ADDITIONAL TESTS/COMMENTS:

AMA PROFILES (Epic order)  
ACHEMISTRY (Epic order)
Hydroxybutyrate (LAB2865) 
Creatinine (LAB66) 
C-Reactive Protein (LAB149)
Creatinine (LAB66) 
Glucose* (LAB82)
Hgb A1C (Glyco Hgb)* (LAB890)

HEMATOLOGY (Epic order)
CVC no diff* (LAB294) 
CVC w/Differential* (LAB2930) 
ESR (SED RATE) (LAB1788) 
Iron* (LABB94) 
Iron + Transferrin* (LAB829)

URINALYSIS-OTHER 
Urinalysis (dipstick) (LAB347) 
Urine culture* (LAB239) 
Strep A Culture Throat (LAB236) 
Streptokinase (LAB250)

URINALYSIS-OTHER 
Urinalysis (dipstick) (LAB347) 
Urine culture* (LAB239) 
Strep A Culture Throat (LAB236) 
Streptokinase (LAB250)

THERAPEUTIC DRUG LEVELS (Epic order)
Digoxin* (LAB23)
Diltiazem (Phenytoin) (LAB31)
Lithium (LAB29)
Tacrolimus* (LAB876)
Tegretol (Carbamazepine) (LAB23)
Valproic Acid (Depakote) (LAB24)
Vancocin (Vancocin Peak) (LAB41)
Vancomycin (Vancomycin Trough) (LAB39)

SPECIMENS STRENGTHENS MEDICATIONS (Epic order)
Antibiotics?  
Wound Culture, Gram Stain

GASTROINTESTINAL (Epic order)
Urine Culture* (LAB239) 
Strep A Culture Throat (LAB236) 
Ova & Parasite (LAB955) 

TRANSMUTED MEDICINE 
AFO/Ph (LAB895) 
Antibody Screen (LAB278) 
Preterm Type & Screen (LAB895 & 278)
Rhogam administered? _________
If yes, date given? _____________

extra Hardware Bank Tube to Host (LAB236) 
Extra Hardware Type & Screen (LAB276)
# of Leftover Units

*Tests with asterisks may require signed Advanced Beneficiary Notice - Medicare Only.

7071-019 (Rev. 9/18)
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### AMA Panels

**Comprehensive Metabolic Panel 80053**
- Sodium
- Potassium
- Chloride
- Carbon Dioxide
- Glucose
- Creatinine
- BUN
- Calcium
- Bilirubin, total
- Albumin
- AST (SGOT)
- Alkaline Phosphatase
- Protein, total
- ALT (SGPT)

**Electrolyte Panel 80051**
- Sodium
- Potassium
- Chloride
- Carbon Dioxide

**Basic Metabolic Panel 80048**
- Sodium
- Potassium
- Chloride
- Carbon Dioxide
- Glucose
- Creatinine
- BUN
- Calcium

**Renal Function Panel 80069**
- Sodium
- Potassium
- Chloride
- Carbon Dioxide
- Glucose
- Creatinine
- BUN
- Calcium
- Phosphorus, inorganic (Phosphate)

**Hepatitis Acute Panel 80074**
- Hep B surface antigen (HBsAg)
- Hep B core antibody (HBCAb), IgM
- Hep C antibody
- Hep A antibody, IgM

**Liver Panel 80076**
- Albumin
- Bilirubin, total and direct
- ALT (SGPT)
- AST (SGOT)
- Alkaline Phosphatase
- Protein, total

**Obstetric Panel 80055**
- CBC
- Hep B Surface antigen (HBsAg)
- Antibody, Rubella
- RPR
- ABO/Rh type
- Antibody screen

**Electrolyte Panel 80051**
- Sodium
- Potassium
- Chloride
- Carbon Dioxide

**Basic Metabolic Panel 80048**
- Sodium
- Potassium
- Chloride
- Carbon Dioxide
- Glucose
- Creatinine
- BUN
- Calcium

**Renal Function Panel 80069**
- Sodium
- Potassium
- Chloride
- Carbon Dioxide
- Glucose
- Creatinine
- BUN
- Calcium
- Phosphorus, inorganic (Phosphate)

**Liver Panel 80076**
- Albumin
- Bilirubin, total and direct
- ALT (SGPT)
- AST (SGOT)
- Alkaline Phosphatase
- Protein, total

