

DID YOU INCLUDE...

- DIAGNOSIS CODE(S)?
- TEST(S) TO BE PERFORMED?
- PROVIDER FIRST/ LAST NAME?
- WHO TO BILL?

GENERAL LABORATORY REQUEST FORM



Alaska Medical Center
P.O. Box 196604 Anchorage, AK 99519-6604

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

ORDERING PROVIDER SIGNATURE: _____

TODAY'S DATE (REQUIRED):		COLLECTION DATE (REQUIRED):		COLLECTION TIME (REQUIRED):		SEX (REQUIRED): <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		<input type="checkbox"/> STAT Phone: _____	
PLEASE PRINT CLEARLY ALL INFORMATION MUST BE PROVIDED. USE BLACK OR BLUE INK ONLY						DATE OF BIRTH (REQUIRED)			
PATIENT'S FULL LEGAL NAME (REQUIRED)									
LAST:		FIRST:		MI:		Fax #: _____ <input type="checkbox"/> Fax Results Immediately			
DIAGNOSIS ICD CODE(S) (REQUIRED):						ADDITIONAL COPIES TO:			
<input type="checkbox"/> CLIENT/PHYSICIAN ACCOUNT		<input type="checkbox"/> PATIENT BILL COMPLETE REQUIRED & AREAS BELOW		<input type="checkbox"/> INSURANCE COMPLETE ALL AREAS		SUBSCRIBER (LAST, FIRST, MIDDLE)		DATE OF BIRTH	
BILL #: _____						ADDRESS (CITY, STATE, ZIP)			
GUARANTOR (LAST, FIRST, MIDDLE) (REQUIRED EXCEPT FOR MEDICARE)				DATE OF BIRTH		ADDRESS (CITY, STATE, ZIP)			
ADDRESS				PHONE #		PATIENT RELATIONSHIP			
CITY/STATE/ZIP CODE:				INSURANCE CO.					
PT. RELATIONSHIP:				CLAIMS ADDRESS (CITY, STATE, ZIP)					
HOME PHONE NO.:		WORK PHONE NO.:		INSURANCE PHONE		INSURANCE/MEMBER POLICY #		GROUP #	

