

CLINICAL LABORATORY REQUISITION



835 Hospital Road, Indiana, PA 15701
724-357-7160

COLLECTION DATE, TIME AM
PM

PATIENT NAME (LAST, FIRST, MIDDLE INITIAL)	ADDRESS	PATIENT TELEPHONE NO.
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ORDERING PHYSICIAN SIGNATURE	PATIENTS SOCIAL SECURITY NO.	DATE OF BIRTH	SEX : MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>
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PRINT PHYSICIAN NAME	MEDICARE PART A <input type="checkbox"/> PART B <input type="checkbox"/>	ESRD YES <input type="checkbox"/>	If ESRD yes, Dialysis Provider: _____
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SNF NAME: _____ BILL TO INSURANCE BILL TO NURSING HOME

HOSPICE: YES NO PROVIDER: _____

ATTACH COPY OF BOTH SIDES OF INSURANCE CARDS FOR INSURANCE BILLING

CALL	CALL TO (PHONE # PHYSICIAN)	
COPY	COPY TO (FULL NAME, PLEASE)	

FASTING INSTRUCTIONS: Do not eat or drink anything except for water 12 hours before the test

Testing followed by @ **MUST** have an accompanying **ICD-10** Diagnosis code for Medical Necessity. Patients will be financially responsible for non-covered services and, for testing their insurance considers not to be medically necessary without a covered diagnosis.

For DX codes that will meet medical necessity please visit: <http://www.cms.gov/Medicare/Coverage/CoverageGenInfo/LabNCDsICD10.html>

Tests followed by @ must have ICD-10 code	ICD-10	Tests followed by @ must have ICD-10 code	ICD-10		
<input type="radio"/> LP	Lipid Profile-CHOL,TRIG,HDL@	<input type="radio"/> GGT	GGT (GGTP) @	<input type="radio"/> T3	T3
<input type="radio"/> HEPABC	Hepatitis Profile-ABC- HEPA, HBSAG,HBCAB,HCV @	<input type="radio"/> HCG	HCG, Serum Qualitative	<input type="radio"/> FT4	Free T4 @
<input type="radio"/> ELEC	Electrolytes-NA,K,CL,CO2,AGAP	<input type="radio"/> HCGQPREG	Beta HCG, Serum, Quant,Preg @	<input type="radio"/> T4	T4 @
<input type="radio"/> BMP	Basic Metabolic Profile- NA,K,CL,CO2,AGAP,GLU,BUN,CRE,C A,OSMO	<input type="radio"/> HCGQTUM	Beta HCG, Serum, Quant,Tumor Marker @	<input type="radio"/> URIC	Uric Acid
<input type="radio"/> CMP	Complete Metabolic Profile- NA,K,CL,CO2,AGAP,GLU,BUN,CRE,C A,OSMO,TP,ALB,GLOB,BILT,ALK,AL T,AST	<input type="radio"/> HCT	Hematocrit @	<input type="radio"/> UHCG	Urine Pregnancy
<input type="radio"/> RFP	Renal Function Panel- NA,K,CL,CO2,AGAP,GLU,BUN,CRE,C A, OSMO,PHOS,ALB	<input type="radio"/> HGB	Hemoglobin @	<input type="radio"/> UMALBR	Urine Microalbumin
<input type="radio"/> HP	Hepatic Function Panel- ALB,BILD,BILT,ALK,ALT,AST,TP	<input type="radio"/> HRPMD	Pathologist Review of Peripheral Smear	<input type="radio"/> VITD	Vitamin D, 25-OH @
<input type="radio"/> A1C	Hemoglobin A1C @	<input type="radio"/> HDL	HDL Cholesterol @	<input type="radio"/> UA	Urinalysis
<input type="radio"/> ANA	Anti-Nuclear Antibody	<input type="radio"/> LDL	LDL Cholesterol @	Source:	
<input type="radio"/> ALT	ALT (SGPT)	<input type="radio"/> FE	Iron @	<input type="radio"/> UAFLEX	UA Reflex to Culture
<input type="radio"/> AST	AST (SGOT)	<input type="radio"/> FOL	Folate/Folic Acid	Source:	
<input type="radio"/> B12	Vitamin B12 @	<input type="radio"/> TIBC	Iron Binding Capacity @	<input type="radio"/> CUR	Urine Culture @
<input type="radio"/> BUN	Blood Urea Nitrogen	<input type="radio"/> MG	Magnesium	Source:	
<input type="radio"/> CBC	CBC @	<input type="radio"/> PHOS	Phosphorus	<input type="radio"/> CTPCR	Clostridium Diff Toxin- PCR
<input type="radio"/> CBCD	CBC with Diff @	<input type="radio"/> PT	Prothrombin Time @	<input type="radio"/> CGAG	Giardia/Crypto Antigen
<input type="radio"/> CHOL	Cholesterol (fasting) @	<input type="radio"/> PTT	Partial Thromboplastin Time @	<input type="radio"/> STREPAPFLEX	Strep A Screen w/Reflex
<input type="radio"/> CRE	Creatinine	<input type="radio"/> PSA	PSA Diagnostic @	<input type="radio"/> MRSAPCR	MRSA PCR-NARES
<input type="radio"/> CRPHS	CRP high sensitivity (cardio) @	<input type="radio"/> PSAS	PSA Screening	Other Tests:	
<input type="radio"/> CRP	CRP @	<input type="radio"/> RF	Rheumatoid Factor		
<input type="radio"/> ESR	Sedimentation Rate	<input type="radio"/> TRIG	Triglyceride @		
<input type="radio"/> FER	Ferritin @	<input type="radio"/> TSHFLEX	TSH reflex to T4 if indicated @		
<input type="radio"/> FBS	Fasting Blood Sugar @	<input type="radio"/> TSH	TSH @		