

# Completion of Lab Order Form

Laboratory Education for Physician office staff

October 2024

# In a Nutshell...



Laboratory Outpatient Services:  
Terrace Street  
Ph: 814-333-5182, Fax: 814-333-5188  
Hours: Monday-Friday 8:00am - 4:30pm  
Saturday 8:00am - 12:00pm  
Vernon Lab  
Ph: 814-724-7011, Fax: 814-724-8943  
Hours: Monday-Friday 8am - 2:30pm

LABORATORY REQUISITION  
Form #40410  
Rev 10/24  
Page 1 of 2



PATIENT INFORMATION	PROVIDER INFORMATION
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Patient Name (Last, First): \_\_\_\_\_ Date: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Ordering Signature: \_\_\_\_\_  
 Gender:  Male  Female  Fasting  Nonfasting Ordering Printed Name: \_\_\_\_\_  
 Is patient on anticoagulant?  Yes  No If yes, please specify \_\_\_\_\_ Priority:  Routine  Urgent  Stat

Panels	CHEMISTRY (continued)	CHEMISTRY (continued)	URINE TESTING
<input type="checkbox"/> BASIC METABOLIC PANEL SST (Na, K, Cl, CO2, Glucose, BUN, Creatinine, Ca) (8-10 hr fast)	<input type="checkbox"/> CORTISOL <input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> RAND SST <input type="checkbox"/> CPK, TOTAL SST <input type="checkbox"/> CREATININE SST <input type="checkbox"/> CRP <input type="checkbox"/> CARDIO CRP* SST <input type="checkbox"/> CMV IGG, IGM AB SST <input type="checkbox"/> EBV AB PANEL SST <input type="checkbox"/> ESTROGEN SST <input type="checkbox"/> FERRITIN* SST <input type="checkbox"/> FOLATE* (8-10 hr fast) SST <input type="checkbox"/> FOLLICLE STIM HORMONE (FSH) SST (T Blk, D Blk, TP, AST, ALT, Alk Phos, Ab)	<input type="checkbox"/> TRANSFERRIN* SST <input type="checkbox"/> TSH* SST <input type="checkbox"/> TSH w/rfx FT4* SST <input type="checkbox"/> URIC ACID SST <input type="checkbox"/> VIT B-12 (8-10 hr fast)* SST <input type="checkbox"/> VIT D 25 HYDROXY TOTAL* SST <input type="checkbox"/> DIGOXIN* SST DILANTIN (PHENYTOIN) R <input type="checkbox"/> LITHIUM SST <input type="checkbox"/> PHENOBARB SST <input type="checkbox"/> TEGRETOL R	<input type="checkbox"/> CULTURE - URINE*† U <input type="checkbox"/> MEDICAL DRUG SCREEN w/CONF* U <input type="checkbox"/> IMMUNOELECTRO - URINE U <input type="checkbox"/> ALBUMIN/CREAT RATIO URINE U <input type="checkbox"/> PIC RATIO - URINE U <input type="checkbox"/> PREG TEST - URINE U <input type="checkbox"/> PROTEIN ELECTRO - URINE U <input type="checkbox"/> URINALYSIS† U <input type="checkbox"/> CLEAN CATCH <input type="checkbox"/> CATH U <input type="checkbox"/> URINALYSIS W/ MICROSCOPIC U <input type="checkbox"/> CLEAN CATCH <input type="checkbox"/> CATH U <input type="checkbox"/> URINALYSIS W/ REFLEX CULT U <input type="checkbox"/> CLEAN CATCH <input type="checkbox"/> CATH U
<input type="checkbox"/> ELECTROLYTE PANEL, SERUM SST (Na, K, Cl, CO2)	<input type="checkbox"/> HCG, TOTAL, QUANT * SST <input type="checkbox"/> HEMOGLOBIN A1C* L <input type="checkbox"/> HEMOGLOBIN ELECTROPHORESIS L <input type="checkbox"/> HIV SCREEN* SST <input type="checkbox"/> HOMOCYSTEINE* R <input type="checkbox"/> IgA <input type="checkbox"/> IgG <input type="checkbox"/> IgM <input type="checkbox"/> IgE SST <input type="checkbox"/> IMMUNOELECTRO - SERUM SST <input type="checkbox"/> IRON* <input type="checkbox"/> TIBC* SST <input type="checkbox"/> IRON & TIBC% SATURATION* SST	<input type="checkbox"/> HEMATOLOGY SST <input type="checkbox"/> CBC (PLATELET INCLUDED)*† L <input type="checkbox"/> CBC & DIFF - AUTO*† L <input type="checkbox"/> CBC & DIFF - MANUAL* L <input type="checkbox"/> HEMOGLOBIN* L <input type="checkbox"/> HEMATOCRIT* L <input type="checkbox"/> RETICULOCYTE COUNT L <input type="checkbox"/> SED RATE (ESR) L <input type="checkbox"/> CLOSURE TIME SST <input type="checkbox"/> FIBRINOGEN SST <input type="checkbox"/> PARTIAL THROMBIN TIME (PTT)*† SST <input type="checkbox"/> PROTHROMBIN TIME (PTINR)*† SST	<input type="checkbox"/> URINALYSIS† U <input type="checkbox"/> CLEAN CATCH <input type="checkbox"/> CATH U <input type="checkbox"/> URINALYSIS W/ MICROSCOPIC U <input type="checkbox"/> CLEAN CATCH <input type="checkbox"/> CATH U <input type="checkbox"/> URINALYSIS W/ REFLEX CULT U <input type="checkbox"/> CLEAN CATCH <input type="checkbox"/> CATH U <input type="checkbox"/> 24 HR 5-HIAA U <input type="checkbox"/> 24 HR CATECHOLAMINE U <input type="checkbox"/> 24 HR CITRATE U <input type="checkbox"/> 24 HR CREATININE CLEARANCE U <input type="checkbox"/> 24 HR METANEPHRINE U <input type="checkbox"/> 24 HR PROTEIN U <input type="checkbox"/> 24 HR OXALATE U <input type="checkbox"/> 24 HR VMA U
<input type="checkbox"/> HEPATIC FUNCTION PANEL SST (T Blk, D Blk, TP, AST, ALT, Alk Phos, Ab)	<input type="checkbox"/> GLUCOSE 1 HR COLA PREGNANT GY <input type="checkbox"/> HCG, TOTAL, QUANT * SST <input type="checkbox"/> HEMOGLOBIN A1C* L <input type="checkbox"/> HEMOGLOBIN ELECTROPHORESIS L <input type="checkbox"/> HIV SCREEN* SST <input type="checkbox"/> HOMOCYSTEINE* R <input type="checkbox"/> IgA <input type="checkbox"/> IgG <input type="checkbox"/> IgM <input type="checkbox"/> IgE SST <input type="checkbox"/> IMMUNOELECTRO - SERUM SST <input type="checkbox"/> IRON* <input type="checkbox"/> TIBC* SST <input type="checkbox"/> IRON & TIBC% SATURATION* SST	<input type="checkbox"/> COAGULATION SST <input type="checkbox"/> CLOSURE TIME SST <input type="checkbox"/> FIBRINOGEN SST <input type="checkbox"/> PARTIAL THROMBIN TIME (PTT)*† SST <input type="checkbox"/> PROTHROMBIN TIME (PTINR)*† SST	<input type="checkbox"/> BLOOD BANK SST <input type="checkbox"/> ABO, RH TYPE SST <input type="checkbox"/> ABO, RH TYPE & AB SCREEN† SST <input type="checkbox"/> TYPE & SCREEN† SST <input type="checkbox"/> BLOOD PROD † (incl Type & Scm)
