

# Phone Order Follow up

Ordering Provider Name: \_\_\_\_\_

Provider Call Back Number: \_\_\_\_\_  
*in case of critical value or questions*

Provider Fax #: \_\_\_\_\_

Federal law requires written orders for laboratory testing. This request was made via phone on *(date of order)* \_\_\_\_/\_\_\_\_/\_\_\_\_ to: \_\_\_\_\_  
month day year

SH Staff Name: \_\_\_\_\_ Dept: \_\_\_\_\_

DeptFax Number: \_\_\_\_\_

**\*ORDERING PROVIDER\*: Please sign and date below and FAX BACK this request within 24 hours.**

Provider signature date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year

Provider signature \_\_\_\_\_

Additional report to: Provider \_\_\_\_\_ Fax \_\_\_\_\_

Order comment \_\_\_\_\_



# REQUISITION LABORATORY

*DATE ORDERED	DATE COLLECTED	TIME COLLECTED	INITIALS COLLECTED
<b>*ORDER EXPIRATION</b>			
<input type="checkbox"/> 30 days <input type="checkbox"/> 90 days <input type="checkbox"/> 180 days <input type="checkbox"/> 365 days <b>Note: No indication of order expiration date will default to 400 days</b> Standing Orders: <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> As needed <input type="checkbox"/> Other			
<b>*PATIENT INFORMATION</b>			
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.			
<b>*DIAGNOSIS/ICD CODES</b>			
1st _____			
2nd _____			
Other _____			
<b>INSURANCE INFORMATION</b>			
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 B<sub>12</sub>
- 8330  Vitamin D 25 Hydroxy

<b>PATIENT INSTRUCTIONS</b>		
<input type="checkbox"/> Fast ____ hours (water only) <input type="checkbox"/> Other _____		
<b>INDIVIDUAL CHEMISTRY TESTS</b>		
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
<b>PANELS</b>		
8457 <input type="checkbox"/> Acute Hepatitis Panel (HBsAg, HBcAb-IgM, HAV Ab-IgM, HCV Ab)		
8022 <input type="checkbox"/> Basic Metabolic Panel (Na, K, Cl, HCO <sub>3</sub> , Creat, BUN, Glu, Ca)		
8012 <input type="checkbox"/> Comprehensive Metabolic Panel (Na, K, Cl, HCO <sub>3</sub> , Creat, BUN, Glu, Ca, T. Prot, Alb, AST, ALT, Alk Phos, T.Bili)		
8134 <input type="checkbox"/> Electrolyte Panel (Na, K, Cl, HCO <sub>3</sub> )		
8019 <input type="checkbox"/> Hepatic Function Panel - Liver (Alb, Alk Phos, ALT, AST, T. Bili, D. Bili, T. Prot)		
8269 <input type="checkbox"/> Lipid Panel (Chol, HDL, Trig, Chol/HDL, calc LDL.)		
8219 <input type="checkbox"/> Obstetric Panel (ABO & RH, Antibody Screen, Syphilis IgG, Rubella, CBC w/diff, HBsAg)		
8622 <input type="checkbox"/> Renal Panel (Glu, BUN, Na, Creat, PO <sub>4</sub> , K, Ca, Cl, HCO <sub>3</sub> , Alb)		
<b>URINE TESTS</b>		
<input type="checkbox"/> Catheter <input type="checkbox"/> CCMS <input type="checkbox"/> Void		
8715 <input type="checkbox"/> Urinalysis with microscopic exam (Catheter or CCMS collection ONLY)		
8888 <input type="checkbox"/> Urine Culture ONLY (Catheter or CCMS collection ONLY)		
115 <input type="checkbox"/> Urinalysis, do C&S if ind† (Catheter or CCMS Collection ONLY)		
19 <input type="checkbox"/> Microalbumin, Random		
8717 <input type="checkbox"/> Preg Qual Test, Urine		
213 <input type="checkbox"/> Creat Clearance 24 hour (draw serum)		
8854 <input type="checkbox"/> Total Protein, (24 hour)		
82 <input type="checkbox"/> Protein Electrophoresis Urine Random		
8856 <input type="checkbox"/> Protein Electrophoresis 24 Hour Urine		
1096 <input type="checkbox"/> Chlamydia Only PCR Urine (first void urine)		
1097 <input type="checkbox"/> Gonococcus Only PCR Urine (first void urine)		
8446 <input type="checkbox"/> Chlam/GC PCR Urine (first void urine)		
2510 <input type="checkbox"/> Nicotine Level Urine		
<b>MISCELLANEOUS TESTS</b>		
4315 <input type="checkbox"/> Occult Blood Immunoassay Screen X _____		
4316 <input type="checkbox"/> Occult Blood Immunoassay Diagnostic X _____		
2793 <input type="checkbox"/> Strep A Screen, Culture if negative		
8887 <input type="checkbox"/> Throat Culture, Beta Strep Only		
8793 <input type="checkbox"/> RSV Rapid		
155 <input type="checkbox"/> Influenza A/B Rapid, PCR if negative (influenza season)		
156 <input type="checkbox"/> Influenza A/B PCR (non-influenza season)		
4003 <input type="checkbox"/> Group B Strep, PCR (vag/rectal)		
7036 <input type="checkbox"/> Group B Strep for Pen Allergy, PCR (vag/rectal)		
Refer to online laboratory catalog for complete list: <a href="http://spectrumhealth.testcatalog.org">spectrumhealth.testcatalog.org</a>		

<b>SPECIAL INSTRUCTIONS</b>	
<b>Lab Staff:</b> Please include patient name, date of birth and diagnosis in sections above.	
<b>*Patient MRN:</b> _____	
[ ] <b>This is an afterhours STAT</b>	
<b>Additional Tests or Information:</b>	

**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