FOR LAB USE ONLY:
MR# _____
ACCT.# _____

Scheduling: Hours: M — F, 7:00 a.m. — 5:30 p.m.
Phone: 850.229.5802 Lab Orders **Fax Server:** 850-229-5805

Ascension Sacred Heart Gulf

Test Requisition

BUSINESS or HOME HEALTH CARE AGENCY SUBMITTING ORDERS:
NAME: _____
ADDRESS: _____
_____
PHONE: _____

PATIENT'S NAME: _____
Last First MI

ADDRESS: _____
_____

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

Insurance Carrier: _____

Guarantor: _____ DOB: _____

Subscriber's Name: _____ Relationship: _____

Policy #: _____ Group #: _____

Insurance Authorization #: _____ Exp. Date: _____

PHYSICIAN'S FULL NAME: _____

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
Collected By: _____ Initials

❑ **Lab Express Apalachicola**
Inside Sacred Heart Medical Group Apalachicola
55 Avenue East, Apalachicola, FL 32320
Wednesday's ONLY – 8am — 2pm (Eastern Time)
Phone: 850-229-5683 Fax: 850-229-5682

❑ **Sacred Heart Hospital on the Gulf - Outpatient Draw Station**
1st Floor, Main Hospital
3801 E. Hwy 98, Port St. Joe, FL 32456
Monday – Sunday — 24 Hours
Phone: 850-229-5683 Fax: 850-229-5682

❑ **Lab Express Wewahitchka**
Inside Gulf County Health Department Wewahitchka
807 Hwy 22, Wewahitchka, FL 32465
Friday's ONLY – 7am — 1pm (Central Time)
Phone: 850-229-5683 Fax: 850-229-5682

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 performa test ordered, a Reference Lab will be utilized. The Reference Lab will bill directly for tests performed.

TEST NAME	CPT CODE	DIAGNOSIS CODE
❑ Routine ❑ Stat ❑ Fasting		
❑ Alkaline Phosphatase	84075	
❑ Alanine Aminotransferase (ALT)	84460	
❑ Aspartate Aminotransferase (AST)	84450	
❑ Bilirubin Direct	82248	
❑ Bilirubin Total	82247	
❑ Calcium Level Total	82310	
❑ Complete Blood Count w/Differential (CBCD)	85025	
❑ CBC Hemogram (CBC)	85027	
❑ Cholesterol Total*	82465	
❑ C Reactive Protein (CRP Quant)	86140	
❑ Creatinine Level	82540	
❑ Digoxin Level	80162	
❑ Phenytoin Level Total (Dilantin)	80185	
❑ Thyroxine Free (Free T4)	84439	
❑ Gamma Glutamyl Transferase (GGT)	82977	
❑ Glucose Level	82947	
❑ Hemoglobin A1c	83036	
❑ Cholesterol High Density Lipid*	83718	
❑ LDL Direct•	83721	
❑ Magnesium Level	83735	
❑ Microalbumin Creatinine Ratio	82043	
❑ Potassium Level	84132	
❑ 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	
❑ T4 Total	84436	
❑ Theophylline Level	80198	
❑ Triglycerides*	84478	
❑ Thyroid Stimulating Hormone (TSH)	84443, 84439	
Reflex will occur when TSH result is outside established normal range		
❑ TSH with Reflex free T4	84443	
❑ Urinalysis with Microscopic	81001	
Urine Type: ❑ Clean Catch ❑ Cath ❑ In/Out		
❑ Do Urinalysis w/ Culture, if indicated	87086	
❑ Other _____		

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	87075 / 87070 / 87205	
❑ Wound Culture w/ Anaerobes and Smear	87075 / 87070 / 87205	
MICROBIOLOGY OTHER		
❑ Group A Streptococcus by NAAT (Throat)	87651	
❑ Group B Streptococcus by NAAT (Vaginal/Rectal)	87653	
❑ Fecal blood test by IC	82274	
❑ Cryptococcal Ag CSF	86403, 87899	
❑ HSV 1 & 2 by NAAT	87529	
❑ *Clostridioides difficile by NAAT*	87493	
❑ *Neisseria gonorrhoeae by NAAT*	87591	
❑ *Chlamydia trachomatis by NAAT*	87491	
❑ *Trichomonas vaginalis by NAAT*	87661	
❑ 2019 Coronavirus SARS-CoV-2 (PCR)	U0003	
❑ Occult Blood Gastric Fluid Occult Blood	82271 / 83986	
❑ Stool Non Neoplasm Screen x1 Occult Blood	82272	
❑ Stool x3 Neoplasm Screen	82270	
❑ Other: _____		

❑ 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	
❑ BASIC METABOLIC PANEL (BMP) Sodium, Potassium, Chloride, CO2, BUN, Glucose, Creatinine, Calcium, Osmolality•, AGAP•, Bun/Creat Ratio•	• 80048	
❑ HEPATIC FUNCTION PANEL (HFP) 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 Laboratory Services: https://www.testmenu.com/sacredheartlabs

CLIA # 10D2001681

Total Tests Ordered: ____