S FULL NAME: _____
Last First MI

PROVIDER'S SIGNATURE: _____

Copy to Provider: _____
Last First MI

Provider's Phone #: (_____)_____-_____

☐ **FAX Report To:**	☐ **Critical Report:**
Fax #:	Phone #:

☐ ***ASHP Diagnostic Center***
5147 N. 9th Ave. #1100
Phone: 850-416-7796

☐ ***Studer Family Children's Hospital***
1 Bubba Watson Dr.
Phone: 850-416-2826

☐ ***Ascension Sacred Heart Medical Park - Airport***
1549 Airport Blvd. PC
Phone: 850-416-7796

☐ ***Ascension Sacred Heart Medical Park - Perdido***
13137 Sorrento Rd.
Phone: 850-416-7906

☐ ***Lab Express at Tiger Point Medical Park***
4033 Gulf Breeze Pkwy.
Phone: 850-416-1281

☐ ***Ascension Sacred Heart Medical Park - Pace***
3754 U.S. 90
Phone: 850-416-5940

When ordering tests for which Medicare reimbursement will be sought, physicians (or other individuals authorized by law to order tests) should only order tests that are medically necessary for the diagnosis or treatment of a patient, rather than for screening purposes. In the event that Ascension Sacred Heart Hospital Lab cannot perform a test ordered, a Reference Lab will be utilized. The Reference Lab will bill directly for tests performed.

TEST NAME ☐ Routine ☐ Stat ☐ Fasting	CPT CODE	DIAGNOSIS CODE
☐ Alkaline Phosphatase	84075	
☐ Bilirubin Direct	82248	
☐ Bilirubin Total	82247	
☐ Calcium Level Total	82310	
☐ CBC Hemogram (CBC)	85027	
☐ Cholesterol Total*	82465	
☐ Complete Blood Count with Differential (CBCD)	85025	
☐ C Reactive Protein (CRP Quant)	86140	
☐ Creatinine Level	82565	
☐ Digoxin Level	80162	
☐ Ferritin	82728	
☐ Glucose Level	82947	
☐ Hemoglobin A1c	83036	
☐ HIV p24 Ag, HIV-1, 2 Ab Combo Screen	87389	
☐ HIV Quantitative by NAAT (Viral Load)	87536	
☐ Iron Level	83540	
☐ Lactate Dehydrogenase (LDH)	83615	
☐ Lead, Blood - Labcorp - **Send Out**	83655	
☐ Magnesium Level	83735	
☐ Microalbumin Creatinine Ratio	82043	
☐ Partial Thromboplastin Time (PTT)	85730	
☐ Phenytoin Level Total (Dilantin)	80185	
☐ Potassium Level	84132	
☐ Prostate Specific Antigen	84153	
☐ Prothrombin Time (PT with INR)	85610	
☐ PSA Screen (Medicare)	G0103	
☐ RPR Qual by Latex Agglutination	86592	
☐ Sedimentation Rate	85652	
☐ Sodium Level	84295	
☐ T4 Total	84436	
☐ Thyroid Stimulating Hormone (TSH) Reflex will occur when TSH result is outside established normal range	84443, 84439	
☐ Thyroxine Free (Free T4)	84439	
☐ TIBC w/Transferrin•	83540, 83550	
☐ Triglycerides*	84478	
☐ TSH with Reflex Free T4	84443	
☐ Uric Acid	84550	
☐ Urinalysis with Culture, if indicated	87086	
☐ Urinalysis with Microscopic Urine Type: ☐ Clean Catch ☐ Cath ☐ In/Out	81001	
☐ Vitamin D 25 Hydroxy Level	82306	
☐ _____	_____	
☐ _____	_____	
☐ _____	_____	

MICROBIOLOGY CULTURES	CPT CODE	DIAGNOSIS CODE
Specimen Description: _____		
☐ Acid Fast Bacilli Culture with AFB Smear	87116 / 87206 / 87015	
☐ Bronchoscopy Culture w/Smear	87070 / 87015 / 87205	
☐ Ear Culture w/Smear Aerobic	87070 / 87205	
☐ Eye Culture w/Smear Aerobic	87070 / 87205	
☐ Fluid Culture w/Anaerobes and Smear	87070 / 87205 / 87015 / 87075	
☐ Fungus Culture with Smear	87102 / 87205	
☐ Genital Culture with Smear	87070 / 87205	
☐ Respiratory Culture with Smear	87070 / 87205	
☐ Skin Culture w/Smear	87070 / 87205	
☐ Stool Culture	87045 / 87046	
☐ Throat Culture	87070	
☐ Tissue Culture w/Anaerobes and Smear	87070 / 87176 / 87205 / 87075	
☐ Urine Culture ☐ Clean catch ☐ In/Out Cath ☐ Foley	87086	
☐ Wound Culture w/Smear	87070 / 87205	
☐ Wound Culture w/Anaerobes and Smear	87075 / 87070 / 87205	
MICROBIOLOGY OTHER		
☐ 2019 Coronavirus SARS-CoV-2 (PCR)	U0003	
☐ *Chlamydia trachomatis by NAAT*	87491	
☐ *Clostridioides difficile by NAAT*	87493	
☐ Fecal blood test by IC	82274	
☐ Group A Streptococcus by NAAT (Throat)	87651	
☐ Group B Streptococcus by NAAT (Vaginal/Rectal)	87653	
☐ HSV 1 & 2 by NAAT	87529	
☐ Influenza A,B by NAAT	87502	
☐ *Neisseria gonorrhoeae by NAAT*	87591	
☐ Occult Blood Gastric Fluid	82271 / 83986	
☐ Occult Blood, Stool Non Neoplasm Screen x1	82272	
☐ Occult Blood, Stool x3 Neoplasm Screen	82270	
☐ *Trichomonas vaginalis by NAAT*	87661	
☐ _____	_____	

☐ BASIC METABOLIC PANEL Sodium, Potassium, Chloride, CO2, BUN, Glucose, Creatinine, Calcium, Osmolality•, AGAP•, Bun/Creat Ratio•	80048	
☐ COMPREHENSIVE METABOLIC PANEL 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	
☐ ELECTROLYTE PANEL Sodium, Potassium, Chloride, CO2, AGAP•	80051	
☐ HEPATIC FUNCTION PANEL Total Protein, Albumin, Bili Total, AST, Alk Phos, Bili Direct, ALT, Bili Indirect, AG Ratio•	80076	
☐ HEPATITIS PANEL Hep A IgM, Hep B Core Ab, Hep B Core IgM, Hep Bs Ag, Hep C Ab	80074	
☐ LIPID PANEL* Trig, Chol, HDL C, LDL C Calc•, Chol/HDL, Non-HDL Chol, VLDL Chol	80061	
☐ 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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