

PATIENT'S LEGAL NAME: LAST NAME FIRST MIDDLE

CLINICAL LABORATORY

SEX DATE OF BIRTH PROVIDER: LAST NAME FIRST (PLEASE PRINT LEGIBLY)



BOZEMAN HEALTH
DEACONESS HOSPITAL

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915 HIGHLAND PARK BLVD BOZEMAN, MT 59715
PH: 406-414-1010

PROVIDER SIGNATURE: _____

BILL TO: <input type="checkbox"/> C Dr. - Hospital - Clinic - Client <input type="checkbox"/> C Client- SNF Part A Medicare Patient <input type="checkbox"/> P Patient - Insurance - Medicare - Medicaid - Other	RESPONSIBLE PARTY	RESPONSIBLE PARTY'S PHONE#	PRACTICE NAME	
	ADDRESS			
	CITY STATE ZIP		SPECIMEN DATE	SPECIMEN TIME (MILITARY)
	MEDICARE NO.	GUARANTOR DOB	<input type="checkbox"/> FASTING REQUIRED (if checked)	
MEDICAID NO.	IA MEDIPASS OR PHYSICIAN NPI#	POLICY HOLDER DOB		
INSURANCE TYPE	POLICY HOLDER	DIAGNOSES/ICD-10. Indicate which DX # applies to each Test		
INSURANCE MAILING ADDRESS	DX # 1			
GROUP NUMBER	ID NUMBER	DX # 2		
RELATIONSHIP: <input type="checkbox"/> SELF <input type="checkbox"/> SPOUSE <input type="checkbox"/> CHILD <input type="checkbox"/> OTHER	DX # 3			

- PANELS (See back for details)**
- ___ BLOD1433 Anemia Reflex Studies
 - ___ BLOD0529 Electrolyte Panel
 - ___ BLOD0783 Hepatitis Panel, Acute
 - ___ BLOD0850 Lipid Panel
 - ___ BLOD0575 Hepatic Function Panel
 - ___ BLOD0528 Metabolic Panel, Basic
 - ___ BLOD0530 Metabolic Panel, Comp
 - ___ BLOD1429 Obstetrics Panel
 - ___ BLOD0531 Renal Function Panel
 - ___ BLOD1448 Thrombotic Risk Panel
 - Anticoagulant?: _____
 - *****
 - ___ BLOD0549 Albumin
 - ___ BLOD0568 Alkaline Phosphatase
 - ___ BLOD0573 ALT
 - ___ BLOD0552 Amylase
 - ___ BLOD0773 ANA Screen w/Reflex
 - ___ BLOD0572 AST
 - ___ BLOD0604 B12
 - ___ BLOD0578 Bilirubin, Direct
 - ___ BLOD0577 Bilirubin, Total (<1 month)
 - ___ BLOD0527 Bilirubin, Total
 - ___ BLOD0001 BUN
 - ___ BLOD0608 CA 125
 - ___ BLOD0603 CA 27.29
 - ___ BLOD0553 Calcium
 - ___ BLOD0632 CBC No Differential
 - ___ BLOD0008 CBC with Differential
 - ___ BLOD0587 CEA
 - ___ BLOD1436 Celiac Cascade
 - ___ BLOD0002 Cholesterol, Total
 - ___ BLOD0556 Creatine Kinase (CK)
 - ___ BLOD1290 CK, Reflex to CKMB
 - ___ BLOD0609 Cortisol, Random
 - ___ BLOD0621 CRP (Inflammation)
 - ___ BLOD0622 CRP (Cardiac)
 - ___ BLOD0558 Creatinine
 - ___ BLOD0665 D-Dimer
 - ___ BLOD0637 ESR (Sed Rate)
 - ___ BLOD0588 Estradiol
 - ___ BLOD0589 Ferritin
 - ___ BLOD0605 Folate
 - ___ BLOD0590 FSH
 - ___ BLOD0006 Glucose
 - ___ BLOD0629 Glycated Hgb (HgbA1c)
 - ___ BLOD0607 HCG Serum, QUALITATIVE
 - ___ BLOD0601 HCG Serum, QUANT
 - ___ NBLD0199 HCG Urine, QUALITATIVE
 - ___ BLOD0005 Hepatitis B Surface Ab
 - ___ BLOD0679 Hepatitis B Surface Ag
 - ___ BLOD0676 HIV Screen w/Reflex
 - ___ BLOD0579 Homocysteine
 - ___ BLOD0628 Immunoglobulins (G,A,M)
 - ___ BLOD0562 Iron
 - ___ BLOD0973 Iron & TIBC
 - ___ BLOD0564 LDH
 - ___ BLOD0591 Luteinizing Hormone (LH)
 - ___ BLOD0565 Lipase
 - ___ BLOD0567 Magnesium
 - ___ BLOD0625 Mono Test
 - ___ BLOD0569 Phosphorus
 - ___ BLOD0638 Platelet Count
 - ___ BLOD0570 Potassium
 - ___ BLOD0618 Prealbumin
 - ___ BLOD1066 ProBNP
 - ___ BLOD0592 Progesterone
 - ___ BLOD0593 Prolactin
 - ___ BLOD0525 Protein, Total
 - ___ BLOD0594 PSA
 - ___ BLOD1124 PSA Medicare Screen
 - ___ BLOD0669 Prottime/INR
 - ___ BLOD1162 INR, Fingerstick
 - ___ BLOD0673 PTT
 - ___ BLOD0627 Rheumatoid Factor
 - ___ BLOD0660 Reticulocyte Count
 - ___ BLOD0337 Rubella IgG
 - ___ BLOD0571 Sodium
 - ___ BLOD0519 Syphilis IgG & IgM Ab
 - ___ BLOD0600 T3, Free
 - ___ BLOD0596 T4, Free
 - ___ BLOD0606 Testosterone, Total
 - Therapeutic Drugs
 - ___ BLOD0532 Carbamazepine (Tegretol)
 - ___ BLOD0585 Digoxin
 - ___ BLOD0537 Lithium
 - ___ BLOD0533 Valproic Acid (Depakote)
 - Other Therapeutic Drug: _____
 - ___ BLOD0315 TPO
 - ___ BLOD0610 Troponin I
 - ___ BLOD0597 TSH
 - ___ BLOD5008 TSH Reflex Screen