<input type="checkbox"/> RENAL FUNCTION PANEL SST (Na, K, Cl, CO2, Glucose, BUN, Creatinine, Ca, Ab, Phos) (8-10hr fast)	<input type="checkbox"/> LUTINIZING HORMONE (LH) SST <input type="checkbox"/> LYME SCRIN w/rfx WESTERN BLOT SST <input type="checkbox"/> MAGNESIUM SST <input type="checkbox"/> METHYLMALONIC ACID, SERUM SST <input type="checkbox"/> MONO SCREEN SST <input type="checkbox"/> MUMPS <input type="checkbox"/> IgG <input type="checkbox"/> IgM SST <input type="checkbox"/> PHOSPHOROUS SST <input type="checkbox"/> POTASSIUM SST <input type="checkbox"/> PREG TEST - SERUM SST <input type="checkbox"/> PRO-BRAIN NAT PEP (PRO-BNP)* SST <input type="checkbox"/> PROLACTIN SST <input type="checkbox"/> PROSTATIC SPEC AG TOTAL (PSA)* SST <input type="checkbox"/> PROSTATIC SPEC AG (PSA SCREEN)* SST <input type="checkbox"/> PROTEIN ELECTRO, SERUM SST <input type="checkbox"/> PROTEIN, TOTAL SST <input type="checkbox"/> PTHINTACT*† USSST <input type="checkbox"/> RHEUMATOID FACTOR SST <input type="checkbox"/> RPR SST <input type="checkbox"/> RUBELLA <input type="checkbox"/> IgG <input type="checkbox"/> IgM SST <input type="checkbox"/> RUBELLA (MEASLES) <input type="checkbox"/> IgG <input type="checkbox"/> IgM SST <input type="checkbox"/> SODIUM SST <input type="checkbox"/> TESTOSTERONE, TOTAL R <input type="checkbox"/> TESTOSTERONE, TOTAL & FREE R <input type="checkbox"/> T3 UPTAKE* SST <input type="checkbox"/> T4* SST <input type="checkbox"/> T4, FREE* SST	<input type="checkbox"/> HEMATOLOGY SST <input type="checkbox"/> CBC (PLATELET INCLUDED)*† L <input type="checkbox"/> CBC & DIFF - AUTO*† L <input type="checkbox"/> CBC & DIFF - MANUAL* L <input type="checkbox"/> HEMOGLOBIN* L <input type="checkbox"/> HEMATOCRIT* L <input type="checkbox"/> RETICULOCYTE COUNT L <input type="checkbox"/> SED RATE (ESR) L <input type="checkbox"/> CLOSURE TIME SST <input type="checkbox"/> FIBRINOGEN SST <input type="checkbox"/> PARTIAL THROMBIN TIME (PTT)*† SST <input type="checkbox"/> PROTHROMBIN TIME (PTINR)*† SST	<input type="checkbox"/> BLOOD BANK SST <input type="checkbox"/> ABO, RH TYPE SST <input type="checkbox"/> ABO, RH TYPE & AB SCREEN† SST <input type="checkbox"/> TYPE & SCREEN† SST <input type="checkbox"/> BLOOD PROD † (incl Type & Scm)
<input type="checkbox"/> OBSTETRIC PANEL <input type="checkbox"/> ABO, RH TYPE P <input type="checkbox"/> ANTIBODY SCREEN † L <input type="checkbox"/> CBC & DIFF - AUTO *† L <input type="checkbox"/> HEP B SURFACE ANTIGEN SST <input type="checkbox"/> RPR SST <input type="checkbox"/> RUBELLA IGG SST <input type="checkbox"/> HIV SCREEN SST	<input type="checkbox"/> LUTINIZING HORMONE (LH) SST <input type="checkbox"/> LYME SCRIN w/rfx WESTERN BLOT SST <input type="checkbox"/> MAGNESIUM SST <input type="checkbox"/> METHYLMALONIC ACID, SERUM SST <input type="checkbox"/> MONO SCREEN SST <input type="checkbox"/> MUMPS <input type="checkbox"/> IgG <input type="checkbox"/> IgM SST <input type="checkbox"/> PHOSPHOROUS SST <input type="checkbox"/> POTASSIUM SST <input type="checkbox"/> PREG TEST - SERUM SST <input type="checkbox"/> PRO-BRAIN NAT PEP (PRO-BNP)* SST <input type="checkbox"/> PROLACTIN SST <input type="checkbox"/> PROSTATIC SPEC AG TOTAL (PSA)* SST <input type="checkbox"/> PROSTATIC SPEC AG (PSA SCREEN)* SST <input type="checkbox"/> PROTEIN ELECTRO, SERUM SST <input type="checkbox"/> PROTEIN, TOTAL SST <input type="checkbox"/> PTHINTACT*† USSST <input type="checkbox"/> RHEUMATOID FACTOR SST <input type="checkbox"/> RPR SST <input type="checkbox"/> RUBELLA <input type="checkbox"/> IgG <input type="checkbox"/> IgM SST <input type="checkbox"/> RUBELLA (MEASLES) <input type="checkbox"/> IgG <input type="checkbox"/> IgM SST <input type="checkbox"/> SODIUM SST <input type="checkbox"/> TESTOSTERONE, TOTAL R <input type="checkbox"/> TESTOSTERONE, TOTAL & FREE R <input type="checkbox"/> T3 UPTAKE* SST <input type="checkbox"/> T4* SST <input type="checkbox"/> T4, FREE* SST	<input type="checkbox"/> MICROBIOLOGY SST Source: <input type="checkbox"/> CULT - ROUTINE (AEROBIC)† SST <input type="checkbox"/> CULT - ANAEROBIC† SST <input type="checkbox"/> CULT - FUNGAL† SST <input type="checkbox"/> CULT - VIRAL† SST <input type="checkbox"/> CULT - THROAT w/ STREP SCREEN† SST <input type="checkbox"/> CULT - THROAT NO STREP SCREEN† SST <input type="checkbox"/> TRICHOMONAS RNA SST <input type="checkbox"/> CHLAMYDIA/G.C. RNA * SST <input type="checkbox"/> GROUP B STREP SST <input type="checkbox"/> INFLUENZA A/B SST <input type="checkbox"/> CORONAVIRUS/SARS CoV-2 PCR SST <input type="checkbox"/> RSV SST <input type="checkbox"/> MRSA - Nasal <input type="checkbox"/> Cult <input type="checkbox"/> PCR SST	<input type="checkbox"/> PLATELETS _____ Special needs: <input type="checkbox"/> CMV neg <input type="checkbox"/> Irradiation <input type="checkbox"/> Leukoreduced <input type="checkbox"/> NEWBORN WORKUP † (ABO, RH, DAT) P <input type="checkbox"/> RHOGAM, ANTEPR† (ABO, RH, ABS) P <input type="checkbox"/> RHOGAM, POSTPR† (ABO, RH, ABS) P