**Obstetric Panel 80055**
- CBC
- Hep B Surface antigen (HBsAg)
- Antibody, Rubella
- RPR
- ABO/Rh type
- Antibody screen

REFLEX/CONFIRMATORY TESTING NOTICE

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Fax (907) 212-3632

**Providence Health Park**
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Anchorage, AK 99508
Phone (907) 212-2416
Fax (907) 212-3632

**Eagle River**
17101 Snowmobile Lane, Suite 103
Eagle River, AK 99577
Phone (907) 726-6620
Fax (907) 212-3632

**Providence Alaska Medical Center**
3200 Providence Drive
Anchorage, AK 99508
Phone (907) 212-3631
Fax (907) 212-3632

For hours of operation and testing directory go to: http://alaska.providence.org

**Note:** When a patient visits a patient service center, photo identification and insurance cards are required.
**ADDITIONAL TESTS/COMMENTS:**

**TODAY’S DATE (REQUIRED):**  
**COLLECTION DATE (REQUIRED):**  
**COLLECTION TIME (REQUIRED):**  
**SEX (REQUIRED):**  
**DATE OF BIRTH (REQUIRED):**

**PLEASE PRINT CLEARLY** ALL INFORMATION MUST BE PROVIDED. USE BLACK OR BLUE INK ONLY.

**PATIENT’S FULL LEGAL NAME (REQUIRED):**

**HOME PHONE NO.:**

**WORK PHONE NO.:**

**INSURANCE PHONE:**

**INSURANCE/MEMBER POLICY #**

**GROUP #**

**PATIENT RELATIONSHIP:**

**CLAIMS ADDRESS (CITY, STATE, ZIP):**

**GUARANTOR (LAST, FIRST, MIDDLE) (REQUIRED EXCEPT FOR MEDICARE):**

**DATE OF BIRTH:**

**BILL: (LAST, FIRST, MIDDLE) (REQUIRED EXCEPT FOR MEDICARE):**

**ADDRESS (CITY, STATE, ZIP):**

**DIAGNOSIS ICD CODE(S) (REQUIRED):**

**ADDITIONAL COPIES TO:**

**TODAY’S DATE (REQUIRED):**

**COLLECTION DATE (REQUIRED):**

**COLLECTION TIME (REQUIRED):**

**SEX (REQUIRED):**

**DATE OF BIRTH (REQUIRED):**

**PATIENT RELATIONSHIP:**

**WHO TO BILL:**

**TEST(S) TO BE PERFORMED:**

**PROVIDER FIRST/LAST NAME:**

**WHO TO BILL:**

**ADDRESSES:**

**ADDRESS (CITY, STATE, ZIP):**

**INSURANCE/CO.**

**CLIENT/PHYSICIAN ACCOUNT:**

**PHONE #:**

**PATIENT RELATIONSHIP:**

**INSURANCE CO.**

**APPLICATION:**

**MEDICAL BILL #:**

**MEDICAL RECORD #:**

**LAB USE ONLY:**

**REQUISITION #:**

**MEDICAL RECORD #:**

---

**AMA PROFILES (Epic order)**

| Basic Metabolic Panel (LAB15) |
| Comprehensive Metabolic Panel (LAB17) |
| Electrolyte Panel (LAB16) |
| Hepatitis Acute Panel* (LAB551) |
| Lipid Panel no Reflex LDL (LAB2478) |
| Lipid Panel Reflex LDL (LAB18) |
| Liver Function Panel (LAB20) |
| Renal Function Panel (LAB19) |

**CHEMISTRY (Epic order)**

| Lipase (LAB99) |
| Magnesium* (LAB103) |
| Phosphorus (LAB113) |
| Potassium (LAB114) |
| PSA, diagnostic* (LAB116) |
| PSA, screening* (LAB2268) |
| Triglycerides* (LAB134) |
| Urine Acid (LAB141) |
| Vitamin B12 (LAB2346) |
| Vitamin D Total (LAB2301) |

**CHEMISTRY (Epic order)**

| Cortisol (LAB61) |
| Estradiol (LAB523) |
| Free T4* (LAB127) |
| FSH (LAB86) |
| HCG Quant* (LAB143) |
| Pregnancy Serum Qual (LAB144) |
| Pregnancy Urine Qual (LAB437) |
| Prolactin (LAB531) |
| PTH Intact (LAB813) |
| Testosterone (LAB124) |
| TSH* (LAB129) |
| TSH Reflex Free T4* (LAB13042) |

