

Account #000 _____ (if known)

Organization Name: _____

Address: _____ Suite: _____

City: _____ State: _____ Zip: _____

Phone:(_____) _____ Fax:(_____) _____

Ordering provider: _____

(print)

Attending provider (if applicable): _____

(print)

Use full provider name as stated on license. No Nicknames or initials.

All information above is required for a valid order.

Provider signature _____

Additional report to: Provider _____ Fax _____

Order comment _____



REQUISITION LABORATORY

*DATE ORDERED	DATE COLLECTED	TIME COLLECTED	INITIALS COLLECTED
*ORDER EXPIRATION			
<input type="checkbox"/> 30 days <input type="checkbox"/> 90 days <input type="checkbox"/> 180 days <input type="checkbox"/> 365 days Note: No indication of order expiration date will default to 400 days Standing Orders: <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> As needed <input type="checkbox"/> Other			
*PATIENT INFORMATION			
NAME LAST		FIRST	MIDDLE INT.
ADDRESS			PHONE
CITY		STATE	ZIP
SEX	MARITAL STATUS	BIRTH DATE	CELL PHONE
Label specimen with 2 patient identifiers (full name and date of birth). Failure to do so may result in cancellation and recollection.			
*DIAGNOSIS/ICD CODES			
1st _____			
2nd _____			
Other _____			
INSURANCE INFORMATION			
Providers submitting SPECIMEN orders please attach copy(s) of patient Insurance cards (front and back). Please indicate Primary and Secondary.			

- 8104 AFP Tumor Marker
- 8075 Amylase 8265 Lipase
- 184 ANA Screen
- 116 ANA Screen, do panel if positive†
- 7162 Beta CTx-1
- 6786 CA 125
- 129 CA 15-3
- 8233 Carbamazepine (Tegretol)
- 8397 CBC w/o Differential
- 8411 CBC w/Differential
- 6785 CEA
- 8485 CRP
- 4219 CRP, Ultra sensitive
- 4182 Cyclic Cit Peptide (CCP) Ab
- 6510 Digoxin
- 8133 Estradiol
- 6855 Ferritin
- 1037 Folic Acid (Folate)
- 6675 FSH
- 7061 Glucose, Fasting (8+hrs)
- 178 Glucose, 2 Hour Tol.
- 6682 HCG (Beta), Quant.
- 8179 Hemoglobin A1C
- 6781 HBsAb
- 6780 HBsAg
- 7059 HCV Ab Diagnostic
- 7058 HCV Ab Screening
- 7101 HIV 1/2 Ab Ag Screen**

- **Provider must counsel and obtain consent before ordering
- 8580 Homocysteine
 - 8242 Iron 147 Iron/IBC
 - 6690 LH
 - 8510 Mono Test
 - 236 Mono, do EB IgM if neg
 - 8621 Parathyroid Hormone (PTH) Intact
 - 6711 Prolactin
 - 8620 PSA, Screen
 - 8294 PSA, Symptomatic
 - 187 PSA, Sym, do Free PSA if ind†
 - 8434 PT/INR
 - 8450 PTT (APTT)
 - 8522 Rheumatoid Factor (RF)
 - 4049 Syphilis IgG Ab Screen
 - 8441 Sed Rate
 - 6650 T4, Free
 - 6701 Thyroid Function Cascade†
 - 8524 Thyroid Peroxidase (TPO) Ab
 - 6715 Testosterone
 - 6700 TSH
 - 124 TSH, do Free T4 if ind†
 - 6752 Vitamin B₁₂
 - 8330 Vitamin D 25 Hydroxy