<input type="checkbox"/> CHEMISTRY <input type="checkbox"/> AFP* (include info sheet) SST <input type="checkbox"/> ALBUMIN SST <input type="checkbox"/> ALKALINE PHOSPHATASE SST <input type="checkbox"/> ALT (SGPT) SST <input type="checkbox"/> AMYLASE SST <input type="checkbox"/> ANTI NUCLEAR ANTIBODY (ANA) SST <input type="checkbox"/> AST (SGOT) SST <input type="checkbox"/> BILIRUBIN, DIRECT SST <input type="checkbox"/> BILIRUBIN, TOTAL SST <input type="checkbox"/> BUN SST <input type="checkbox"/> CA ANTIGEN 125 (CA-125)* SST <input type="checkbox"/> CA 27.29* SST <input type="checkbox"/> CALCIUM SST <input type="checkbox"/> CARBON DIOXIDE SST <input type="checkbox"/> CEA* SST <input type="checkbox"/> CHLORIDE SST	<input type="checkbox"/> CHEMISTRY (continued) <input type="checkbox"/> CORTISOL <input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> RAND SST <input type="checkbox"/> CPK, TOTAL SST <input type="checkbox"/> CREATININE SST <input type="checkbox"/> CRP <input type="checkbox"/> CARDIO CRP* SST <input type="checkbox"/> CMV IGG, IGM AB SST <input type="checkbox"/> EBV AB PANEL SST <input type="checkbox"/> ESTROGEN SST <input type="checkbox"/> FERRITIN* SST <input type="checkbox"/> FOLATE* (8-10 hr fast) SST <input type="checkbox"/> FOLLICLE STIM HORMONE (FSH) SST (T Blk, D Blk, TP, AST, ALT, Alk Phos, Ab) <input type="checkbox"/> GLUCOSE 1 HR COLA PREGNANT GY <input type="checkbox"/> HCG, TOTAL, QUANT * SST <input type="checkbox"/> HEMOGLOBIN A1C* L <input type="checkbox"/> HEMOGLOBIN ELECTROPHORESIS L <input type="checkbox"/> HIV SCREEN* SST <input type="checkbox"/> HOMOCYSTEINE* R <input type="checkbox"/> IgA <input type="checkbox"/> IgG <input type="checkbox"/> IgM <input type="checkbox"/> IgE SST <input type="checkbox"/> IMMUNOELECTRO - SERUM SST <input type="checkbox"/> IRON* <input type="checkbox"/> TIBC* SST <input type="checkbox"/> IRON & TIBC% SATURATION* SST	<input type="checkbox"/> CHEMISTRY (continued) <input type="checkbox"/> TRANSFERRIN* SST <input type="checkbox"/> TSH* SST <input type="checkbox"/> TSH w/rfx FT4* SST <input type="checkbox"/> URIC ACID SST <input type="checkbox"/> VIT B-12 (8-10 hr fast)* SST <input type="checkbox"/> VIT D 25 HYDROXY TOTAL* SST <input type="checkbox"/> DIGOXIN* SST DILANTIN (PHENYTOIN) R <input type="checkbox"/> LITHIUM SST <input type="checkbox"/> PHENOBARB SST <input type="checkbox"/> TEGRETOL R	<input type="checkbox"/> URINE TESTING <input type="checkbox"/> CULTURE - URINE*† U <input type="checkbox"/> MEDICAL DRUG SCREEN w/CONF* U <input type="checkbox"/> IMMUNOELECTRO - URINE U <input type="checkbox"/> ALBUMIN/CREAT RATIO URINE U <input type="checkbox"/> PIC RATIO - URINE U <input type="checkbox"/> PREG TEST - URINE U <input type="checkbox"/> PROTEIN ELECTRO - URINE U <input type="checkbox"/> URINALYSIS† U <input type="checkbox"/> CLEAN CATCH <input type="checkbox"/> CATH U <input type="checkbox"/> URINALYSIS W/ MICROSCOPIC U <input type="checkbox"/> CLEAN CATCH <input type="checkbox"/> CATH U <input type="checkbox"/> URINALYSIS W/ REFLEX CULT U <input type="checkbox"/> CLEAN CATCH <input type="checkbox"/> CATH U <input type="checkbox"/> 24 HR 5-HIAA U <input type="checkbox"/> 24 HR CATECHOLAMINE U <input type="checkbox"/> 24 HR CITRATE U <input type="checkbox"/> 24 HR CREATININE CLEARANCE U <input type="checkbox"/> 24 HR METANEPHRINE U <input type="checkbox"/> 24 HR PROTEIN U <input type="checkbox"/> 24 HR OXALATE U <input type="checkbox"/> 24 HR VMA U
<input type="checkbox"/> COAGULATION SST <input type="checkbox"/> CLOSURE TIME SST <input type="checkbox"/> FIBRINOGEN SST <input type="checkbox"/> PARTIAL THROMBIN TIME (PTT)*† SST <input type="checkbox"/> PROTHROMBIN TIME (PTINR)*† SST	<input type="checkbox"/> HEMATOLOGY SST <input type="checkbox"/> CBC (PLATELET INCLUDED)*† L <input type="checkbox"/> CBC & DIFF - AUTO*† L <input type="checkbox"/> CBC & DIFF - MANUAL* L <input type="checkbox"/> HEMOGLOBIN* L <input type="checkbox"/> HEMATOCRIT* L <input type="checkbox"/> RETICULOCYTE COUNT L <input type="checkbox"/> SED RATE (ESR) L <input type="checkbox"/> CLOSURE TIME SST <input type="checkbox"/> FIBRINOGEN SST <input type="checkbox"/> PARTIAL THROMBIN TIME (PTT)*† SST <input type="checkbox"/> PROTHROMBIN TIME (PTINR)*† SST	<input type="checkbox"/> BLOOD BANK SST <input type="checkbox"/> ABO, RH TYPE SST <input type="checkbox"/> ABO, RH TYPE & AB SCREEN† SST <input type="checkbox"/> TYPE & SCREEN† SST <input type="checkbox"/> BLOOD PROD † (incl Type & Scm)	<input type="checkbox"/> PLATELETS _____ Special needs: <input type="checkbox"/> CMV neg <input type="checkbox"/> Irradiation <input type="checkbox"/> Leukoreduced <input type="checkbox"/> NEWBORN WORKUP † (ABO, RH, DAT) P <input type="checkbox"/> RHOGAM, ANTEPR† (ABO, RH, ABS) P <input type="checkbox"/> RHOGAM, POSTPR† (ABO, RH, ABS) P
<input type="checkbox"/> DATE/TIME: _____ PREGNANT: <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> 2 HR GLUCOSE TOLERANCE 6Y <input type="checkbox"/> 3 HR GLUCOSE TOLERANCE 6Y	<input type="checkbox"/> RHEUMATOID FACTOR SST <input type="checkbox"/> RPR SST <input type="checkbox"/> RUBELLA <input type="checkbox"/> IgG <input type="checkbox"/> IgM SST <input type="checkbox"/> RUBELLA (MEASLES) <input type="checkbox"/> IgG <input type="checkbox"/> IgM SST <input type="checkbox"/> SODIUM SST <input type="checkbox"/> TESTOSTERONE, TOTAL R <input type="checkbox"/> TESTOSTERONE, TOTAL & FREE R <input type="checkbox"/> T3 UPTAKE* SST <input type="checkbox"/> T4* SST <input type="checkbox"/> T4, FREE* SST	<input type="checkbox"/> STool TESTING <input type="checkbox"/> GI PANEL BASIC <input type="checkbox"/> COMPLETE STL <input type="checkbox"/> CULT - ENTERIC PATH † STL <input type="checkbox"/> CLOSTRIDIUM DIFF STL <input type="checkbox"/> CRYPTO AG STL <input type="checkbox"/> GIARDIA AG STL <input type="checkbox"/> FECAL LACTOFERRIN STL <input type="checkbox"/> H-PYLORI STL <input type="checkbox"/> O&P STL <input type="checkbox"/> OCCULT BLOOD - SCREENING* STL <input type="checkbox"/> OCCULT BLOOD-NON SCREENING* STL	<input type="checkbox"/> SCHEDULED TESTS <input type="checkbox"/> DATE/TIME: _____ PREGNANT: <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> 2 HR GLUCOSE TOLERANCE 6Y <input type="checkbox"/> 3 HR GLUCOSE TOLERANCE 6Y

