St. Joseph Healthcare
St. Joseph Hospital
In the Spirit of Healing

Outpatient Laboratory Request Form

Collection date: _____ Time: _____

Patient Name: Insurance:

Address:

Physician: D.O.B.: Phone:

Required for tests to be performed: Established diagnosis(es) or signs and symptoms

1. _____ 2. _____ 3. _____ 4. _____

Important: Medicare will pay only for services it determines to be reasonable and necessary under section 1862(a)(1) of the Medicare law. *When ordering tests* ***for which Medicare reimbursement will be sought****, physicians should order only tests that are medically necessary for diagnosis and treatment.* ***Screening tests may be ordered on Medicare patients.*** *However, the physician should inform the patient that he/she will be financially responsible for screening tests.*

Routine Chemistry

- ☐ ALT
- ☐ Alk Phos
- ☐ Albumin
- ☐ Amylase
- ☐ AST
- ☐ Bilirubin, Total
- ☐ Bilirubin, Direct
- ☐ BUN
- ☐ Calcium
- ☐ Chloride
- ☐ *Cholesterol
- ☐ CO_2, serum bicarbonate
- ☐ CK
- ☐ Creatinine, Serum
- Creatinine, Urine:
  ☐ spot ☐ 12 hr ☐ 24 hr
- Creatinine Clearance
  ☐ 12 hr ☐ 24 hr
  Ht _____ Wt _____
- ☐ *Ferritin
- ☐ GGT
- *Glucose:
  - ☐ Random
  - ☐ Fasting - no caloric intake for at least 8 hours; recommended screen for diabetes
  - ☐ 2 hour Glucose Tolerance test by appointment only
- ☐ *Iron
- ☐ *Iron and total Iron Binding Capacity, % saturation (calculated)
- ☐ LDH
- ☐ Magnesium
- ☐ Microalbumin, urine
  ☐ Spot ☐ 12 hr ☐ 24 hr
- ☐ Phosphorus
- ☐ Potassium
- ☐ Sodium
- ☐ Total Protein
- ☐ Triglycerides
- ☐ *TSH
- ☐ *T4, Free
- ☐ *TSH/Reflex FT4; Free T4 will be done if TSH is abnormal
- ☐ Uric Acid

Chemistry Panels

- ☐ Chem 8 (Basic Metabolic Panel) - Sodium, Potassium, Chloride, CO_2, Glu, Creat, BUN, Ca
- ☐ Chem 14 (Comprehensive Metabolic Panel) - Na, K, Cl, CO_2, Alb, Alk Phos, AST, ALT, Bili-Total, BUN, Ca, Creat, Glu, T Prot
- ☐ Electrolyte Panel - Sodium, Potassium, Chloride, CO_2
- ☐ Hepatic Function Panel - ALT, AST, Alb, TP, Alk Phos, D&T Bili
- ☐ Lipid Panel - Chol, HDL Chol, Triglyceride, LDL (calculated), %HDL (calculated); If trig $\bar{>}$ 400, a direct LDL will be run. No caloric intake - Fasting 10-16 hours
- ☐ Renal Function Panel - Na, K, Cl, CO_2, Alb, Ca, Creat, Glu, PO_4, BUN

Hematology

- ☐ Hematocrit
- ☐ Hemoglobin
- ☐ CBC *reflex* - WBC, RBC, HGB, HCT, PLT, indices, 5 part automated differential. Smear Review and manual differential performed if indicated
- ☐ Platelet Count
- ☐ Reticulocyte Count
- ☐ Sedimentation Rate
- ☐ White Blood Count

Coagulation

- ☐ D-Dimer
- ☐ Factor Assay (Specify) _____
- ☐ Fibrinogen
- ☐ Platelet Count
- ☐ *Prothrombin Time/INR
- ☐ PTT
- ☐ Thrombin Time

Separate requisition required for comprehensive coagulation testing.
Pre- and post-testing consultation and interpretation available - Call 973-7626

Urinalysis and Stool

Routine Urinalysis *reflex*

- ☐ Dipstick; microscopic and culture done, if indicated
- ☐ Stool for occult blood x _____
- ☐ Stool for occult blood (screen) x _____

