



**Professional Laboratory
Services**
Wyoming Medical Center

Location: _____

PROVIDER SIGNATURE (REQUIRED)

Courier 262-3685 M-F 9AM-3PM
CLOSED MAJOR HOLIDAYS

Patient Information			Insurance (additional insurance on back)				
Name (Last, First, MI)			Primary Insurance Name		Insured	Relationship to patient	
Sex	Age	Date of Birth	Address		Insured SSN	<input type="checkbox"/> Self	
Phone		SS#	City	State	Zip Code	<input type="checkbox"/> Spouse	
Address			Insurer's Employer		Group #	<input type="checkbox"/> Child	
City	State	Zip	Secondary Insurance Name		Insured	Relationship to patient	
Guarantor			Address		Insured SSN	<input type="checkbox"/> Self	
Address (if different)			City		State	Zip Code	<input type="checkbox"/> Spouse
Copy to Physician			Insurer's Employer		Group #	<input type="checkbox"/> Child	
Address			Select only those tests that are medically necessary for the diagnosis or treatment of patient.				

Specimen Data		Check Appropriate Box BILL THE:		
Expected Draw Date	Actual Draw Date / Time	<input type="checkbox"/> Facility/ Doctor	<input type="checkbox"/> Insurance	<input type="checkbox"/> Patient
Hours Fasting Required	Tech Code / Name	ICD 10 Numeric Diagnosis (required)		
Patient Height / Weight	STAT <input type="checkbox"/> FAX <input type="checkbox"/> Call <input type="checkbox"/>	Medicare Patients: Medicare is likely to deny payment for the shaded tests. (See separate ABN forms)		

✓ PROFILES	ICD10	✓ TESTS	ICD10	✓ TESTS	ICD10
Acute Hepatitis Panel	KCHEP Y	Creatinine	CRETG Y	T4, Free	FT4 Y
Basic Metabolic	BMP2 Y	Creatinine Clearance	CRTCL Y	Theophylline	THEOZ R
Comp Metabolic	COMPML2 Y	CRP (inflammation)	QCRP Y	Triglycerides	TRIG Y
Electrolytes	LYTE Y	CRP, High Sensitive (cardiac risk)	HSCRPRZ Y	TSH 3 rd generation	TSH3 Y
Hepatic Function	HFXNP Y	Digoxin	DIG Y	Urine Macroscopic	URMAC U
Iron Profile	IRONP Y	Ferritin	FERR Y	UR, cult if indicated	URCH U
Lipid Panel	LIPNL Y	Fibrinogen	FIBR B	Uric Acid	URIC Y
		Folated Serum	FOLS Y	Urine Total Protein (24hr)	UP24 UJ
Prev Hepatitis Profile	PEHEP R			Valproic Acid / Depakene	VALP Y
Renal Function	REP2 Y	Gamma GT	GGT Y	Vitamin B-12	B12 Y
		Glucose	GLUC Y	Vitamin D 25 Hydroxy D2/D3	VD25T Y
✓ TESTS	ICD10	Glucose Tol 3 rd (Gestational)	GSGT G	✓ MICROBIOLOGY	ICD10
Albumin	ALB Y	Hemoglobin A1C	HBA1C L	Source:	
Amylase	AMY Y	Hep A AB IgM	HAVIGM Y	Aerobic Culture	AERC *
Antinuclear Antibody (ANA)	ANAH2Z Y	Hep B Surface AB	HBSAB Y	Anaerobic Culture	ANER *
APTT <input type="checkbox"/> Heparin	PTT B	Hep B Surface AG	HBSAN Y	Blood Culture	BLC *
Beta HCG Qual	PREG Y	Hep C AB w/rflx HCV/PCR	HCVAB Y	GC Culture	GCSC *
Beta HCG Quant	BHCC Y	HIV	HIV12 R	Gram Stain	GRAM **
Bilirubin Fractionated	FNBILI Y	Homocysteine	HCY Y	Rapid Strep Screen	STREPA *
Neonatal (less 2 wks old)		Iron Total	IRN Y	Stool C Diff Toxin	CDIFMT *
Bilirubin, Total	TBIL Y	Lactate Dehydrogenase (LDH)	LDH Y	Stool Culture	STLC *
Bilirubin, Total / Direct	FRBIL Y	Lead	LEADBZ B*	Stool Crypto / Giardia	CRGD *
Bilirubin Total Neonatal (less 2 weeks old)	NEOBIL Y	Lipase	LIPASE Y	Stool Ova & Parasites	OAPZ *
Blood Urea Nitrogen (BUN)	BUN Y	Magnesium	MG Y	STREP ONLY CULTURE	STOC *
CA 125	CAN125 Y	Microalbumin	MIHLBR U	Throat Culture	THRC *
CA 27-29	CA27Z Y			Urine Culture	URNC *
CA 15-3	CA153 Y	Mono Test	MONOSP Y	Wound Culture	WDC *
CA19-9	CA19 Y	Phosphorus	PHOS Y	✓ Transfusion Medicine	ICD10
Calcium	CA Y	Potassium	K Y	ABo & RH	ABRH L
Calcium, Ionized	CAIZ Y	Protein, Total	TP Y	Antibody Screen / Indirect Coombs	INDC L
Carbamazepine / Tegretol	CBZ R	Protime <input type="checkbox"/> Coumadin	PROT B	Direct Coombs	DAT L
CBC	CBC L	PSA	PSA Y	✓ ADDITIONAL TESTS	ICD10
CBC w/ Diff	CBCD L	PTH, Intact	INPTH Y		
CEA	CEA Y	Reticulocyte Count	RETP L		
Chlamydia/GC Source: _____	CTNGMT *	RSV, SOURCE:	RSVS *		
Cholesterol	CHOL Y	Sed Rate	ESR L		
Cortisol AM PM	CRT + Y	Sodium	NA Y		
Creatine Phosphokinase (CPR)	CPR Y	Syphilis	SYPRZ Y		

B = Blue
R = Red Top (Plain)

B* = Blue Special
U = Random Urine

G = Green
UJ = 24 hr Urine

I = Ice
Y = Yellow

L = Lavender
* = See Reference Manual