**ALL information requested on the Lab request form is required and must be legible.**

By providing all this information it prevents unnecessary calls to your office or delays in reporting of results.

If information is missing the following departments could call as they require additional information:  
**Registration, Lab, and Billing.**

Discard all old forms- version updates can include updated test options and ICD-10 codes.

\* Limited coverage test: Medical necessity, dx code or ABN required  
 † Reflex testing is possible if components are positive and considered medically appropriate  
 ‡ Manual diff. is performed if WBC is >30,000, or HGB is <6  
 (SST)=SERUM SEPARATOR TUBE (R)=RED (L)=LAVENDER (B)=BLUE (GRLH)=GREEN LITHIUM HEPARIN (GY)=GRAY (P)=PINK (U)=URINE (STL)=STOOL

Laboratory Outpatient Services:  
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 Hours: Monday-Friday 6am - 2:30pm

**LABORATORY REQUISITION**  
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 Page 1 of 2



**PATIENT INFORMATION**      **PROVIDER INFORMATION**

Patient Name (Last, First): \_\_\_\_\_ Date: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Ordering Signature: \_\_\_\_\_

Gender:  Male  Female       Fasting  Nonfasting      Ordering Printed Name: \_\_\_\_\_

Is patient on anticoagulant?  Yes  No If yes, please specify \_\_\_\_\_      Priority:  Routine  Urgent  Stat

**PATIENT INFORMATION - Please report to outpatient registration before going to lab. Have insurance cards, policy numbers, and billing addresses available for the clerks.**

