



***** ALL SHADED AREAS MUST BE COMPLETELY FILLED OUT*****

Outreach Laboratory

Phone: 1-800-236-1639 or (920) 433-3652
 Fax: (920) 433-7878

Patient Bill Insurance Required
Client Bill

Facility Name: _____ Contact Number: _____

Patient Last Name	First Name	MI	Insurance Information <input type="checkbox"/> Copy of insurance card Attached	<input type="checkbox"/> Medicare A <input type="checkbox"/> Medicare B	Other Insurance: <input type="checkbox"/> Copy of card attached
DOB	Gender M F	Contact Number	Coverage		
Address			Subscriber Name		
City	State	Zip	ID No.	DOB	
Social Security Number		ID/Room #	Group No.		
Ordering Provider			Guarantor (Responsible Party) <input type="checkbox"/> Check if same as above		Courier Specimen Confirmation: Time:
Last Name		First Name	MI	Last Name First Name MI	
Collection Info		Request completed by		City State Zip	
Date	Time	Last Name	First	DOB Relationship with Patient	

ORD	Test	DX #		ORD	Test	DX #		ORD	Test	DX #	
	ALT/SGPT		G		Hgb A1C (Hemoglobin A1C)		L		Varicella Zoster IgG AB		G
	AST/SGOT		G		Influenza PCR		SP		Vancomycin – Peak		G
	B12/Folate		G		Iron		G		Vancomycin – Random		G
	B12/ (Vitamin B12)		G		Iron/Iron Binding Capacity/TIBC		G		Vancomycin – Trough		G
	BMP (Basic Metabolic)		G		Lipid Panel		G		Vitamin D 25 OH – D2/D3		G
	BNP (B-type natriuretic peptide)		L		Lipid Panel w/reflex Direct LDL		G		Additional Tests/Info		
	BUN		G		Liver Function Panel (HFP)		G				
	CBC – no diff		L		Lyme Antibodies		G				
	CBC – with diff		L		Measles Antibody (Rubeola AB)		G				
	Chlamydia/GC by PCR		SP		MRSA Nasal PCR		SP				
	Cholesterol		G		MRSA Skin/Soft Tissue PCR		SP	ORD	Microbiology	DX #	
	CK (Creatine Kinase)		G		Mumps AB		G		C. Diff (Clostridium difficile)		ST
	CK with isos (MB)		G		Potassium		G		Cryptosporidium/Giardia		SP
	CMP (Complete Metabolic)		G		PSA – Total – diagnostic		G		Culture – Blood		SP
	Creatinine		G		PSA – Total – Screen		G		Circle: peripheral vs line draw		
	CRP – High Sensitivity		G		PT (Prothrombin Time)/INR		B		Culture – Group A Strep		SP
	CRP (C-Reactive Protein)		G		Quantiferon		SP		Culture – Group B Strep		SP
	ESR – Sedimentation Rate		L		RF – Rheumatoid Factor		G		Culture – Stool		SP
	Ferritin		G		RFP (Renal Function Panel)		G		Culture – Synovial Fld		SP
	Folate		G		Rubella		G		Culture – Urine (ID and Sens if indicated)		U
	FT3 – Free T3		G		Rubeola Antibody (Measles)		G		Circle: midstream vs cath		
	FT4 – Free T4		G		Syphilis AB		G		Culture – Wound		SP
	Glucose		G		T3, Total		G		Culture – Wound & Anaerobic		SP
	Hematocrit		L		T4, Total		G		Culture source: _____		
	Hemoglobin		L		Testosterone, Total		G		Culture site: _____		
	Hepatitis Panel ABC – Acute		G		Testosterone, Total & Free		G		Comment: _____		
	Hepatitis Panel ABC		G		TSH (Thy Stimulating Hormone)		G				
	Hep B Panel		G		UA – Dip-no Micro		U				
	Hep B Surface Antibody		G		UA with Micro – cult it > 10 WBC		U				
	Hep B Surface Antigen		G		Circle: midstream vs cath						
	Hep C Virus – Total		G		UA with Micro – no reflex culture		U				
	HFP – Hepatic Function Panel		G		Circle: midstream vs cath						

G = Gold L = Lavender B = Blue U = Urine ST = Stool SP = Special Instruction

Bellin Health Laboratory – Schedule of Reflex Testing

Test	Reflex Result	Reflex Test
Antinuclear Antibodies (ANA) Screen and Titer	Positive ANA screen	ANAP (pattern) ANA (titer)
Bacterial Antigen Test on Spinal Fluid	Any result	Culture, spinal fluid and Gram stain
Bacterial Culture	Significant isolates	Identification and sensitivity, if indicated
Cryptococcus Antigen, Serum*	Positive	Cryptococcus titer
Cryptococcus Antigen, Spinal Fluid	Positive	Cryptococcus titer Fungal Culture and KOH
Culture, Herpes Simplex Virus (HSV)	Positive	HSV typing
Cytomegalovirus (CMV) Antibody, IgG	Positive	Cytomegalovirus (CMV) Antibody, IgM
Hepatitis A Antibody, Total	Positive	Hepatitis A antibody, IgM
Hepatitis B Panel	Anti-HBs negative and anti-HBs positive	Hepatitis B core antibody, IgM
Hepatitis B Core Antibody, Total (ordered separately)	Positive	Hepatitis B core antibody, IgM
Hepatitis C Virus Antibody	Only if hepatitis C RIBA™ is requested – reactive specimens held for 2 weeks	Hepatitis C RIBA™
Human Immunodeficiency Virus 1/2 Antibody	Reactive	Confirmation by Western blot (state laboratory). If HIV-1 is not confirmable, HIV-2 specific screening and confirmation will be done.
Influenza A and B Antigen Panel	Negative	Shell vial culture
Lyme Disease Antibodies	Equivocal or positive	Western blot
Platelet Function Assay*	Abnormal with the collagen/ epinephrine	Second test using collagen/ adenosine diphosphate
Rapid Group A Strep	Negative	Culture, group A strep
Syphilis Antibody, Total	Reactive or equivocal	RPR, RPR (titer)
Respiratory Viral Smear	Inconclusive or smear – negative specimens	Viral Culture
RhoGAM™ Immune Globulin Study	Positive	Kleihauer-Betke
Toxoplasma Antibody, IgG	Positive	IgM-specific antibody
Urinalysis	Patients ≤ 12 years old	CLINITEST®
Varicella-Zoster Smear	Negative or inconclusive	Shell vial culture

*The reflex testing on these assays is performed at no additional charge.