<table>
<thead>
<tr>
<th>Code</th>
<th>Test Name</th>
<th>STAT</th>
</tr>
</thead>
<tbody>
<tr>
<td>LAB23</td>
<td>Digoxin*</td>
<td></td>
</tr>
<tr>
<td>LAB32</td>
<td>Ethanol, Medical</td>
<td></td>
</tr>
<tr>
<td>LAB29</td>
<td>Lithium</td>
<td></td>
</tr>
<tr>
<td>LAB30</td>
<td>Phenobarbital</td>
<td></td>
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<tr>
<td>LAB31</td>
<td>Phenytoin</td>
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</tr>
<tr>
<td>LAB34</td>
<td>Salicylate</td>
<td></td>
</tr>
<tr>
<td>LAB24</td>
<td>Valproic Acid</td>
<td></td>
</tr>
</tbody>
</table>

**Medicine**

- **Chemistry**
  - LAB456: Acetone
  - LAB313: AST
  - LAB54: Calcium, Ionized
  - LAB50: Bilirubin, Total
  - LAB140: BUN
  - LAB141: Uric Acid
  - LAB1748: Hemoglobin
  - LAB212014: Routine Urinalysis & Culture if Positive
  - LAB500: Drug Screen (Inhouse)

- **Microbiology**
  - LAB462: Blood Cultures
  - LAB21036: Microalbumin
  - LAB437: Pregnancy (Urinary)
  - LAB2104: Routine Urinalysis & Culture if Positive
  - LAB239: Urine Culture

- **Surgery**
  - LAB694: Inpatient Occult Blood

- **SPECIAL CHEMISTRY-OBGYN**
  - LAB413: HCG (Quant)
  - LAB444: Pregnancy (Serum)

- **Serology**
  - LAB462: Mono Test

- **Hematology**
  - LAB1748: Hemoglobin
  - LAB289: Hematocrit
  - LAB291: Hemoglobin
  - LAB301: Platelet Count
  - LAB547: Sed Rate

- **Coagulation**
  - LAB313: D-Dimer
  - LAB314: Fibrogen
  - LAB320: Protime/INR
  - LAB325: PTT

- **Toxicology**
  - LAB43: Acetaminophen
  - LAB21: Carbamazepine

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**Additional Instructions**

- **Options for STAT**
  - Code
  - Test Name
  - STAT

- **Additional Notice**
  - If no STAT is indicated, tests are considered routine.

- **Additional Compliance**
  - ICD-9 Codes are mandatory and regulated. For the laboratory to bill properly and receive payment, you must provide the specific ICD-9 codes for each outpatient test ordered.

**Specimen**

- **Collection**
  - COLLECTED BY: 
  - TIME: 
  - DATE: 

**Medicare Information**

- **Patient refused to sign ABN Waiver (ABNR)**
  - Patient refused to sign ABN Waiver (ABNR)
TESTS INCLUDED IN PANELS

CHEMISTRY:
Comprehensive Metabolic (LAB17)
  Albumin
  Alk Phos
  Bilirubin, Total
  BUN
  Calcium
  Chloride
  CO2
  Creatinine
  Glucose
  Potassium
  Protein, Total
  Sodium
  ALT
  AST
Electrolyte (LAB16)
  Sodium
  Potassium
  Chloride
  Carbon Dioxide
  Anion Gap
Heme Profile w/ Auto Diff (LAB1748)
  White Blood Cell Count
  Red Blood Cell Count
  Hemoglobin
  Hematocrit
  Platelet Count
  Mean Corpuscular Volume
  Mean Corpuscular Hemoglobin
  Mean Corpuscular Hemoglobin Concentration
  Red Cell Distribution Width (RDW)
  Automated Differential

REFLEXIVE TESTING
1. When a LAB3889 is ordered, a Free T4 (LAB127) will be performed and billed if the TSH is abnormally high, and a Free T4 and a Total T3 (LAB136) will be performed and billed if the TSH is abnormally low. If a Free T4 or a Total T3 is desired regardless of the reflexive algorithm, circle them separately on front of this form.

Hematology
1. A manual differential is performed when the patient is less than 1 month old.
2. A manual differential is performed when the sample fails the following algorithm:

   DIFFERENTIAL RULES
   Hemogram Differential
   All neonates
   WBC < 2.0 and > 30.0 x 10^3/μL
   Basophils > 5%

WBC Flags
All WBC Flags require a slide review or differential. These include:
  LS
  IG
  Blast
  Atypical/Variant Lymph
  NRBC flag

SLIDE REVIEW
RBC IP Messages PLT Flags (Always Slide Review + Edit)
  MCV < 65 or > 110 fL (Microcytosis or Macrocytosis)
  Hgb < 7 g/dl (Anemia)
  RDW-SD > 65 fL (Anisocytosis)
  Any RBC flag (abn. dist., dimorphic pop. agglut, etc.)
  MCHC <30

Urines
1. When a Routine Urinalysis & Culture if Positive (LAB21014) is ordered, a urine culture (LAB239) is performed if the urine tests positive for leukocyte esterase or nitrite and examination of the urinary sediment reveals less than six squamous epithelial cells/hpf.
3. When a Microalbumin (LAB21036) is ordered, a Random Urine Creatinine (LAB384) will be performed and billed.