Panels	CHEMISTRY (continued)	CHEMISTRY (continued)	URINE TESTING
<input type="checkbox"/> BASIC METABOLIC PANEL SST (Na, K, Cl, CO <sub>2</sub> , Glucose, BUN, Creatinine, Ca) (8-10 hr fast)	<input type="checkbox"/> CORTISOL <input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> RAND SST <input type="checkbox"/> CPK, TOTAL SST <input type="checkbox"/> CREATININE SST	<input type="checkbox"/> TRANSFERRIN* SST <input type="checkbox"/> TSH* SST <input type="checkbox"/> TSH w/rfx FT4* SST	<input type="checkbox"/> CULTURE - URINE*† U <input type="checkbox"/> MEDICAL DRUG SCREEN w/CONF* U <input type="checkbox"/> IMMUNOELECTRO - URINE U
<input type="checkbox"/> COMPREHENSIVE PANEL SST (Na, K, Cl, CO <sub>2</sub> , Glucose, BUN, Creatinine, Ca, T Bil, TP, AST, ALT, Alk Phos, Alb) (8-10 hr fast)	<input type="checkbox"/> CRP <input type="checkbox"/> CARDIO CRP* SST <input type="checkbox"/> CMV IGG, IGM AB SST <input type="checkbox"/> EBV AB PANEL SST	<input type="checkbox"/> URIC ACID SST <input type="checkbox"/> VIT B-12 (8-10 hr fast)* SST <input type="checkbox"/> VIT D 25 HYDROXY TOTAL* SST	<input type="checkbox"/> ALBUMIN/CREAT RATIO URINE U <input type="checkbox"/> P/C RATIO - URINE U <input type="checkbox"/> PREG TEST - URINE U
<input type="checkbox"/> ELECTROLYTE PANEL, SERUM SST (Na, K, Cl, CO <sub>2</sub> )	<input type="checkbox"/> ESTROGEN SST <input type="checkbox"/> FERRITIN* SST <input type="checkbox"/> FOLATE* (8-10 hr fast) SST	<b>THERAPEUTIC DRUG MONITORING</b> <input type="checkbox"/> DIGOXIN* R <input type="checkbox"/> DILANTIN (PHENYTOIN) R <input type="checkbox"/> LITHIUM R <input type="checkbox"/> PHENOBARB R <input type="checkbox"/> TEGRETOL R	<input type="checkbox"/> PROTEIN ELECTRO - URINE U <input type="checkbox"/> URINALYSIS† U <input type="checkbox"/> CLEAN CATCH <input type="checkbox"/> CATH U
<input type="checkbox"/> HEPATIC FUNCTION PANEL SST (T Bil, D Bil, TP, AST, ALT, Alk Phos, Alb)	<input type="checkbox"/> FOLLICLE STIM HORMONE (FSH) SST <input type="checkbox"/> GLUCOSE* (8-10 hr fast) SST <input type="checkbox"/> GLUCOSE 1 HR COLA PREGNANT GY	<input type="checkbox"/> HEMATOLOGY <input type="checkbox"/> CBC (PLATELET INCLUDED)†‡ L <input type="checkbox"/> CBC & DIFF - AUTO ‡ L <input type="checkbox"/> CBC & DIFF - MANUAL* L <input type="checkbox"/> HEMOGLOBIN* L	<input type="checkbox"/> URINALYSIS W/ MICROSCOPIC U <input type="checkbox"/> CLEAN CATCH <input type="checkbox"/> CATH U <input type="checkbox"/> URINALYSIS W/ REFLEX CULT U <input type="checkbox"/> CLEAN CATCH <input type="checkbox"/> CATH U
<input type="checkbox"/> RENAL FUNCTION PANEL SST (Na, K, Cl, CO <sub>2</sub> , Glucose, BUN, Creatinine, Ca, Ab, Phos) (8-10hr fast)	<input type="checkbox"/> HEMOGLOBIN A1C* L <input type="checkbox"/> HEMOGLOBIN ELECTROPHORESIS L <input type="checkbox"/> HIV SCREEN* SST <input type="checkbox"/> HOMOCYSTEINE* R	<input type="checkbox"/> HEMATOCRIT* SST <input type="checkbox"/> RETICULOCYTE COUNT SST <input type="checkbox"/> SED RATE (ESR) SST	<input type="checkbox"/> 24 HR 5-HIAA U <input type="checkbox"/> 24 HR CATECHOLAMINE U <input type="checkbox"/> 24 HR CITRATE U <input type="checkbox"/> 24 HR CREATININE CLEARANCE U
<input type="checkbox"/> HEPATITIS PANEL ACUTE *† (2x) SST <input type="checkbox"/> HEPATITIS A ANTIBODY IGM SST <input type="checkbox"/> HEPATITIS B CORE AB IGM SST <input type="checkbox"/> HEPATITIS BS ANTIGEN † SST <input type="checkbox"/> HEPATITIS C AB SCRIN w/rfx † SST	<input type="checkbox"/> IgA <input type="checkbox"/> IgG <input type="checkbox"/> IgM <input type="checkbox"/> IgE SST <input type="checkbox"/> IMMUNOELECTRO - SERUM SST <input type="checkbox"/> IRON* <input type="checkbox"/> TIBC* SST <input type="checkbox"/> IRON & TIBC% SATURATION* SST	<b>COAGULATION</b> <input type="checkbox"/> CLOSURE TIME B <input type="checkbox"/> FIBRINOGEN B <input type="checkbox"/> PARTIAL THROMBIN TIME (PTT)* T <input type="checkbox"/> PROTHROMBIN TIME (PTINR)* B	<input type="checkbox"/> 24 HR METANEPHRINE U <input type="checkbox"/> 24 HR PROTEIN U <input type="checkbox"/> 24 HR OXALATE U <input type="checkbox"/> 24 HR VMA U
<input type="checkbox"/> LIPID PANEL* SST <input type="checkbox"/> CHOLESTEROL* SST <input type="checkbox"/> HDL CHOLESTEROL* SST <input type="checkbox"/> LDL CHOLESTEROL, CALC SST <input type="checkbox"/> TRIGLYCERIDES* SST	<input type="checkbox"/> LDH SST <input type="checkbox"/> LDL CHOL - DIRECT* (12-14 hr fast) SST <input type="checkbox"/> LEAD, BLOOD (include info sheet) SST <input type="checkbox"/> LIPASE SST <input type="checkbox"/> LUTINIZING HORMONE (LH) SST <input type="checkbox"/> LYME SCRIN w/rfx WESTERN BLOT SST	<b>MICROBIOLOGY</b> Source: _____ <input type="checkbox"/> CULT - ROUTINE (AEROBIC)† SST <input type="checkbox"/> CULT - ANAEROBIC† SST <input type="checkbox"/> CULT - FUNGAL† SST <input type="checkbox"/> CULT - VIRAL† SST <input type="checkbox"/> CULT - THROAT w/ STREP SCREEN† SST <input type="checkbox"/> CULT - THROAT w/ STREP SCREEN† SST <input type="checkbox"/> TRICHOMONAS RNA SST <input type="checkbox"/> CHLAMYDIA/G.C. RNA * SST	<input type="checkbox"/> BLOOD BANK <input type="checkbox"/> ABO, RH TYPE B <input type="checkbox"/> ABO, RH TYPE & AB SCREEN† B <input type="checkbox"/> TYPE & SCREEN† B <input type="checkbox"/> BLOOD PROD † (incl Type & Scrm)
<input type="checkbox"/> OBSTETRIC PANEL <input type="checkbox"/> ABO, RH TYPE P <input type="checkbox"/> ANTIBODY SCREEN † P <input type="checkbox"/> CBC & DIFF - AUTO * ‡ L <input type="checkbox"/> HEP B SURFACE ANTIGEN SST <input type="checkbox"/> RPR SST <input type="checkbox"/> RUBELLA IGG SST <input type="checkbox"/> HIV SCREEN SST	<input type="checkbox"/> MAGNESIUM SST <input type="checkbox"/> METHYLVIALONIC ACID, SERUM SST <input type="checkbox"/> MONO SCREEN SST <input type="checkbox"/> MUMPS <input type="checkbox"/> IgG <input type="checkbox"/> IgM SST <input type="checkbox"/> PHOSPHOROUS SST <input type="checkbox"/> POTASSIUM SST <input type="checkbox"/> PREG TEST - SERUM SST <input type="checkbox"/> PRO-BRAIN NAT PEP (PRO-BNP)* SST <input type="checkbox"/> PROLACTIN SST <input type="checkbox"/> PROSTATIC SPEC AG TOTAL (PSA)* SST <input type="checkbox"/> PROSTATIC SPEC AG (PSA SCREEN)* SST <input type="checkbox"/> PROTEIN ELECTRO, SERUM SST <input type="checkbox"/> PROTEIN, TOTAL SST <input type="checkbox"/> PTHINTACT* L/SST <input type="checkbox"/> RHEUMATOID FACTOR SST <input type="checkbox"/> RPR SST <input type="checkbox"/> RUBELLA <input type="checkbox"/> IgG <input type="checkbox"/> IgM SST <input type="checkbox"/> RUBELLA (MEASLES) <input type="checkbox"/> IgG <input type="checkbox"/> IgM SST <input type="checkbox"/> SODIUM SST <input type="checkbox"/> TESTOSTERONE, TOTAL SST <input type="checkbox"/> TESTOSTERONE, TOTAL & FREE SST <input type="checkbox"/> T3 UPTAKE* SST <input type="checkbox"/> T4* SST <input type="checkbox"/> T4, FREE* SST	<input type="checkbox"/> GROUP B STREP SST <input type="checkbox"/> INFLUENZA A/B SST <input type="checkbox"/> CORONAVIRUS/SARS CoV-2 PCR SST <input type="checkbox"/> RSV SST <input type="checkbox"/> MRSA - Nasal <input type="checkbox"/> Cult <input type="checkbox"/> PCR SST	<input type="checkbox"/> RBC _____ PLATELETS _____ Special needs: <input type="checkbox"/> CMV neg <input type="checkbox"/> Irradiation <input type="checkbox"/> Leukoreduced <input type="checkbox"/> NEWBORN WORKUP † (ABO, RH, DAT) P <input type="checkbox"/> RHOGAM, ANTEPRT † (ABO, RH, ABS) P <input type="checkbox"/> RHOGAM, POSTPRT † (ABO, RH, ABS) P
<b>CHEMISTRY</b> <input type="checkbox"/> AFP* (include info sheet) SST <input type="checkbox"/> ALBUMIN SST <input type="checkbox"/> ALKALINE PHOSPHATASE SST <input type="checkbox"/> ALT (SGPT) SST <input type="checkbox"/> AMYLASE SST <input type="checkbox"/> ANTI NUCLEAR ANTIBODY (ANA) SST <input type="checkbox"/> AST (SGOT) SST <input type="checkbox"/> BILIRUBIN, DIRECT SST <input type="checkbox"/> BILIRUBIN, TOTAL SST <input type="checkbox"/> BUN SST <input type="checkbox"/> CA ANTIGEN 125 (CA-125)* SST <input type="checkbox"/> CA 27.29* SST <input type="checkbox"/> CALCIUM SST <input type="checkbox"/> CARBON DIOXIDE SST <input type="checkbox"/> CEA* SST <input type="checkbox"/> CHLORIDE SST	<input type="checkbox"/> LUTINIZING HORMONE (LH) SST <input type="checkbox"/> LYME SCRIN w/rfx WESTERN BLOT SST <input type="checkbox"/> MAGNESIUM SST <input type="checkbox"/> METHYLVIALONIC ACID, SERUM SST <input type="checkbox"/> MONO SCREEN SST <input type="checkbox"/> MUMPS <input type="checkbox"/> IgG <input type="checkbox"/> IgM SST <input type="checkbox"/> PHOSPHOROUS SST <input type="checkbox"/> POTASSIUM SST <input type="checkbox"/> PREG TEST - SERUM SST <input type="checkbox"/> PRO-BRAIN NAT PEP (PRO-BNP)* SST <input type="checkbox"/> PROLACTIN SST <input type="checkbox"/> PROSTATIC SPEC AG TOTAL (PSA)* SST <input type="checkbox"/> PROSTATIC SPEC AG (PSA SCREEN)* SST <input type="checkbox"/> PROTEIN ELECTRO, SERUM SST <input type="checkbox"/> PROTEIN, TOTAL SST <input type="checkbox"/> PTHINTACT* L/SST <input type="checkbox"/> RHEUMATOID FACTOR SST <input type="checkbox"/> RPR SST <input type="checkbox"/> RUBELLA <input type="checkbox"/> IgG <input type="checkbox"/> IgM SST <input type="checkbox"/> RUBELLA (MEASLES) <input type="checkbox"/> IgG <input type="checkbox"/> IgM SST <input type="checkbox"/> SODIUM SST <input type="checkbox"/> TESTOSTERONE, TOTAL SST <input type="checkbox"/> TESTOSTERONE, TOTAL & FREE SST <input type="checkbox"/> T3 UPTAKE* SST <input type="checkbox"/> T4* SST <input type="checkbox"/> T4, FREE* SST	<input type="checkbox"/> CULT - ROUTINE (AEROBIC)† SST <input type="checkbox"/> CULT - ANAEROBIC† SST <input type="checkbox"/> CULT - FUNGAL† SST <input type="checkbox"/> CULT - VIRAL† SST <input type="checkbox"/> CULT - THROAT w/ STREP SCREEN† SST <input type="checkbox"/> CULT - THROAT w/ STREP SCREEN† SST <input type="checkbox"/> TRICHOMONAS RNA SST <input type="checkbox"/> CHLAMYDIA/G.C. RNA * SST <input type="checkbox"/> GROUP B STREP SST <input type="checkbox"/> INFLUENZA A/B SST <input type="checkbox"/> CORONAVIRUS/SARS CoV-2 PCR SST <input type="checkbox"/> RSV SST <input type="checkbox"/> MRSA - Nasal <input type="checkbox"/> Cult <input type="checkbox"/> PCR SST	<b>SCHEDULED TESTS</b> DATE/TIME: _____ PREGNANT: <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> 2 HR GLUCOSE TOLERANCE GY <input type="checkbox"/> 3 HR GLUCOSE TOLERANCE GY
		<b>STOOL TESTING</b> <input type="checkbox"/> GI PANEL <input type="checkbox"/> BASIC <input type="checkbox"/> COMPLETE STL <input type="checkbox"/> CULT - ENTERIC PATH † STL <input type="checkbox"/> CLOSTRIDIUM DIFF STL <input type="checkbox"/> CRYPTO AG STL <input type="checkbox"/> GIARDIA AG STL <input type="checkbox"/> FECAL LACTOFERRIN STL <input type="checkbox"/> H-PYLORI STL <input type="checkbox"/> O&P STL <input type="checkbox"/> OCCULT BLOOD - SCREENING* STL <input type="checkbox"/> OCCULT BLOOD-NON SCREENING* STL	<b>OTHER</b>