†Refer to online lab catalog for reflex

PATIENT INSTRUCTIONS

Fast _____ hours (water only) Other _____

INDIVIDUAL CHEMISTRY TESTS

- | | | |
|-------------------------------------|---|--|
| 8155 <input type="checkbox"/> Na | 8271 <input type="checkbox"/> Mg | 8087 <input type="checkbox"/> T. Bili |
| 8156 <input type="checkbox"/> K | 8347 <input type="checkbox"/> Uric Acid | 8088 <input type="checkbox"/> D. Bili |
| 8164 <input type="checkbox"/> Cl | 8303 <input type="checkbox"/> T. Prot | 8255 <input type="checkbox"/> LD |
| 8320 <input type="checkbox"/> Glu | 8062 <input type="checkbox"/> Alb | 8123 <input type="checkbox"/> CK |
| 8125 <input type="checkbox"/> Creat | 8295 <input type="checkbox"/> Alk Phos | 8112 <input type="checkbox"/> Chol |
| 8344 <input type="checkbox"/> BUN | 8337 <input type="checkbox"/> ALT | 8117 <input type="checkbox"/> HDL |
| 8093 <input type="checkbox"/> Ca | 8335 <input type="checkbox"/> AST | 8340 <input type="checkbox"/> Trig |
| 8300 <input type="checkbox"/> Phos | 8146 <input type="checkbox"/> GGT | 259 <input type="checkbox"/> NT-ProBNP |

PANELS

- 8457 Acute Hepatitis Panel (HBsAg, HBcAb-IgM, HAV Ab-IgM, HCV Ab)
- 8022 Basic Metabolic Panel (Na, K, Cl, HCO₃, Creat, BUN, Glu, Ca)
- 8012 Comprehensive Metabolic Panel (Na, K, Cl, HCO₃, Creat, BUN, Glu, Ca, T. Prot, Alb, AST, ALT, Alk Phos, T.Bili)
- 8134 Electrolyte Panel (Na, K, Cl, HCO₃)
- 8019 Hepatic Function Panel - Liver (Alb, Alk Phos, ALT, AST, T. Bili, D. Bili, T. Prot)
- 8269 Lipid Panel (Chol, HDL, Trig, Chol/HDL, calc LDL.)
- 8219 Obstetric Panel (ABO & RH, Antibody Screen, Syphilis IgG, Rubella, CBC w/diff, HBsAg)
- 8622 Renal Panel (Glu, BUN, Na, Creat, PO₄, K, Ca, Cl, HCO₃, Alb)

URINE TESTS

- Catheter CCMS Void
- 8715 Urinalysis with microscopic exam (Catheter or CCMS collection ONLY)
 - 8888 Urine Culture ONLY (Catheter or CCMS collection ONLY)
 - 115 Urinalysis, do C&S if ind† (Catheter or CCMS Collection ONLY)
 - 19 Microalbumin, Random
 - 8717 Preg Qual Test, Urine
 - 213 Creat Clearance 24 hour (draw serum)
 - 8854 Total Protein, (24 hour)
 - 82 Protein Electrophoresis Urine Random
 - 8856 Protein Electrophoresis 24 Hour Urine
 - 1096 Chlamydia Only PCR Urine (first void urine)
 - 1097 Gonococcus Only PCR Urine (first void urine)
 - 8446 Chlam/GC PCR Urine (first void urine)
 - 2510 Nicotine Level Urine

MISCELLANEOUS TESTS

- 4315 Occult Blood Immunoassay Screen X _____
- 4316 Occult Blood Immunoassay Diagnostic X _____
- 2793 Strep A Screen, Culture if negative
- 8887 Throat Culture, Beta Strep Only
- 8793 RSV Rapid
- 155 Influenza A/B Rapid, PCR if negative (influenza season)
- 156 Influenza A/B PCR (non-influenza season)
- 4003 Group B Strep, PCR (vag/rectal)
- 7036 Group B Strep for Pen Allergy, PCR (vag/rectal)

Refer to online laboratory catalog for complete list: spectrumhealth.testcatalog.org

NOTE: FOR MEDICARE PATIENTS, PLEASE ATTACH COMPLETED ABN FORM CMS-R 131 AS NEEDED
MEDICARE GENERALLY DOES NOT COVER ROUTINE SCREENING TESTS, CERTAIN EXCEPTIONS MAY APPLY

*INDICATES INFORMATION REQUIRED FROM OFFICE FOR VALID WRITTEN ORDER SPECTRUM HEALTH LABORATORY SERVICES 616.774.7721

White - Laboratory Yellow - Physician's Office

LAB443 (4/17)