FOR LAB USE ONLY:

FIN _____

Ascension Sacred Heart Bay

Test Requisition

BUSINESS or HOME HEALTH CARE AGENCY SUBMITTING ORDERS:

NAME: _____

ADDRESS: _____

_____

PHONE: _____

PATIENT'S NAME: _____
Last First MI

ADDRESS: _____

PHONE: _____

SEX: ___ RACE: ___ **DOB:** ____ / ____ / ____ SSN: _____ - _____ - _____

Insurance Carrier: _____

Guarantor: _____ **DOB:** _____ / _____ / _____

Subscriber's Name: _____ Relationship: _____

Policy #: _____ Group #: _____

Insurance Authorization #: _____ Exp. Date: _____

PHYSICIAN'S FULL NAME: (Print first/last) _____

PHYSICIAN'S SIGNATURE: _____

Copy to Physician: _____

Physician's Phone Number: _____ (Print first/last) **Order Date:** _____

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

Form Completed By:

Date Collected: _____ Time Collected _____ AM PM

☐ ***Outpatient Center - Main Hospital*** – 615 N. Bonita Ave., Panama City, FL 32401 Phone: 850-804-6942

☐ ***Beach Diagnostic Center*** – 11111 Panama City Beach Pkwy., Panama City Beach, FL 32407 Phone: 850-804-3175

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

TEST NAME	CPT CODE	DIAGNOSIS CODE
☐ Alkaline Phosphatase	84075	
☐ Alanine Aminotransferase	84460	
☐ Ammonia Level	82140	
☐ Aspartate Aminotransferase	84450	
☐ Beta hCG Qualitative Urine	84703	
☐ Beta hCG Quantitative (Serum)	84702	
☐ Bilirubin Direct	82248	
☐ Bilirubin Total	82247	
☐ BUN	84520	
☐ Calcium Level Total	82310	
☐ Complete Blood Count with Differential (CBCD)	85025	
☐ CBC Hemogram (CBC)	85027	
☐ Cholesterol High Density Lipid*	83718	
☐ Cholesterol Total*	82465	
☐ C Reactive Protein (CRP Quant)	86140	
☐ Creatinine Level ☐ Serum 82565 ☐ Urine	82570	
☐ Digoxin Level	80162	
☐ Gamma Glutamyl Transferase (GGT)	82977	
☐ Glucose Level	82947	
☐ Hemoglobin A1c	83036	
☐ HIV p24 Ag, HIV-1, 2 Ab Combo Screen	87389	
☐ Iron Binding Capacity Total	83550	
☐ Iron Level	83540	
☐ Lactic Acid	83605	
☐ LDL Direct (Calculated)	83721	
☐ Magnesium Level	83735	
☐ Microalbumin/Creatinine Ratio, Urine	82403	
☐ NT – pro BNP	83880	
☐ Parathyroid Hormone (PTH)	83970	
☐ Phenytoin Level Total (Dilantin)	80185	
☐ Phosphorus Level ☐ Serum 84100 ☐ Urine	84105	
☐ Potassium Level	84132	
☐ Protein Urine (Random)	84156	
☐ Prothrombin Time (PT with INR)	85610	
☐ Prostate Specific Antigen	84153	
☐ PSA Screen (Medicare)	G0103	
☐ Partial Thromboplastin Time (PTT)	85730	
☐ Sedimentation Rate	85651	
☐ Sodium Level	84295	
☐ T3 Free	84481	
☐ T4 Total	84436	
☐ Thyroxine Free (Free T4)	84439	
☐ Triglycerides*	84478	
☐ TSH with Reflex Free T4 Reflex will occur when TSH result is outside established normal range	84443, 84439	
☐ Thyroid Stimulating Hormone (TSH)	84443	
☐ Urinalysis Reflex Microscopic Urine Type: ☐ Clean Catch ☐ Cath ☐ In/Out	81001	
☐ Urinalysis Rflx Culture, if indicated Macroscopic w/ Reflex. Microscopic will occur if indicated	81001, 87086	
☐ Vancomycin ☐ Level ☐ Trough ☐ Peak	80202	
☐ Vitamin B12 Level	82607	
☐ Other _____		

MICROBIOLOGY CULTURES

Specimen Description: _____

MICROBIOLOGY CULTURES	CPT CODE	DIAGNOSIS CODE
☐ Acid Fast Bacilli Culture with AFB Smear	87116 / 87206 / 87015	
☐ Blood Culture	87040	
☐ 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	
☐ Vibrio Stool Culture	87046	
☐ Wound Culture w/ Smear	87075 / 87070 / 87205	
☐ Wound Culture w/ Anaerobes and Smear	87075 / 87070 / 87205	
☐ Yersinia Stool Culture	87046	
MICROBIOLOGY OTHER		
☐ 2019 Coronavirus SARS-CoV-2	U0003	
☐ Clostridioides difficile Ag + Tox Screen Indeterminate Results will reflex to C. difficile NAAT	87324	
☐ COVID-19 IgG Only	86769	
☐ Group A Streptococcus by NAAT (Throat)	87651	
☐ Group B Streptococcus by NAAT (Vaginal/Rectal)	87653	
☐ Fecal blood test by IC	82274	
☐ Flu A, B by NAAT	87502	
☐ HSV 1 & 2 by NAAT	87529	
☐ *Neisseria gonorrhoeae by NAAT*	87591	
☐ *Chlamydia trachomatis by NAAT*	87491	
☐ *Trichomonas vaginalis by NAAT*	87661	
☐ RSV by NAAT	87798	
☐ Occult Blood Gastric Fluid	82271 / 83986	
☐ Occult Blood, Stool Non Neoplasm Screen x1	82272	
☐ Occult Blood, Stool x3 Neoplasm Screen	82270	
☐ Other _____		

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

* Fasting Specimen Required • Calculation

For a complete listing see the Ascension Sacred Heart Directory of Clinical Lab oratory Services: https://www.testmenu.com/sacredheartlabs

CLIA # 10D0270460

Total Tests Ordered: ____

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