\* Limited coverage test: Medical necessity, dx code or ABN required  
 † Reflex testing is possible if components are positive and considered medically appropriate  
 ‡ Manual diff. is performed if WBC is >30,000, or HGB is <6  
 (SST)=SERUM SEPARATOR TUBE (R)=RED (L)=LAVENDER (B)=BLUE (GRLH)=GREEN LITHIUM HEPARIN (GY)=GRAY (P)=PINK (U)=URINE (STL)=STOOL



Use proper patient identification i.e. proper name and DOB  
 Example: 'Elizabeth' Jones, not 'Betty' Jones.  
 The patients name on the form must match  
 What is in the MMC's medical record.



Date order is written- all one time orders are valid for 12 months from date order was written.  
Standing orders are valid for 6 months.



Print the ordering providers name and have the ordering provider sign above their printed name.



Provide pertinent clinical information;  
 Patient gender, fasting status and if patient is taking any anticoagulants.



Mark all tests that are being requested.  
 If you are unable to find the requested test listed  
 You can put your request in the 'other box'.  
 Please write legibly and avoid abbreviations.

-Illegible entries and entries with abbreviations encourage interpretation, thus increasing possible test order errors.



**LABORATORY REQUISITION**

Form #40410  
 Rev 01/24  
 Page 2 of 2



Phone/Fx to Dr's Name	Number	Ph	Fx
1 _____	_____	<input type="checkbox"/>	<input type="checkbox"/>
2 _____	_____	<input type="checkbox"/>	<input type="checkbox"/>
3 _____	_____	<input type="checkbox"/>	<input type="checkbox"/>
4 _____	_____	<input type="checkbox"/>	<input type="checkbox"/>



Please list all providers/sites that you would like copies of the results to go to.



Record the time the specimen was collected, and the initials of the person collecting the specimen.



Patient insurance information.



All diagnosis codes that are relevant to tests being requested.



Courier Transportation Specimens  
 Room Temp. \_\_\_\_\_ Refrigerated \_\_\_\_\_ Frozen \_\_\_\_\_

Record # of Specimens \_\_\_\_\_ Collection Date \_\_\_\_\_  
 Collected By \_\_\_\_\_ Time \_\_\_\_\_

Copy of Reports to \_\_\_\_\_

Patient Name  
 Last \_\_\_\_\_ First \_\_\_\_\_ Patient S.S. # \_\_\_\_\_ Birth Date \_\_\_\_\_

Address  
 Street \_\_\_\_\_ City \_\_\_\_\_ Medicare # \_\_\_\_\_ Phone \_\_\_\_\_