***Asterisk indicates that an Advance Beneficiary Notice (ABN) may be required for Medicare patients.**

Physician signature or stamp _____ **Date** _____

Immunology/Serology

- ☐ ANA
- ☐ C-Reactive Protein (CRP)
- ☐ Connective Tissue Disease Panel *reflex* - Rheumatoid Factor, CRP, ANA; dsDNA, C3, and C4 will be done if ANA is ≥ 160.
- ☐ Complement, C3
- ☐ Complement, C4
- ☐ Haptoglobin
- ☐ *Helicobacter pylori* Antibody
- ☐ Hepatitis B Surface Antigen
- ☐ Hepatitis B Surface Antibody - Immune status
- ☐ Hepatitis C Antibody
- ☐ Hepatitis Panel, Acute - Hepatitis A IgM, Hepatitis B Core IgM, Hepatitis B Surface Antigen, Hepatitis C Antibody
- ☐ Hepatitis Panel, Exposed - Hepatitis A Total, Hepatitis B Core Total, Hepatitis B Surface Antibody, Hepatitis B Surface Antigen, Hepatitis C Antibody
- ☐ HIV Antibody - Consent required. Anonymous testing requires special form
  - ☐ Consent on file
- ☐ Immunoglobulins, Quantitative (IgGAM)
- ☐ *Lyme Antibody IgG/IgM *reflex* - Western Blot done if positive or equivocal
- ☐ Mononucleosis, infectious
- ☐ Mumps - Immune Status
- ☐ RPR
- ☐ Rheumatoid Factor
- ☐ Rubella - immune status
- ☐ Rubeola - immune status
- ☐ *Varicella* - immune status

Therapeutic Drugs and Toxicology

Last dose taken (date) _____ (time) _____

- ☐ Amitriptyline - includes nortriptyline
- ☐ Carbamazepine
- ☐ Desipramine
- ☐ *Digoxin

Drug Screen
- ☐ Serum ☐ Urine
- ☐ Imipramine - includes desipramine
- ☐ Lithium

- ☐ Nortriptyline
- ☐ Phenobarbital
- ☐ Phenytoin
- ☐ Primidone - includes phenobarbital

- ☐ Procainamide - includes NAPA
- ☐ Quinidine
- ☐ Theophylline
- ☐ Valproic Acid

Special Chemistry

- ☐ *AFP, nonpregnant
- ☐ Ammonia
- ☐ B12
- ☐ *CA 125
- ☐ *CA 15-3
- ☐ *CA 27-29
- ☐ *CA 19-9
- ☐ *CEA

Cortisol:
- ☐ a.m. Time _____
- ☐ p.m. Time _____

Folate:
- ☐ Red cell ☐ Serum

- ☐ *Hemoglobin A1C
- ☐ Lead
- ☐ Lipase
- ☐ *PSA
- ☐ PSA (screen)

Protein Electrophoresis:
- ☐ Serum
- ☐ Serum *reflex* - immunofixation done if indicated
- ☐ Urine
- ☐ Urine *reflex* - immunofixation done if indicated

Reproductive Medicine

- ☐ AFP, pregnancy - Separate form required. Includes AFP, hCG, estriol
- ☐ Estradiol
- ☐ FSH
- ☐ LH

Glucose Tolerance Test - Gestational:
- ☐ 1 hour gestational screen
- ☐ 3 hour gestational

HCG, qualitative (pregnancy test):
- ☐ Urine ☐ Serum

- ☐ HCG, quantitative
- ☐ Prenatal Panel - Hemogram, HbsAg, Rubella, RPR, Antibody Screen, ABO, Rh, Glucose
- ☐ Progesterone
- ☐ Prolactin

Semen Analysis:
- ☐ Complete
- ☐ Post vasectomy count
- ☐ Type (ABO) and Antibody Screen

Microbiology

- ☐ Blood Culture, routine*
- ☐ Blood Culture, fungus
- ☐ Blood Culture, AFB*
- ☐ *C. difficile* Toxin
- ☐ *Chlamydia* Screen (Ligase Chain Reaction) Source: _____
- ☐ Fungus Culture Source: _____

- ☐ G.C. Culture
- ☐ G.C. Screen (Ligase Chain Reaction) Source: _____
- ☐ Genital Culture
- ☐ Genital, Strep Screen
- ☐ *Herpes* Culture Source: _____
- ☐ Rapid Strep Screen (throat) Reflex to culture if negative

- ☐ Sputum Culture and Smear*
- ☐ Sputum for AFB* - Culture and smear
- ☐ STD Panel - GC and *Chlamydia* (Ligase Chain Reaction) Source: _____
- ☐ Stool Culture*
- ☐ Stool, Ova & Parasite - Routine
- ☐ Throat Culture

- ☐ *Urine Culture
- ☐ Viral Culture Source: _____
- ☐ Wound, aerobic only* Source: _____
- ☐ Wound, aerobic & anaerobic* Source: _____

*Includes susceptibility studies if appropriate

Other Tests or Instructions

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Pathologists are available at 907-1880 to provide consultation in test selection.