

LABORATORY REQUISITION

Patient Name (Last, First, MI)				Date Collected:		Test Requested By: (Practitioner Signature)	
Birth Date (Required)	Age	Sex	Marital Status	Telephone #:		Ordering Physician (please print)	
Address				Diagnosis/Symptom and/or ICD10 Codes: (Required)			
City		State		Zip			
<input type="checkbox"/> Routine		<input type="checkbox"/> Urgent		<input type="checkbox"/> Fax Results			

(IF SENDING SPECIMEN ONLY, MUST COMPLETE THE FOLLOWING)

HEALTH PLAN INFORMATION:

Medicare #: _____
 Medicaid #: _____
 Private Insurance (Please attach information)

MEDICARE MAY DENY PAYMENT FOR THOSE TESTS MARKED WITH AN *

X	FOR SINGLE CHEMISTRIES MARK EACH TEST	CMP	BMP	Liver	Lipid	Lytes	Hepatitis*	CHEMISTRY	SEROLOGY	URINALYSIS
							Amylase	Rheumatoid Factor	UAO (microscopic if indicated)*	
	PANELS						CRP (non cardiac)	RSV	UAC (culture if indicated) *	
	Sodium						GGT*	Strep Screen	Urine microscopic*	
	Potassium						Glucose 1 hr Challenge*	ANEMIA	Urine Culture and Sensitivity*	
	Chloride						Glucose 2 hour PP *	B12	SEMEN ANALYSIS	
	Total CO2						Glucose Tolerance * _____ hours	Ferritin *	<i>Contact Lab for Scheduling</i>	
	Calcium						Glycohemoglobin *	Folate	Post Vasectomy	
	Glucose *						Lactic Acid	Iron *	Semen Analysis	
	BUN						LDH	Iron Binding Capacity *	HEMATOLOGY	
	Creatinine						Lipase	Transferrin *	CBC (Diff & Platelets*)	
	Total Protein						Magnesium*	THERAPEUTIC DRUGS	Hemoglobin *	
	Alk. Phos						Osmolality	Date/Time of last dose:	Hematocrit *	
	Albumin						Phosphorus	Carbamazepine (Tegretol)	Platelet count *	
	AST (SGOT)						Prealbumin	Digoxin *	Reticulocytes *	
	ALT (SGPT)						Uric Acid	Gentamycin	Sed Rate (ESR)*	
	Bilirubin Total						Vitamin D *	Lithium	HEMOSTASIS	
	Bilirubin Conjugated							Phenobarbital	Anticoagulant:	
	Bilirubin Neonatal						ENDOCRINOLOGY	Phenytoin (Dilantin)	Dimer - DIC	
	Cholesterol *						Cortisol	Tobramycin	Dimer - PE	
	Triglyceride *						FSH	Valproic Acid (Depakote)	Fibrinogen	
	HDL *						HCG Qualitative	Vancomycin	Protime (& INR) *	
							HCG Quantitative		PTT *	
	INFECTIOUS DISEASE						LH	URINE CHEMISTRY	MICROBIOLOGY	
	HEP B Surface Ab Total						Progesterone	<input type="checkbox"/> Random <input type="checkbox"/> 24 Hour	Source:	
	HEP B Surface Ag *						PTH-Intact	Creatinine Clearance	Antibiotics:	
	HEP B Core Ab IgM *						TSH *	Ht: Wt.		
	HEP C Ab *						TSH Reflex to T4 * done	Ketones		
	HEP A Ab IgM *						T4 Total *	Lytes	AFB Culture/Smear	
	HIV *						T4 Free *	Microalbumin	Anaerobic Culture	
	Mumps IgG						T3 Total *	Osmolality	Blood Culture	
	Rubella IgG						T3 Free *	Protein	C- difficile Toxin	
	Rubeola IgG						CANCER MARKERS	BLOOD BANKING	Culture with Sensitivity	
	Vancella Zoster Ab IgG						CA 125 *	ABO type & RH	Fecal Lactoferrin	
							CA 19-9 *	Cross Match	Fungal Culture	
	CARDIAC						CA 15-3 *	_____ # of Units	GC/Chlamydia PCR	
	CK						CEA *	Direct Coombs	GI Panel PCR	
	CRP High sens.						PSA - Total *	Rhogam <input type="checkbox"/> Ante <input type="checkbox"/> Post	Influenza A/B PCR	
	NT - proBNP*								MRSA Culture	
	Troponin						MISC TESTS		Occult Blood *	
									Ova & Parasites	
									Respiratory Panel PCR	
									Strep Group B	
									TB Screen PCR	
									Throat Screen (Gr. A Strep)	
									Viral Culture	