

Please submit specimen & this order form to:



1460 G Street | Springfield, OR | 97477  
Phone: (541)726-4429 | Fax: (541)744-6084

Fax Orders to 541-744-8595  
Schedule Appointment 541-988-6705

[ ] Bill Patient – Complete insurance information required  
[ ] Physician Signature Required

PATIENT/PHYSICIAN/TEST INFORMATION

Patient Name:		Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	DOB:	ID:
Patient Address:		Ordering Physician:		Order Date:
City:	State:	Zip:	Contact Information	
Phone: ( ) ( )		Copy to Physician(s):		
Date Collected:	Time Collected:	Collected by:		
Fax to: ( ) ( )	Call to: ( ) ( )	<input type="checkbox"/> ROUTINE <input type="checkbox"/> ASAP <input type="checkbox"/> STAT		
Standing Order:	Begin Date:	End Date:	Comments:	

PHYSICIAN/PREScriBER NOTIFICATION

Medicare will pay only for test that meet the Medicare Coverage criteria and are reasonable and necessary to treat or diagnose an individual patient. Medicare does not pay for the tests which documentation, including the patient record, does not support that the tests were reasonable and necessary. Medicare generally does not cover routine screening tests even if the physician or other authorized test prescriber considers the tests appropriate for the patient. For payments likely to be denied by Medicare, an explanation has been given to the patient who has agreed to pay for the tests personally by signing the attached Advanced Beneficiary Notice (ABN).

Physician/Prescriber Signature: \_\_\_\_\_ Date: \_\_\_\_\_

General Instructions: All orders for clinical laboratory tests must include a statement of the medical reason for each test. The diagnosis(es) listed below must be linked with the test(s) ordered by noting the number of the diagnosis in the space next to the test ordered. Please provide an ICD-10 code and/or narrative diagnostic information for each ordered test.

1. _____ ICD-10 CM Code:	2. _____ ICD-10 CM Code:
3. _____ ICD-10 CM Code:	4. _____ ICD-10 CM Code:

LABORATORY TEST ORDER

✓	CPT Code	Tube Type	TEST CODE	PANELS	✓	CPT Code	Tube Type	TEST CODE	CHEMISTRY	✓	CPT Code	Tube Type	TEST CODE	SEROLOGY
	80051	1	LYTES	Electrolytes Panel		82150	1	AMY	Amylase		30432	5	HIVABAG	HIV SCREEN AB/AG 4 <sup>TH</sup> GEN
	80048	1	BMPWTCA	Basic Metabolic Panel		86038	4	ANA	ANA w/ Reflex		36308	4	HETPH	Mono Test
	80053	1	CMP	Comprehensive Metabolic Panel		83880	2	BNP	BNP		34703	4	HCGQLS	Pregnancy Test, Serum
	80074	5	HEPRO	Acute Viral Hepatitis		82550	1	CK	CPK Total		36430	4	RATITER	Rheumatoid Arthritis Titer
	80076	1	HFP	Hepatic Function Panel		82553	1	CKMB	-MB if elevated? <input type="checkbox"/> YES <input type="checkbox"/> NO		<b>H E M A T O L O G Y</b>			
	80061	1	LIPID	Lipid Panel		82575	1	CREATCLR	Creatinine Clearance		85029	2	CBCADIFF	CBC w/ Auto Differential
	80069	1	RFP	Renal Function Panel		86140	1	HSCRIP	CRP, High Sensitivity		85027	2	CBC	CBC w/ No Differential
	82374	1	CO2	Carbon Dioxide		82728	1	FERRIT	Ferritin		85007	2	CBCMDIFF	CBC w/ Manual Differential
	82435	1	CL	Chloride		84302	1	HCGQT	HCG, Quantitative		85027	2	CBCMDIFF	CBC w/ Manual Differential
	84132	1	K	Potassium		83035	2	HGBA1C	Hemoglobin A1C		85014	2	HCT	Hematocrit
	84295	1	NA	Sodium		83540	1	IRON	Iron		85044	2	RETIC	Retic Count
	84520	1	BUN	BUN		83550	1	FETIBC	Iron Binding Capac.-Tot. (INCLUDES IRON)		85651	3	ESR	Sedimentation Rate
	82310	1	CA	Calcium		83540	1	FETIBC	Iron Binding Capac.-Tot. (INCLUDES IRON)		<b>T H E R A P E U T I C D R U G S</b>			
	82565	1	CREA	Creatinine		83735	1	MG	Magnesium		Last Dose Date/Time:			
	82947	1	GLU	Glucose		83690	1	LIPASE	Lipase		80162	10	DIGXN ST	Digoxin (Lanoxin)
	82040	1	ALB	Albumin		82043	6	UMICALAR	Microalbumin / Creatinine Ratio, Urine		80185	10	PHENY ST	Dilantin (Phenytoin), Tot.
	84075	1	ALP	Alkaline Phosphatase		82570	8	U24PRO	Protein, Total 24hr Urine		80178	10	LI	Lithium
	84450	1	AST	AST/SGOT		84156	8	U24PRO	Protein, Total 24hr Urine		80156	10	CARBA ST	Tegretol-Carbamazepine
	84460	1	ALT	ALT/SGPT		84438	1	FT4	T4, Free		80164	1	VALPRO	Valproic Acid
	82247	1	BILT	Bilirubin, Total		84436	4	T4REF	T4, Total		<b>U R I N A L Y S I S</b>			
	82248	1	BILD	Bilirubin, Direct		84443	1	TSH	TSH		81003	6	UAWMICR	Urinalysis w/o Microscopic
	83718	1	HDL	Cholesterol, HDL		82607	1	URIC	Uric Acid, Blood		81001	6	UAWMICRO	Urinalysis Complete
	82465	1	CHOL	Cholesterol, Total		84550	1	VITB12	Vitamin B12		87086	6	CULTUR	-Culture if indicated? <input type="checkbox"/> YES <input type="checkbox"/> NO
	84100	1	PO4	Phosphorus		82306	1	VITD25	Vitamin D-3 25-OH		<b>M I C R O B I O L O G Y</b>			
	84155	1	TPROTQT	Protein, Total		<b>C O A G U L A T I O N</b>					87324	6	CDIFPCR	C. Difficile Toxin
	84475	1	TRIG	Triglycerides		85610	9	PT	Prothrombin Time (PT) / INR		87075	6	CULAN	Culture, Anaerobic
	86709	5	HAPAAB	Hep A IgM		85730	9	APTT	Activated Partial Thrombin Time		87040	11	CULTBLD	Culture, Blood
	87340	5	HEPBSAG	Hep B surface Ag		If ordering PT or APTT, please answer below: <i>Is patient on an anti-coagulant?</i>					87070	6	CULRSP	Culture, Sputum
	86705	5	HEPBCIGM	Hep B core IgM		<input type="checkbox"/> YES, PT on _____ <input type="checkbox"/> NO					87045	6	CULTSTL	Culture, Stool
	86803	5	HCAB	Hep C Ab							87046	6	CULTSTL	(INCLUDES CAMPYLOBACTER, ECOLI, SALMONELLA & SHIGELLA)

ADDITIONAL TESTS			
CPT	TEST NAME	CPT	TEST NAME
		87081	STREPAAG
		87086	CULTUR
		87070	CULTWND
		87205	GRAMST
		87880	SPNLEGAG

1= Lithium Heparin PST Green    2= EDTA Purple    3= EDTA Purple 4ml required    4 = Serum Separator SST Red    5 = Serum Separator SST Red – unopened single test only    6 = Sterile Container  
7= Sterile Swab    8 = 24 HR urine container    9 = Blue Sodium Citrate    10 = Serum No Additive    11 = Blood Culture Bottles

OUTPATIENT LAB REQUISITION FORM



PATIENT LABEL