



Orders For Laboratory Services

Phone: (218) 249-5200

Fax: (218) 249-7819

CLIA #: 24D0404051

Requesting Facility: _____

Patient Name: _____

Requesting Provider: _____

Patient DOB: _____

Male
 Female

Provider Signature: _____

Collection Date: _____

Bill To: Insurance-Attach Information
 Client Account Patient

Collection Time: _____

Billing Information: For non-St. Luke's owned entities, complete insurance information must be provided or the facility will be billed.

X	CPT	TEST	X	CPT	TEST	X	CPT	TEST
	80048	Basic Metabolic Panel (BMP)#		83721	Cholesterol, LDL Direct (LDL)		84466	Transferrin (TRANSFERRIN)
	80053	Comprehensive Metabolic Panel (CMP)*		82570	Creatinine (CREAT)		82607	Vitamin B12 (VITB12)
	80051	Electrolyte Panel (LYTES)@		86140	CRP (CRP)		83690	Lipase (LIPASE)
	80076	Hepatic Panel (HEPATIC)%		86141	CRP, High Sensitivity (CRPHS)		86618	Lyme w/WB if + (LYME)
	80061	Lipid^ (LIPID)		85652	ESR/Sed Rate (ESR)		83765	Magnesium (MG)
	80069	Renal Panel (RENAL)&		82670	Estradiol (ESTRAD)		84132	Potassium (K)
	85023	CBC w/manual differential (CBCWMDIFF)		83001	FSH (FSH)		85610	Protine/INR (PT)
	85025	CBC w/auto differential (CBCWADIFF)		83002	Leutinizing Hormone (LH)		84153	PSA Diagnostic (PSADIAG)
	85027	CBC w/o differential (CBC)		84146	Prolactin (PRL)		G0103	PSA Screen (PSASCREEN)
	85018	Hemoglobin (HGB)		82947	Glucose, Random (GLUC)		84295	Sodium (NA)
	85595	Platelet Count (PLATELET)		82951	GTT-2 Hour (GTT2HR)		84443	TSH (TSH)/w Reflex ¹ Y N
	85048	White Blood Cell Count (WBC)		82951	GTT-Prenatal (GTPRENAT)		84439	T4, Free (FT4)
	82040	Albumin (ALB)		84703	HCG Qual (HCGQL)		84250	Urea Nitrogen (BUN)
	84075	Alkaline Phosphatase (ALKP)		84702	HCG Quant (HCGQNT)		84550	Uric Acid (URIC)
	84460	ALT (ALT)		83036	Hemoglobin A1C (HGBA1C)		82306	Vitamin D (VITD)
	82150	Amylase (AMY)		80074	Hepatitis Panel, Acute (HEPACUTE)		82043	Urine Microalbumin (UMICRALB)
	82805	Arterial Blood Gas (ABG)		86709	Hepatitis A IgM (HAVM)		Mult.	UA w/Reflex Micr + Culture (UA)
	84450	AST (AST)		86706	Hepatitis B Surface Ab (HBSAB)			Source: Void CVMS Cath Ind. Cath Str.
	82248	Bilirubin, Conjugated (BILID)		87340	Hepatitis B Surface Ag (HBSAG)		87086	Urine Culture
	82247	Bilirubin, Total (BILIT)		86705	Hepatitis B Core Ab IgM (HBCIGM)			Source: Void CVMS Cath Ind. Cath Str.
	83880	B-Type Natriuretic Peptide (BNP)		86803	Hepatitis C Ab (HCVAB)		Varies	Culture (incl. Gram St if needed)
	86304	CA 125 (CA125)		86703	HIV Ab (HIVAB)			Source:
	82310	Calcium (CA)		86308	Infectious Mono Screen (MONO)		Other:	
	82378	Carcinembryonic Antigen (CEA)			Reflex to EBV if Neg? Y N			
	82550	CK (CK)		83540	Iron (IRON)			
	82465	Cholesterol (CHOL)		83550	Total Iron Binding Capacity (TIBC)			
	83718	Cholesterol, HDL (HDL)		82728	Ferritin (FERRITIN)			

Only tests that are medically necessary to treat or diagnose an individual patient should be ordered. The Office of Inspector General takes the position that a physician who orders unnecessary tests for which Medicare reimbursement is claimed may be subject to civil penalties.

!TSH Reflexive Option: TSH <0.350, FT4 will be performed. If FT4 <1.77, FT3 will be performed. TSH >4.800, FT4 will be performed.

*CMP includes: Sodium, Potassium, Chloride, CO2, Calcium, Creatinine, Gluc, Urea Nitrogen, Albumin, Alk Phosphatase, ALT, AST, Total Bilir & Total Prot

&Renal includes: Sodium, Potassium, Chloride, CO2, Calcium, Creatinine, Glucose, Urea Nitrogen, Albumin & Phosphorous

%Hepatic includes: Albumin, Total Protein, Alk Phos, AST, ALT, Bilirubin (Total & Direct)

#BMP includes: Sodium, Potassium, Chloride, CO2, Calcium, Creatinine, Glucose & Urea Nitrogen

@LYTES includes: Sodium, Potassium, Chloride, CO2

^If Triglyceride >400 mg/dl, a LDL Direct will be added with an additional charge

All panel components can be ordered individually. Use "Other" if not listed.

Diagnoses:

(1)	ICD:	Narrative:	
(2)	ICD:	Narrative:	
(3)	ICD:	Narrative:	