AMA PROFILES (Epic order) <i>(see reverse for panel definitions)</i>	CHEMISTRY (Epic order)	HEMATOLOGY (Epic order)	URINALYSIS-OTHER	THERAPEUTIC DRUG LEVELS (Epic order)
<input type="checkbox"/> Basic Metabolic Panel (LAB15)	<input type="checkbox"/> Lipase (LAB99)	<input type="checkbox"/> CBC no diff* (LAB294)	<input type="checkbox"/> Vaginal Path DNA Probe (LAB5687)	REQUIRED:
<input type="checkbox"/> Comprehensive Metabolic Panel (LAB17)	<input type="checkbox"/> Magnesium* (LAB103)	<input type="checkbox"/> CBC w/Differential* (LAB293)	MICROBIOLOGY (Epic order)	Day of Last Dose: _____
<input type="checkbox"/> Electrolyte Panel (LAB16)	<input type="checkbox"/> Phosphorus (LAB113)	<input type="checkbox"/> ESR (Sed Rate) (LAB1788)	Specimen source (REQUIRED) _____	Time of Last Dose: _____
<input type="checkbox"/> Hepatitis Acute Panel* (LAB551)	<input type="checkbox"/> Potassium (LAB114)	<input type="checkbox"/> Iron* (LAB94)	Antibiotics?	<input type="checkbox"/> Digoxin* (LAB23)
<input type="checkbox"/> Lipid Panel no Reflex LDL* (LAB2478)	<input type="checkbox"/> PSA, diagnostic* (LAB116)	<input type="checkbox"/> Iron + Transferrin* (LAB829)	<input type="checkbox"/> Wound Culture, Gram Stain	<input type="checkbox"/> Dilantin (Phenytoin) (LAB31)
<input type="checkbox"/> Lipid Panel Reflex LDL* (LAB18)	<input type="checkbox"/> PSA, screening* (LAB2268)	<input type="checkbox"/> Protine w/INR* (LAB320)	<input type="checkbox"/> Aerobic (LAB897)	<input type="checkbox"/> Lithium (LAB29)
<input type="checkbox"/> Liver Function Panel (LAB20)	<input type="checkbox"/> Triglycerides* (LAB134)	<input type="checkbox"/> PTT (APTT)* (LAB325)	<input type="checkbox"/> Anaerobic (LAB233)	<input type="checkbox"/> Tacrolimus* (LAB876)
<input type="checkbox"/> Renal Function Panel (LAB19)	<input type="checkbox"/> Uric Acid (LAB141)	<input type="checkbox"/> Reticulocyte Count (LAB296)		<input type="checkbox"/> Tegretol (Carbamazepine) (LAB21)
	<input type="checkbox"/> Vitamin B12 (LAB2466)	SEROLOGY (Epic order)	<input type="checkbox"/> Sterile BF Cult Smr Ana (LAB269)	<input type="checkbox"/> Valproic Acid (Depakote) (LAB24)
CHEMISTRY (Epic order)	<input type="checkbox"/> Vitamin D Total (LAB2301)	<input type="checkbox"/> Complement C3 (LAB152)	<input type="checkbox"/> Tissue Culture Smr Ana (LAB898)	<input type="checkbox"/> Vancomycin Peak (LAB41)
<input type="checkbox"/> ALT (SGPT) (LAB2363)	CHEMISTRY (Epic order)	<input type="checkbox"/> Complement C4 (LAB151)	<input type="checkbox"/> AFB Culture & Smear (LAB23813)	<input type="checkbox"/> Vancomycin Trough (LAB39)
<input type="checkbox"/> Amylase (LAB48)	<input type="checkbox"/> Cortisol (LAB61)	<input type="checkbox"/> Hep B Surface Ab (HbsAb) (LAB472)	<input type="checkbox"/> Blood Culture (LAB462)	TRANSFUSION MEDICINE (Epic order)
<input type="checkbox"/> AST (SGOT) (LAB131)	<input type="checkbox"/> Estradiol (LAB523)	<input type="checkbox"/> Hep B Surface Ag (HbsAg) (w/confirmation if +) (LAB471)	<input type="checkbox"/> Chlamydia/GC PCR (LAB1376)	<input type="checkbox"/> ABO/Rh (LAB895)
<input type="checkbox"/> Bilirubin, Total (LAB50)	<input type="checkbox"/> Free T4* (LAB127)	<input type="checkbox"/> Hep C Antibody (LAB2375)	<input type="checkbox"/> C. diff, NAAT (LAB12906)	<input type="checkbox"/> Antibody Screen (LAB278)
<input type="checkbox"/> Bilirubin, Total & Direct (LAB168)	<input type="checkbox"/> FSH (LAB86)	<input type="checkbox"/> HIV 4th (Ab 1+2 w/Ag)* (LAB473)	<input type="checkbox"/> Ear Culture, gram stain (LAB20400)	<input type="checkbox"/> Prenatal Type & Screen (LAB895 & 278)
<input type="checkbox"/> BUN (LAB140)	<input type="checkbox"/> HCG Quant* (LAB143)	<input type="checkbox"/> Quantiferon TB (LAB2399)	<input type="checkbox"/> Eye Culture, gram stain (LAB2310)	<input type="checkbox"/> Rhogam administered? _____
<input type="checkbox"/> Calcium (LAB53)	<input type="checkbox"/> Pregnancy Serum Qual (LAB144)	<input type="checkbox"/> Rheumatoid Factor (RA, RF) (LAB206)	<input type="checkbox"/> Giardia Antigen (LAB259)	<input type="checkbox"/> If yes, date given? _____
<input type="checkbox"/> Cholesterol* (LAB60)	<input type="checkbox"/> Pregnancy Urine Qual (LAB437)	<input type="checkbox"/> Rubella Antibody (LAB496)	<input type="checkbox"/> Fecal Lactoferrin (LAB731)	<input type="checkbox"/> Direct Coombs (LAB274)
<input type="checkbox"/> CK Total (LAB62)	<input type="checkbox"/> LH (LAB87)	<input type="checkbox"/> Treponema Pallidum Ab (LAB12341)	<input type="checkbox"/> MRSA/SA, NAAT QUAL. (LAB24325)	Specimens Requiring Typenex Blood Bank Band At The Time Of Collection
<input type="checkbox"/> C-Reactive Protein (LAB149)	<input type="checkbox"/> Progesterone (LAB529)	URINALYSIS-OTHER	<input type="checkbox"/> Strep B DNA Probe NAAT (LAB1371) (Vaginal/Rectal Sources Only)	<input type="checkbox"/> Extra Blood Bank Tube to Hold (LAB286)
<input type="checkbox"/> High, Sensitivity CRP* (LAB150)	<input type="checkbox"/> Prolactin (LAB531)	<input type="checkbox"/> Urinalysis (dipstick) (LAB347)	<input type="checkbox"/> Ova & Parasite (LAB955)	<input type="checkbox"/> Type & Screen (LAB276)
<input type="checkbox"/> Creatinine (LAB66)	<input type="checkbox"/> PTH Intact (LAB813)	<input type="checkbox"/> Urinalysis w/Microscopics (LAB348)	<input type="checkbox"/> Rapid Strep A (LAB885)	_____ # OF LEUKOREduced UNITS
<input type="checkbox"/> Ferritin* (LAB68)	<input type="checkbox"/> Testosterone (LAB124)	<input type="checkbox"/> UA w/Microscopic if IND* (LAB2479)	<input type="checkbox"/> Stool Culture (LAB223)	<input type="checkbox"/> IRRADIATED
<input type="checkbox"/> Folate (LAB69)	<input type="checkbox"/> TSH* (LAB129)	<input type="checkbox"/> UA w/Micro w/Cult if IND* (LAB2480)	<input type="checkbox"/> Strep A Culture Throat (LAB236)	<input type="checkbox"/> WASHED
<input type="checkbox"/> Glucose* (LAB82)	<input type="checkbox"/> TSH Reflex Free t4* (LAB13042)	<input type="checkbox"/> OccultBld, FIT (LAB2502)	<input type="checkbox"/> Urine Drug Screen Panel (LAB500)	
<input type="checkbox"/> Hgb A1C (Glyco Hgb)* (LAB90)				