Employer Name \_\_\_\_\_ Employer Phone \_\_\_\_\_

Name of Insured \_\_\_\_\_ S.S.# of Insured \_\_\_\_\_

Name of Insurance \_\_\_\_\_ Group Number \_\_\_\_\_ Policy Number \_\_\_\_\_

**Listing of Common ICD-10 Codes -OR- Attach a copy of insurance card and/or patient demographic face sheet**

R10.0	Abdominal Pain, acute	R19.7	Diarrhea, Unspec	E16.2	Hypoglycemia, Unspec	K85.90	Pancreatitis, Acute, unspec
R10.9	Abdominal Pain, unspec	K57.92	Divericulitis of Colon, unspec	E87.6	Hypokalemia, unspec	I73.9	Peripheral Vascular Disease, unspec
N93.9	Abnormal Uterine Bleeding	I82.403	DVT, Lower ext, unspec, Bilateral		(hypotassemia)	Z85.3	Personal History of Breast Cancer
G30.9	Alzheimer's Disease, unspec	I82.402	DVT, Lower ext, unspec, LEFT	I95.9	Hypotension, unspec	I80.9	Phlebitis, unspec
D50.9	Anemia, Iron deficiency, unspec	I82.401	DVT, Lower ext, unspec, RIGHT	E03.9	Hypothyroidism, unspec	J18.9	Pneumonia, unspec
D64.9	Anemia, unspec	I82.623	DVT, Upper ext, unspec, Bilateral	K30	Indigestion Unspec,	M35.3	Polymyalgia Rheumatica
I20.9	Angina, unspec	I82.622	DVT, Upper ext, unspec, LEFT		(functional Dyspepsia)	Z33.1	Pregnancy, incidental
I35.0	Aortic Stenosis, unspec	I82.621	DVT, Upper ext, unspec, RIGHT	N97.9	Infertility, FEMALE, unspec	O26.90	Preg, unspec comp, unspec trimester
I70.90	Arteriosclerosis, unspec	J81.1	Edema, Pulmonary, Chronic, unspec	N46.9	Infertility, MALE, unspec	N41.9	Prostatitis, unspec
I25.10	Arteriosclerotic Heart Dis (ASHD)	R60.9	Edema, unspec	J11.1	Influenza, unspec	L29.9	Pruritis, unspec
M12.9	Arthritis, Unspec, unspec	E87.8	Electrolyte Imbalance, Unspec	N82.6	Irregular Menstruation, unspec cause	R21	Rash, unspec
M10.9	Arthritis, Gouty, unspec	R97.20	Elevated PSA	K58.9	Irritable Bowel Syndrome w/o	K62.5	Rectal Bleeding, unspec
J45.909	Asthma, Childhood, unspec (extrinsic)	I74.9	Emboli of unspec Artery		diarrhea	N18.9	Renal Failure, Chronic, unspec
J45.909	Asthma, unspec	Z51.11	Encounter for Antineoplastic	R17	Jaundice, Adult, unspec	N19	Renal Failure, unspec
I48.91	Atrial Fibrillation unspec		Chemotherapy	P59.9	Jaundice, Newborn, unspec	N28.9	Renal Insufficiency, unspec
M54.9	Back Pain, Unspec	Z34.00	Encounter for Normal Preg,	N15.9	Kidney Infection, unspec	R06.89	Respiratory Insufficiency,
N40.0	BPH Benign Prostatic		1st pregnancy, unspec	H83.03	Labyrinthitis, Bilateral ears		unspec (dyspnea)
	Hypertrophy w/o LUTS	Z34.80	Encounter for Normal	H83.02	Labyrinthitis, LEFT ear	Z12.4	Screening for Cervical cancer
J20.9	Bronchitis, Acute, unspec		Pregnancy, multigravida, unspec	H83.01	Labyrinthitis, RIGHT ear	Z11.8	Screening for Chlamydia
J42	Bronchitis, Chronic, unspec	Z32.00	Encounter for Pregnancy test,	H83.09	Labyrinthitis, unspec ears	Z12.5	Screening for Prostate cancer
C18.9	Cancer, Colon, unspec		unspec outcome	K76.9	Liver Disease, unspec	R06.02	Shortness or Breath, unspec
C19	Cancer, Colorectal, unspec	R59.9	Enlarged Lymph Nodes, unspec	Z79.01	Long Term Use of Anticoagulant	M25.512	Shoulder Pain, LEFT
C61	Cancer, Prostate, unspec	G40.909	Epilepsy, unspec, w/o intractable		(Coumadin use)	M25.511	Shoulder Pain, RIGHT
C20	Cancer, Rectum, unspec	R63.1	Excessive Thirst unspec, (polydipsia)	Z79.899	Long Term Use of Other Drug	M25.519	Shoulder Pain, unspec
I49.9	Cardiac Dysrhythmia, Unspec	Z80.3	Family History of Breast cancer	C34.91	Lung Cancer, Unspec Part, Bilateral	J01.90	Sinusitis, Acute, unspec
L03.90	Cellulitis, unspec	R53.83	Fatigue and Malaise, unspec	C34.92	Lung Cancer, Unspec Part, LT sided	J32.9	Sinusitis, unspec
I67.89	Cerebrovascular Disease, Acute, unspec	R50.9	Fever, Unspec	C34.92	Lung Cancer, Unspec Part, RT sided	J02.9	Sore Throat, Acute, unspec
N87.9	Cervical Dysplasia, unspec	K29.00	Gastritis, Acute w/o bleeding	C34.91	Lung Cancer, Unspec Part, Unspec	J02.0	Strep Throat, unspec
N72	Cervicitis, unspec	K29.70	Gastritis, Unspec	C34.90	Lung Cancer, Unspec Part, Unspec	R61	Sweating, Generalized
R07.9	Chest Pain, unspec	K52.9	Gastroenteritis, unspec	A69.20	Lyme Disease, Unspec	R55	Syncope and Collapse
K81.9	Cholecystitis, unspec	K92.2	Gastrointestinal Bleed, Unspec	C85.90	Lymphoma, Unspec	R00.0	Tachycardia, unspec
K80.20	Cholelithiasis w/o cholecystitis w/o obstruction	K21.9	GERD	N95.1	Menopause, Symptomatic	G45.9	TIA, unspec
		M10.9	Gout, unspec	G43.909	Migraine, not intractable, unspec	H93.13	Tinnitus, Bilateral
N18.9	Chronic Kidney Disease, unspec	R51.9	Headache, unspec	B27.90	Mononucleosis, unspec	H93.12	Tinnitus, LEFT
K70.30	Cirrhosis, Alcoholic, w/o ascites	R31.9	Hamaturia, unspec	R11.0	Nausea Alone	H93.11	Tinnitus, RIGHT
K74.60	Cirrhosis, unspec	K64.9	Hemorrhoids, unspec	R11.2	Nausea with Vomiting, unspec	H93.19	Tinnitus, unspec ear
		K75.9	Hepatitis, unspec	M79.2	Neuralgia, Unspec	J03.90	Tonsillitis, Acute, unspec



# Many Insurances require medical necessity

PATIENT INFORMATION		PROVIDER INFORMATION	
Patient Name (Last, First): _____		Date: _____	
Date of Birth: _____		Ordering Signature: _____	
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		Ordering Printed Name: _____	
<input type="checkbox"/> Fasting <input type="checkbox"/> Nonfasting		Priority: <input type="checkbox"/> Routine <input type="checkbox"/> Urgent <input type="checkbox"/> Stat	
Is patient on anticoagulant? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please specify _____			

PATIENT INFORMATION - Please report to outpatient registration before going to lab. Have insurance cards, policy numbers, and billing addresses available for the clerks.

