



Outreach Laboratory

Phone: 1-800-236-1639 or (920) 433-3652
 Fax: (920) 433-7878

***** ALL SHADED AREAS MUST BE COMPLETELY FILLED OUT*****

Patient Bill Insurance Required
Client Bill

Facility Name: _____ Contact Number: _____

Patient Last Name			First Name			MI			Insurance Information <input type="checkbox"/> Copy of insurance card Attached			<input type="checkbox"/> Medicare A <input type="checkbox"/> Medicare B			Other Insurance:			<input type="checkbox"/> Copy of card attached								
DOB			Gender M F			Contact Number			Coverage																	
Address									Subscriber Name						Copy of Results to Name _____											
City			State			Zip			ID No.			DOB			<input type="checkbox"/> Phone Number _____											
Social Security Number						ID/Room #			Group No.						<input type="checkbox"/> Fax Number _____											
Ordering Provider									Guarantor (Responsible Party)						<input type="checkbox"/> Check if same as above						Specimens containers/Phlebotomy Witness: _____ Time: _____					
Last Name			First Name			MI			Last Name			First Name			MI											
Collection Info			Request completed by						City			State			Zip											
Date		Time		Last Name			First			DOB			Relationship with Patient													

ORD	Test	DX #		ORD	Test	DX #		ORD	Test	DX #	
	ALT/SGPT		G		HIV 1 and 2 Antibodies, Blood		G		UA with Micro – no reflex culture		U
	AST/SGOT		G		Influenza PCR		SP		Circle: midstream vs cath		
	B12/Folate		G		Iron		G		Varicella Zoster IgG AB		G
	B12/ (Vitamin B12)		G		Iron/Iron Binding Capacity/TIBC		G		Vancomycin – Peak		G
	BMP (Basic Metabolic)		G		Lipid Panel		G		Vancomycin – Random		G
	BNP (B-type natriuretic peptide)		L		Lipid Panel w/reflex Direct LDL		G		Vancomycin – Trough		G
	BUN		G		Liver Function Panel (HFP)		G		Vitamin D 25 OH – D2/D3		G
	CBC – no diff		L		Lyme Antibodies		G		Additional Tests/Info		
	CBC – with diff		L		Magnesium		G				
	Chlamydia/GC, Genital Swab (Female)		SP		Measles Antibody (Rubeola AB)		G				
	Cholesterol		G		MRSA Nasal PCR		SP		Thin Prep Vial – see separate form		
	CK (Creatine Kinase)		G		MRSA Skin/Soft Tissue PCR		SP	ORD	Microbiology	DX #	
	CK with isos (MB)		G		Mumps AB		G		C. Diff (Clostridium difficile)		ST
	CMP (Complete Metabolic)		G		Phosphorus		G		Culture – Blood		SP
	Creatinine		G		Potassium		G		Circle: peripheral vs line draw		
	CRP (C-Reactive Protein)		G		Prolactin Assay, Blood		G		Culture – Group A Strep		SP
	Digoxin		G		PSA – Total – Diagnostic		G		Culture – Group B Strep		SP
	ESR – Sedimentation Rate		L		PSA – Total – Screen		G		Culture – Synovial Fld		SP
	Ferritin		G		PT (Prothrombin Time)/INR		B		Culture – Urine (ID and Sens if indicated)		U
	Folate		G		Quantiferon		SP		Circle: midstream vs cath		
	FT3 – Free T3		G		RF – Rheumatoid Factor		G		Culture – Wound		SP
	FT4 – Free T4		G		RFP (Renal Function Panel)		G		Culture – Wound & Anaerobic		SP
	Glucose		G		Rubella		G		Gastrointestinal Pathogens Profile, PCR		SP
	Hematocrit		L		Rubeola Antibody (Measles)		G				
	Hemoglobin		L		Syphilis AB		G		Culture source:		
	Hepatitis Panel ABC – Acute		G		T3, Total		G				
	Hepatitis Panel ABC		G		T4, Total		G				
	Hep B Panel		G		Testosterone, Total		G		Comment:		
	Hep B Surface Antibody		G		Testosterone, Total & Free		G				
	Hep B Surface Antigen		G		TSH (Thy Stimulating Hormone)		G				
	Hep C Virus – Total		G		UA – Dip-no Micro		U				
	HFP – Hepatic Function Panel		G		UA with Micro – reflex cult if > 10 WBC		U				
	Hgb A1C (Hemoglobin A1C)		L								

G = Gold L = Lavender B = Blue U = Urine ST = Stool SP = Special Instruction

Bellin Health Laboratory – Schedule of Reflex Testing

Test	Reflex Result	Reflex Test
Antinuclear Antibodies (ANA) Screen and Titer	Positive ANA screen	ANAP (pattern) ANA (titer)
Bacterial Antigen Test on Spinal Fluid	Any result	Culture, spinal fluid and Gram stain
Bacterial Culture	Significant isolates	Identification and sensitivity, if indicated
Cryptococcus Antigen, Serum*	Positive	Cryptococcus titer
Cryptococcus Antigen, Spinal Fluid	Positive	Cryptococcus titer Fungal Culture and KOH
Culture, Herpes Simplex Virus (HSV)	Positive	HSV typing
Cytomegalovirus (CMV) Antibody, IgG	Positive	Cytomegalovirus (CMV) Antibody, IgM
Hepatitis A Antibody, Total	Positive	Hepatitis A antibody, IgM
Hepatitis B Panel	Anti-HBs negative and anti-HBs positive	Hepatitis B core antibody, IgM
Hepatitis B Core Antibody, Total (ordered separately)	Positive	Hepatitis B core antibody, IgM
Hepatitis C Virus Antibody	Only if hepatitis C RIBA™ is requested – reactive specimens held for 2 weeks	Hepatitis C RIBA™
Human Papillomavirus Screen	HPV positive and pap negative	HPV genotype
Human Immunodeficiency Virus 1/2 Antibody	Reactive	Confirmation by Western blot (state laboratory). If HIV-1 is not confirmable, HIV-2 specific screening and confirmation will be done.
Influenza A and B Antigen Panel	Negative	Shell vial culture
Lyme Disease Antibodies	Equivocal or positive	Western blot
Platelet Function Assay*	Abnormal with the collagen/epinephrine	Second test using collagen/adenosine diphosphate
Rapid Group A Strep	Negative	Culture, group A strep
Syphilis Antibody, Total	Reactive or equivocal	RPR, RPR (titer)
Respiratory Viral Smear	Inconclusive or smear – negative specimens	Viral Culture
RhoGAM™ Immune Globulin Study	Positive	Kleihauer-Betke
Toxoplasma Antibody, IgG	Positive	IgM-specific antibody
Urinalysis	Patients ≤ 12 years old	CLINITEST®
Varicella-Zoster Smear	Negative or inconclusive	Shell vial culture

*The reflex testing on these assays is performed at no additional charge.