ADDITIONAL TESTS/COMMENTS:

LAB USE ONLY:
REQUISITION #: _____
MEDICAL RECORD #: _____

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

MEDICAL NECESSITY STATEMENT FOR PHYSICIANS

The ordering physician certifies that the tests ordered and to be billed to Medicare are medically necessary and understands that all available tests may be ordered individually and, profiles may, where appropriate, be billed separately. Only tests that the ordering physician believes appropriate for patient care should be ordered. Medicare will pay only for tests that are medically necessary for the diagnosis and treatment of the patient, rather than for screening purposes. ICD-10 CM diagnosis code(s) **must** be provided for each test ordered.

AMA Panels

<p>Comprehensive Metabolic Panel 80053 Sodium Potassium Chloride Carbon Dioxide Glucose Creatinine BUN Calcium Bilirubin, total Albumin AST (SGOT) Alkaline Phosphatase Protein, total ALT (SGPT)</p>	<p>Electrolyte Panel 80051 Sodium Potassium Chloride Carbon Dioxide</p> <p>Basic Metabolic Panel 80048 Sodium Potassium Chloride Carbon Dioxide Glucose Creatinine BUN Calcium</p>	<p>Renal Function Panel 80069 Sodium Potassium Chloride Carbon Dioxide Glucose Creatinine BUN Calcium Albumin Phosphorus, inorganic (Phosphate)</p>	<p>Hepatitis Acute Panel 80074 Hep B surface antigen (HBsAg) Hep B core antibody (HBcAb), IgM Hep C antibody Hep A antibody, IgM</p> <p>Lipid Panel 80061 Cholesterol, total Triglycerides HDL cholesterol LDL cholesterol (calculated)</p>	<p>Liver Panel 80076 Albumin Bilirubin, total and direct ALT (SGPT) AST (SGOT) Alkaline Phosphatase Protein, total</p> <p>Obstetric Panel 80055 CBC Hep B Surface antigen (HbsAg) Antibody, Rubella RPR ABO/Rh type Antibody screen</p>
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REFLEX/CONFIRMATORY TESTING NOTICE

It is the policy of Providence Alaska Medical Center laboratory to perform reflex or confirmatory test automatically on microbiological cultures (gram stain, bacterial identification and susceptibility, if warranted, unless otherwise requested), negative Rapid Strep Screen (culture), positive HIV (Western Blot), positive Hepatitis B Surface Antigen test, CSF or Body Fluid Cell Count, Lipid Panel Triglyceride >400mg/dL (direct measure LDL), and CSF Cell Count, Malaria smear, CBC/CBC w/Differential (Pathologist review). Many of these tests are also available without confirmation, if desired. Transfusion Medicine will perform additional testing as needed to identify auto- and allo-antibodies, and/or to provide compatible blood products for transfusion. The subsequent testing is performed at additional charge. Medical necessity must apply to the reflex test also. Refer to Providence Alaska Medical Center laboratory's Testing Manual for details.

**MORE PATIENT SERVICE CENTER
LOCATIONS TO SERVE YOU BETTER**

Tudor Square

3425 E. Tudor Road
Anchorage, AK 99504
Phone (907) 644-8252
Fax (907) 212-3632

Providence Health Park

3841 Piper Street, Suite T-211
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
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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.