___ BLOD0576 Uric Acid

___ BLOD0409 Vitamin D, Total

URINALYSIS

___ NBLD0195 UA Dipstick Only

___ NBLD0001 UA Dip w/Microscopic

___ NBLD0196 UA Dip, Reflex to Micro

___ NBLD0461 UA Reflex to Micro & Cult.

___ MICR0013 Urine culture only

___ Clean Catch ___ Foley Cath

___ Straight Cath

URINE CHEMISTRIES

Random ___ 24 Hour ___

24 hour urine volume ___

___ LBAN0004 Ur. Creatinine Clearance

___ NBLD0282 Ur. Protein/Creat Ratio

___ NBLD0156 Microalbumin/Creat Ratio

___ Other Urine Chemistry: _____

BODY FLUIDS

Source: _____

Volume: _____

___ Cell Count and Differential

___ Protein, Total

___ Glucose

___ Crystals

RAPID KIT TESTING

___ BLOD0683 *Cryptococcus* Ag, Serum

___ NBLD0334 *Cryptococcus* Ag, CSF

___ NBLD0225 *Giardia* Antigen, stool

___ NBLD5036 *Cryptosporidium* Ag, stool

___ NBLD0422 Lactoferrin (Stool WBC)

___ NBLD0510 Occult Blood Screen, stool

___ MICR0011 Ova & Parasite Exam, stool

___ NBLD0141 *H. pylori* Antigen, stool

___ NBLD0231 Rotavirus Antigen, stool

___ NBLD0227 Influenza A/B Ag, Rapid

___ NBLD0234 Rapid Strep A w/Reflex

___ NBLD0229 RSV Antigen, Rapid

VIRAL/OTHER CULTURES

___ NBLD0242 Viral Culture

Source: _____

Suspected Agent: _____

___ NBLD0239 *Chlamydia* Culture

MICROBIOLOGY

Source: _____

Description: _____

BACTERIAL/FUNGAL CULTURES

___ MICR0032 Culture, Bacterial

Other with Gram Stain (Aerobic)

___ MICR0009 Anaerobic Culture

___ MICR0019 AFB Culture with Stain

___ MICR0023 Fungal, Other*

___ MICR0022 Fungal, Skin/Hair/Nails*

*If Fungal cx, want KOH prep? _____

___ BLOD1097 Fungal, Blood

___ MICR0044 GC Culture

___ MICR0043 Group B Strep - Vag/Rectal

For GBS: Penicillin Allergy? _____

___ LABS0253 Group A Strep Confirm

___ MICR0031 Respiratory Culture w/

Gram Stain (Sputum, Bronch Wash)

___ MICR0001 Respiratory Culture

without Gram Stain (Throat, Nasal)

___ MICR0037 Stool Culture w/Shiga-Like

Toxin

___ MICR0013 Urine Culture

___ Clean Catch ___ Foley Cath

___ Straight Cath

___ MICR5007 Yeast Culture

MOLECULAR TESTING

___ NBLD0462 *Bordetella pertussis*, NAD

___ NBLD0526 C.Diff toxin w/Lactoferrin

___ NBLD0511 Enteric Pathogen Panel

___ NBLD0475 GC/Chlamydia, PCR

___ NBLD0524 HSV 1&2, PCR (not CSF)

___ NBLD0536 Meningitis/Encephalitis

Panel, CSF

___ NBLD5025 MRSA/Staph. Aureus, PCR

(Nasal only)

___ NBLD0481 Respiratory Pathogen

Panel, PCR

___ NBLD0373 Vaginitis Probe (AFFIRM)

by NAT

ADDITIONAL TESTS OR COMMENTS: <http://bozeman.testcatalog.org>

Please send additional copy of report to: (Limited to one)
(Must provide COMPLETE name and address or fax #)
Physician (last, first) _____
Address or Fax _____

****PROVIDER SIGNATURE, DIAGNOSIS, & INSURANCE INFORMATION MUST BE PROVIDED OR TESTING MAY BE DELAYED****