Panels	CHEMISTRY (continued)	CHEMISTRY (continued)	URINE TESTING	
<input type="checkbox"/> BASIC METABOLIC PANEL SST (Na, K, Cl, CO2, Glucose, BUN, Creatinine, Ca) (8-10 hr fast)	<input type="checkbox"/> CORTISOL <input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> RAND SST	<input type="checkbox"/> TRANSFERRIN* SST	<input type="checkbox"/> CULTURE - URINE* U	
<input type="checkbox"/> COMPREHENSIVE PANEL SST (Na, K, Cl, CO2, Glucose, BUN, Creatinine, Ca, T Bilir, TP, AST, ALT, Alk Phos, Alb) (8-10 hr fast)	<input type="checkbox"/> CPK, TOTAL SST	<input type="checkbox"/> TSH* SST	<input type="checkbox"/> MEDICAL DRUG SCREEN w/CONF* U	
<input type="checkbox"/> ELECTROLYTE PANEL, SERUM SST (Na, K, Cl, CO2)	<input type="checkbox"/> CREATININE SST	<input type="checkbox"/> TSH w/rfx FT4* SST	<input type="checkbox"/> IMMUNOELECTRO - URINE U	
<input type="checkbox"/> HEPATIC FUNCTION PANEL SST (T Bilir, D Bilir, TP, AST, ALT, Alk Phos, Alb)	<input type="checkbox"/> CRP <input type="checkbox"/> CARDIO CRP* SST	<input type="checkbox"/> URIC ACID SST	<input type="checkbox"/> ALBUMIN/CREAT RATIO URINE U	
<input type="checkbox"/> RENAL FUNCTION PANEL SST (Na, K, Cl, CO2, Glucose, BUN, Creatinine, Ca, Alb, Phos) (8-10hr fast)	<input type="checkbox"/> CMV IGG, IGM AB SST	<input type="checkbox"/> VIT B-12 (8-10 hr fast)* SST	<input type="checkbox"/> P/C RATIO - URINE U	
<input type="checkbox"/> HEPATITIS PANEL ACUTE*† (2X) SST	<input type="checkbox"/> EBV AB PANEL SST	<input type="checkbox"/> VIT D 25 HYDROXY TOTAL* SST	<input type="checkbox"/> PREG TEST - URINE U	
<input type="checkbox"/> HEPATITIS A ANTIBODY IGM SST	<input type="checkbox"/> ESTROGEN SST	<b>THERAPEUTIC DRUG MONITORING</b>		
<input type="checkbox"/> HEPATITIS B CORE AB IGM SST	<input type="checkbox"/> FERRITIN* SST	<input type="checkbox"/> DIGOXIN* R	<input type="checkbox"/> URINALYSIS† U	
<input type="checkbox"/> HEPATITIS BS ANTIGEN † SST	<input type="checkbox"/> FOLATE* (8-10 hr fast) SST	<input type="checkbox"/> DILANTIN (PHENYTOIN) R	<input type="checkbox"/> CLEAN CATCH <input type="checkbox"/> CATH U	
<input type="checkbox"/> HEPATITIS C AB SCRIN w/rfx † SST	<input type="checkbox"/> FOLLICLE STIM HORMONE (FSH) SST	<input type="checkbox"/> LITHIUM R	<input type="checkbox"/> URINALYSIS W/ MICROSCOPIC U	
<input type="checkbox"/> LIPID PANEL* SST	<input type="checkbox"/> GLUCOSE* (8-10 hr fast) SST	<input type="checkbox"/> PHENOBARB R	<input type="checkbox"/> CLEAN CATCH <input type="checkbox"/> CATH U	
<input type="checkbox"/> CHOLESTEROL* SST	<input type="checkbox"/> GLUCOSE 1 HR COLA PREGNANT GY	<input type="checkbox"/> TEGRETOL R	<input type="checkbox"/> URINALYSIS W/ REFLEX CULT U	
<input type="checkbox"/> HDL CHOLESTEROL* SST	<input type="checkbox"/> HCG, TOTAL, QUANT* SST	<b>HEMATOLOGY</b>		
<input type="checkbox"/> LDL CHOLESTEROL, CALC SST	<input type="checkbox"/> HEMOGLOBIN A1C* L	<input type="checkbox"/> CBC (PLATELET INCLUDED)*† L	<input type="checkbox"/> CLEAN CATCH <input type="checkbox"/> CATH U	
<input type="checkbox"/> TRIGLYCERIDES* SST	<input type="checkbox"/> HEMOGLOBIN ELECTROPHORESIS L	<input type="checkbox"/> CBC & DIFF - AUTO*† L	<input type="checkbox"/> 24 HR 5-HIAA U	
<input type="checkbox"/> LIPID PANEL w/rfx LDL DIRECT* SST	<input type="checkbox"/> HIV SCREEN* SST	<input type="checkbox"/> CBC & DIFF - MANUAL* L	<input type="checkbox"/> 24 HR CATECHOLAMINE U	
<input type="checkbox"/> OBSTETRIC PANEL	<input type="checkbox"/> HOMOCYSTEINE* R	<input type="checkbox"/> HEMOGLOBIN* L	<input type="checkbox"/> 24 HR CITRATE U	
	<input type="checkbox"/> IgA <input type="checkbox"/> IgG <input type="checkbox"/> IgM <input type="checkbox"/> IgE SST	<input type="checkbox"/> HEMATOCRIT* L	<input type="checkbox"/> 24 HR CREATININE CLEARANCE U	
	<input type="checkbox"/> IMMUNOELECTRO - SERUM SST	<input type="checkbox"/> RETICULOCYTE COUNT SST	<input type="checkbox"/> 24 HR METANEPHRINE U	
	<input type="checkbox"/> IRON* <input type="checkbox"/> TIBC* SST	<input type="checkbox"/> SED RATE (ESR) SST	<input type="checkbox"/> 24 HR PROTEIN U	
	<input type="checkbox"/> IRON & TIBC/% SATURATION* SST	<b>COAGULATION</b>		
	<input type="checkbox"/> LDH SST	<input type="checkbox"/> CLOSURE TIME B	<input type="checkbox"/> 24 HR OXALATE U	
	<input type="checkbox"/> LDL CHOL - DIRECT* (12-14 hr fast) SST	<input type="checkbox"/> FIBRINOGEN B	<input type="checkbox"/> 24 HR VMA U	
	<input type="checkbox"/> LEAD, BLOOD (include info sheet) T	<input type="checkbox"/> PARTIAL THROMBIN TIME (PTT)* B	<b>BLOOD BANK</b>	
	<input type="checkbox"/> LIPASE SST	<input type="checkbox"/> PROTHROMBIN TIME (PTINR)* B	<input type="checkbox"/> ABO, RH TYPE	
	<input type="checkbox"/> LUTINIZING HORMONE (LH) SST	<input type="checkbox"/> ABO, RH TYPE & AB SCREEN†		
	<input type="checkbox"/> LYMF SCRIN w/rfx WESTERN BI OT SST	<input type="checkbox"/> TYPE & SCREEN†		
		<input type="checkbox"/> BLOOD PROD † (incl Type & Scrn)		

Many insurances have similar requirements to Medicare. They follow the same guidelines and will also deny payment. Meadville Medical Center's Lab Request Form indicates these tests requiring Medicare's medical necessity with the \*

# A-list for help with medical necessity



Patients & Visitors ▾ Healthcare Professionals ▾ Health & Wellness ▾ About Us ▾ Q

## Professional Laboratory Resources

Home > Professional Laboratory Resources

Welcome to Meadville Medical Center Laboratory's resource center for medical professionals! This section of our website is designed to equip you with the tools necessary to help your practice. Use the links to find information such as our [test menu](#), [specimen collection requirements](#), [order forms](#), and other resources. Our mission is to provide you and your patients with the highest quality laboratory testing and professional assistance in the field of laboratory medicine.

Use the [A-LIST search tool](#) to aid in the selection of a medically acceptable diagnosis code for lab tests included in the National Coverage Determination (NCD) and Local Coverage Determination (LCD) documents. View [specimen collection and handling requirements](#) under the [Test Menu](#). Find additional information and education under the [General](#) and [Resource](#) pages.

### A-List

ABN's Lab ICD-10 Search Tool What is the A-List? A-LIST is designed as a search tool to aid in the

[Read more information](#)

### Lab Form Directory

Below is a list of order forms and diagnostic history information sheets (sent to performing lab with patient's specimen) available

[Read more information](#)

### Test Menu Index

[Read more information](#)

SHOW 20 ITEMS

SEARCH:

Test Group Coverage Determination	CPT	MMC Tests	Code Lookup Document	Details	Date Published
<a href="#">Acute Hepatitis Panel / Hepatitis Panel</a>	80074	Hepatitis Panel W/Rfx, Acute	<a href="#">190.33</a>		NCD October 2024
<a href="#">Alpha-fetoprotein</a>	82105	AFP Tumor Marker, Serum Integrated Screen Part 2 Maternal Quad Screen Maternal Serum AFP Maternal Serum Screen 5	<a href="#">190.25</a>		NCD October 2024
<a href="#">Allergy Testing</a>	82785	Gammaglobulin (immunoglobulin); IgE	<a href="#">A56558</a>		LCD 07/11/21
<a href="#">Allergy Testing</a>	86003	Allergen specific IgE, each allergen	<a href="#">A56558</a>		
<a href="#">Assays for Vitamins and Metabolic Function</a>	82180	Assay of ascorbic acid	<a href="#">A56416</a>		LCD 10/01/21
<a href="#">Assays for Vitamins and Metabolic Function</a>	82306	Vitamin D 25 hydroxy	<a href="#">A56416</a>		
<a href="#">Assays for Vitamins and Metabolic Function</a>	82379	Assay of carnitine	<a href="#">A56416</a>		
<a href="#">Assays for Vitamins and Metabolic Function</a>	82607	Vitamin B12			

On the Meadville Medical Center website, Under Health Care Professionals, Professional Laboratory Resources you will find the A-list.

You can click on the Code look up document to find a list of diagnosis codes from Medicare that meet medical necessity for specific testing.