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PLEASE PRINT CLEARLY ALL INFORMATION MUST BE PROVIDED. USE BLACK OR BLUE INK ONLY						DATE OF BIRTH (REQUIRED)			
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LAST:		FIRST:		MI:					
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<input type="checkbox"/> CLIENT/PHYSICIAN ACCOUNT <input type="checkbox"/> PATIENT BILL COMPLETE REQUIRED & AREAS BELOW <input type="checkbox"/> INSURANCE COMPLETE ALL AREAS						SUBSCRIBER (LAST, FIRST, MIDDLE)		DATE OF BIRTH	
GUARANTOR (LAST, FIRST, MIDDLE) (REQUIRED EXCEPT FOR MEDICARE)				DATE OF BIRTH		ADDRESS (CITY, STATE, ZIP)			
ADDRESS				PHONE #		PATIENT RELATIONSHIP			
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Basic Metabolic Panel (LAB15)	Lipase (LAB99)	CBC no diff* (LAB294)	Vaginal Path DNA Probe (LAB5687)	REQUIRED:
Comprehensive Metabolic Panel (LAB17)	Magnesium* (LAB103)	CBC w/Differential* (LAB293)	MICROBIOLOGY (Epic order)	Day of Last Dose: _____
Electrolyte Panel (LAB16)	Phosphorus (LAB113)	ESR (Sed Rate) (LAB1788)	Specimen source (REQUIRED) _____	Time of Last Dose: _____
Hepatitis Acute Panel* (LAB551)	Potassium (LAB114)	Iron* (LAB94)	Antibiotics?	<input type="checkbox"/> Digoxin* (LAB23)
Lipid Panel no Reflex LDL* (LAB2478)	PSA, diagnostic* (LAB116)	Iron + Transferrin* (LAB829)	Wound Culture, Gram Stain	<input type="checkbox"/> Dilantin (Phenytoin) (LAB31)
Lipid Panel Reflex LDL* (LAB18)	PSA, screening* (LAB2268)	Protine w/INR* (LAB320)	<input type="checkbox"/> Aerobic (LAB897)	<input type="checkbox"/> Lithium (LAB29)
Liver Function Panel (LAB20)	Triglycerides* (LAB134)	PTT (APTT)* (LAB325)	<input type="checkbox"/> Anaerobic (LAB233)	<input type="checkbox"/> Tacrolimus* (LAB876)
Renal Function Panel (LAB19)	Uric Acid (LAB141)	Reticulocyte Count (LAB296)		<input type="checkbox"/> Tegretol (Carbamazepine) (LAB21)
	Vitamin B12 (LAB2466)	SEROLOGY (Epic order)	<input type="checkbox"/> Sterile BF Cult Smr Ana (LAB269)	<input type="checkbox"/> Valproic Acid (Depakote) (LAB24)
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CHEMISTRY (Epic order)	CHEMISTRY (Epic order)	Complement C4 (LAB151)	<input type="checkbox"/> AFB Culture & Smear (LAB23813)	<input type="checkbox"/> Vancomycin Trough (LAB39)
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Amylase (LAB48)	Estradiol (LAB523)	Hep B Surface Ag (HbsAg) (w/confirmation if +) (LAB471)	<input type="checkbox"/> Chlamydia/GC PCR (LAB1376)	<input type="checkbox"/> ABO/Rh (LAB895)
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Bilirubin, Total (LAB50)	FSH (LAB86)	HIV 4th (Ab 1+2 w/Ag)* (LAB473)	<input type="checkbox"/> Ear Culture, gram stain (LAB20400)	<input type="checkbox"/> Prenatal Type & Screen (LAB895 & 278)
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BUN (LAB140)	Pregnancy Serum Qual (LAB144)	Rheumatoid Factor (RA, RF) (LAB206)	<input type="checkbox"/> Giardia Antigen (LAB259)	If yes, date given? _____
Calcium (LAB53)	Pregnancy Urine Qual (LAB437)	Rubella Antibody (LAB496)	<input type="checkbox"/> Fecal Lactoferrin (LAB731)	<input type="checkbox"/> Direct Coombs (LAB274)
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C-Reactive Protein (LAB149)	Prolactin (LAB531)	Urinalysis (dipstick) (LAB347)	<input type="checkbox"/> Ova & Parasite (LAB955)	<input type="checkbox"/> Type & Screen (LAB276)
High, Sensitivity CRP* (LAB150)	PTH Intact (LAB813)	Urinalysis w/Microscopics (LAB348)	<input type="checkbox"/> Rapid Strep A (LAB885)	_____ # OF LEUKOREDUCE UNITS
Creatinine (LAB66)	Testosterone (LAB124)	UA w/Microscopic if IND* (LAB2479)	<input type="checkbox"/> Stool Culture (LAB223)	<input type="checkbox"/> IRRADIATED
Ferritin* (LAB68)	TSH* (LAB129)	UA w/Micro w/Cult if IND* (LAB2480)	<input type="checkbox"/> Strep A Culture Throat (LAB236)	<input type="checkbox"/> WASHED
Folate (LAB69)	TSH Reflex Free t4* (LAB13042)	OccultBld, FIT (LAB2502)	Urine Culture* (LAB239)	
Glucose* (LAB82)		Urine Drug Screen Panel (LAB500)		

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