**HEMATOLOGY (Epic order)**

| CBC no diff* (LAB294) |
| CBC w/Differential* (LAB2930) |
| ESR (Fed Rate) (LAB1788) |
| Iron* (LAB94) |
| Iron + Transferrin* (LAB829) |
| Protime w/INR* (LAB3520) |
| PTT (APTT)* (LAB325) |
| Reticulocyte Count (LAB296) |

**HEMATOLOGY (Epic order)**

| Complement C3 (LAB152) |
| Complement C4 (LAB151) |
| Hep B Surface Ab (HbsAb) (LAB471) |
| Hep C Antibody (LAB2375) |
| HIV 4th (Ab 1+2 w/Ag)* (LAB473) |
| Quantiferon TB (LAB2399) |
| Rheumatoid Factor (RA, RF) (LAB2306) |
| Rubella Antibody (LAB496) |
| Trigeminal Pallidum Ab (LAB12341) |

**URINALYSIS-OTHER (Epic order)**

| Urinalysis (dipstick) (LAB347) |
| Urinalysis w/Microscopics (LAB848) |
| UA w/Microscopics if IND* (LAB473) |
| UA w/Micro w/Cult if IND* (LAB483) |
| OccultBld, FIT (LAB2502) |
| Urine Drug Screen Panel (LAB5800) |

**URINALYSIS-OTHER (Epic order)**

| Urinalysis (dipstick) (LAB347) |
| Urinalysis w/Microscopics (LAB488) |
| UA w/Microscopics if IND* (LAB473) |
| UA w/Micro w/Cult if IND* (LAB483) |
| OccultBld, FIT (LAB2502) |
| Urine Drug Screen Panel (LAB5800) |

**THERAPEUTIC DRUG LEVELS (Epic order)**

| Digoxin* (LAB23) |
| Diltiazem (Phenytoin) (LAB31) |
| Lithium (LAB29) |
| Tacrolimus* (LAB876) |
| Neopterin (Carbamazepine) (LAB21) |
| Valproic Acid (Depakote) (LAB24) |
| Vancocinycin Peak (LAB41) |
| Vancocinycin Trough (LAB39) |

**ANTIBIOTICS:**

| Wound Culture, Gram Stain |

**VAGINAL CULTURES:**

| ABF Culture & Smear (LAB25613) |
| Blood Culture (LAB462) |
| Chlamydia/GC PCR (LAB1376) |
| C. diff, NAAT (LAB12906) |
| Ear Culture, gram stain (LAB20400) |
| Eye Culture, gram stain (LAB23016) |
| Girard Antigen (LAB2529) |
| Fecal Lactoferlin (LAB731) |
| MRSA/SA, NAAT QUAL. (LAB24325) |
| Strep B DNA Probe NAAT (LAB1371) |

**SPECIMENS REQUIRING TYPENS BLOOD BANK BAND AT THE TIME OF COLLECTION:**

| Extra Blood Bank Tube to Host (LAB296) |
| Type & Screen (LAB276) |
| Rhogam administered? _________ |
| Direct Coombs (LAB274) |

**TRANSMUTED MEDICINE:**

| ABO/Rh (LAB895) |
| Antibody Screen (LAB278) |
| Prenatal Type & Screen (LAB895 & 278) |

| Yes, date given? _________ |
| Rhogam administered? _________ |

**MEDICAL RECORD #:**

| Phone: (907) 212-3631     Main Lab Fax: 212-3632 |
| Fax #: __________________ |

| Phone: ________________ |
| Fax Results Immediately |

| YES |
| NO |

**Fasting:**

**STAT:**

**CONTACT:**

| Provider Signature: ______________________________________________ |
| ORDERING PROVIDER SIGNATURE: |
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AMA Panels

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<thead>
<tr>
<th>Comprehensive Metabolic Panel 80053</th>
<th>Electrolyte Panel 80051</th>
<th>Renal Function Panel 80069</th>
<th>Hepatitis Acute Panel 80074</th>
<th>Liver Panel 80076</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sodium</td>
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<td>Albumin</td>
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<tr>
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<td>Chloride</td>
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<td>Chloride</td>
<td>and direct</td>
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<tr>
<td>Carbon Dioxide</td>
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<td>Protein, total</td>
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