

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
<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

†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, HCO<sub>3</sub>, Creat, BUN, Glu, Ca)
- 8012  Comprehensive Metabolic Panel (Na, K, Cl, HCO<sub>3</sub>, Creat, BUN, Glu, Ca, T. Prot, Alb, AST, ALT, Alk Phos, T.Bili)
- 8134  Electrolyte Panel (Na, K, Cl, HCO<sub>3</sub>)
- 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, PO<sub>4</sub>, K, Ca, Cl, HCO<sub>3</sub>, 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](http://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)

# Laboratory Locations



City	Outpatient Laboratory Name	Address	Phone Number	Fax Number
Allendale	Campustowne Center	4868-B Lake Michigan Drive, 49401	616.391.7769	616.774.7696
Belding	Belding Family Care	1227 West State Street, 48809	616.794.3604	616.225.9202
Big Rapids	Big Rapids Hospital	605 Oak Street, 49307	231.592.4221	231.592.4304
Canadian Lakes	Canadian Lakes Office	8354 100th Avenue, 49346	231.972.0909	231.972.6003
Cutlerville	South Pavilion	80 68th Street SE, 49548	616.391.8220	616.774.7696
Ewart	Ewart Family Practice	5991 South 95th Avenue, 49631	231.832.8700 ext 7	231.832.3469
Fremont	Fremont Multispecialty Clinic	230 West Oak, 49412	231.924.4200	616.267.9046
	Gerber Memorial Hospital	212 South Sullivan Avenue, 49412	231.924.1363	231.924.1167
Grand Rapids	1300 Medical Office Building	1300 Michigan Street NE Suite 101, 49503	616.391.9675	616.774.7696
	35 Michigan	35 Michigan NE Suite 3200, 49503	616.267.2350	616.774.7696
	Alpine	2332 Alpine Avenue NW, 49544	616.391.9635	616.774.7696
	Blodgett Hospital	1840 Wealthy Street SE, 49506	616.774.7668	616.774.7696
	Bradford	2900 Bradford Avenue NE, 49525	616.391.4080	616.774.7696
	Butterworth Hospital	100 Michigan Street NE, 49503	616.391.3195	616.774.7696
	East Paris Medical Building	1000 East Paris Avenue Suite 119, West Entrance, 49546	616.391.1625	616.774.7696
	Heritage Pointe	2060 East Paris Avenue SE Suite 102, 49546	616.486.9070	616.774.7696
	Integrated Care Campus Beltline	2750 East Beltline Avenue NE, 49525	616.447.3040	616.774.7696
	Lemmen-Holton Cancer Pavilion Laboratory	145 Michigan Street NE, 49503	616.486.6056	616.774.7696
	Women's Health Center of West MI	555 Mid Towne Street Suite 101, 49503	616.486.6475	616.774.7696
Greenville	Medical Specialty Center	705 South Greenville West Drive Suite 102, 48838	616.754.2205	616.225.9202
	United Hospital	615 South Bower Street, 48838	800.488.7560 616.754.9811	616.225.9202
Hart	Ludington Hart Family Medicine	2481 North 72nd Avenue, 49420	231.873.2163	231.873.2143
Hastings	Pennock Hospital	1009 West Green Street, 49058	269.945.3451	269.948.3126
	State Street Center	1108 West State Street, 49058	269.945.3451	269.948.3126
Holland	588 East Lakewood Holland	588 East Lakewood Boulevard, 49424	616.494.5920	616.774.7696
Kentwood	Kalamazoo	4444 Kalamazoo Avenue SE Suite 102, 49508	616.391.5690	616.774.7696
	Kentwood	4600 Breton Road SE Suite 203, 49508	616.391.9743	616.774.7696
Lake Odessa	Lake Odessa Diagnostic Center	4249 Laurel Drive, 48849	616.374.1684	269.948.5701
Lakeview	Kelsey Hospital	418 Washington Street, 48850	989.352.7211	989.352.8581
Ludington	Ludington Hospital	1 Atkinson Drive, 49431	231.845.2363	231.845.2292
Muskegon	Integrated Care Campus	2009 Holton Road, 49445	231.291.8330	231.291.8006
Newaygo	Newaygo	211 West Pine Lake Drive, 49337	231.652.5380	231.252.5385
Reed City	Reed City Hospital	300 North Patterson Road, 49677	231.832.7130	231.832.2154
Rockford	Rockford Center	519 East Division Street, 49341	616.391.6300	616.774.7696
Sparta	Sparta	2111 12 Mile Road NW, 49345	616.391.8465	616.774.7696
Stanwood	Eastside Family Medical	8540 105th Avenue, 49346	231.972.8274	231.972.4622
Tustin	Tustin Family Practice	111 East Church Street P.O. Box 163, 49688	231.832.8560, toll free 855.878.3987	231.832.8560
Wayland	Gun Lake Medical Center	12851 West M-179 Highway, 49348	877.377.7322	269.945.8075
Wyoming	West Pavilion	6105 Wilson Avenue SW, 49418	616.486.5040	616.774.7696
Zeeland	Zeeland Community Hospital	8333 Felch Street, 49464	616.772.4644	616.748.8730

For hours of operation and driving directions please visit [spectrumhealth.org/laboratory](http://spectrumhealth.org/laboratory). No appointment necessary. Closed Sunday and Holidays.

For lab results contact Health Information Management: **616.391.1660** or visit [myhealth.spectrumhealth.org](http://myhealth.spectrumhealth.org).

For pricing contact the Pricing Specialist: **1.866.542.7909**. All other inquiries, contact the Laboratory: **616.774.7721**.

Spectrum Health complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. [81 FR 31465, May 16, 2016; 81 FR 46613, July 18, 2016]

ATENCIÓN: Si usted habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1.844.359.1607 (TTY: 711).

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1.844.359.1607. (رقم هاتف الصم والبكم: 711).