St. Joseph Healthcare
St. Joseph Hospital
A Member of Covenant Health

Outpatient Laboratory Request Form

Name of Facility/Location: _____ Please check one of the following: ❑ Client Bill ❑ Patient Bill

Collection date: _____ Time: _____

Patient Name: _____ D.O.B: _____ Insurance: _____

Address: _____ Phone: _____

_____ Gender: _____

Ordering Provider: _____

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 > 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 (207) 973-7626

Urinalysis and Stool

Routine Urinalysis
❑ Dipstick; microscopic and culture done, if indicated

❑ Stook for occult blood x _____
❑ Stook for occult blood (screen) x _____

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

Provider signature: _____ **Date:** _____

Address: _____ **Phone:** _____

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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

***Asterisk indicates that an Advance Beneficiary Notice (ABN) may be required for Medicare patients.**
Pathologists are available at (207) 970-1880 to provide consultation in test selection.