

LABORATORY REQUISITION FORM

LAKE CHARLES MEMORIAL HOSPITAL
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 LAKE CHARLES, LA 70601 FAX: 337-494-2464

Print Patient Name (Last, First, Middle)			age	Race	sex	<input type="checkbox"/> Routine <input type="checkbox"/> Timed	<input type="checkbox"/> STAT	Collect Date ____/____/____	Collect Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Collected By
Date of Birth	MM	DD	Year	Patient Social Security #		<input type="checkbox"/> Fasting <input type="checkbox"/> Non-Fasting		Collection Comment		
Patient Phone Number				Pt ID/Chart #		Referred By Office Name and Address				
Print Name of Insured/ Responsible				Bill To: <input type="checkbox"/> My Office <input type="checkbox"/> Medicare / Medicaid						
Patient Address (or insured/responsible party)			Apt #							
City		State		Zip code						
Medicare Number				Suffix						
Medicaid Number				State		Check One: CALL FAX Results to: () _____ - _____				
Insurance Company Name				Group #		Send Duplicate Report To: Name _____ Address _____ City _____ State _____ Zip _____				
Member / Insured ID #				Insurance Address		ICD-10 CODE(S) MUST BE PROVIDED				
City		State		Zip code						
Employer Name/Employer #				Insured Social Security # (if not pt.)						

Note: If the ICD-10 code that you provide does not support Medicare payment for Medicare Limited Coverage Test(s) ordered, a signed ABN form must be submitted with this laboratory order. See flagged (*) Medicare Limited Coverage Tests below. A signed ABN must always be submitted for all tests flagged with "f" or "#". Please mark an "X" in the appropriate box to order test(s) * = Medicare Limited Coverage Test f = Frequency Test # = Non-FDA approved Test

<p>PANELS</p> <p><input type="checkbox"/> *Basic Metabolic Panel (BMP) (Ca, CO₂, Cl, Cr, Glu, Na, K, BUN) (80048)</p> <p><input type="checkbox"/> *Comprehensive Metabolic Panel (CMP) (80053) (Alb, T. bili, Ca, CO₂, Cl, Cr, Glu, AP, K, TP, Na, ALT, AST, BUN)</p> <p><input type="checkbox"/> *General Health Panel (CMP, CBC, & TSH) (80050)</p> <p><input type="checkbox"/> *Hepatic Function (80076) (Alb, D. bili, T bili, AP, TP, AST, ALT)</p> <p><input type="checkbox"/> *Acute Hepatitis Panel (80074) (Hep A IgM Ab, Hep B core IgM Ab, Hep B surface Ag, Hep C Ab)</p> <p><input type="checkbox"/> *Electrolyte Panel (80051) (Na, K, Cl, CO₂)</p> <p><input type="checkbox"/> *Lipid Panel (80061) (T. Chol, HDL, Trig)</p> <p><input type="checkbox"/> *Lipid Reflex Panel (80061) (T. Chol, HDL, Trig) with reflex to Direct LDL if Trig over 400</p> <p><input type="checkbox"/> *Renal Function Panel (80069) (Alb, Ca, CO₂, Cl, Cr, Glu, PO₄, K, Na, BUN)</p> <p>Blood Bank</p> <p><input type="checkbox"/> ABO Group & Rh Type (86900, 86901)</p> <p><input type="checkbox"/> D A T (Direct Coombs) (86880)</p> <p><input type="checkbox"/> I A T (Indirect Coombs) (86850)</p> <p>Blood Bank Armband Required:</p> <p><input type="checkbox"/> Type & Screen (86900, 86901, 86850)</p> <p><input type="checkbox"/> Type & Crossmatch (86900, 86901, 86850, 86920) Units _____</p>	<p>INDIVIDUAL TESTS</p> <p><input type="checkbox"/> Acid Phos., Total (84060)</p> <p><input type="checkbox"/> Albumin (82040)</p> <p><input type="checkbox"/> Alk. Phos. (84075)</p> <p><input type="checkbox"/> ALT (SGPT) (84460)</p> <p><input type="checkbox"/> ANA (86038)</p> <p><input type="checkbox"/> AST (SGOT) (84450)</p> <p><input type="checkbox"/> B-12 (82607)</p> <p><input type="checkbox"/> Bilirubin, Direct (82248)</p> <p><input type="checkbox"/> Bilirubin, Total (82247)</p> <p><input type="checkbox"/> BNP for CHF-STA (83880)</p> <p><input type="checkbox"/> BUN (84520)</p> <p><input type="checkbox"/> Calcium (82310)</p> <p><input type="checkbox"/> Chloride (82435)</p> <p><input type="checkbox"/> *Cholesterol (82465)</p> <p><input type="checkbox"/> CK (82550)</p> <p><input type="checkbox"/> CK-MB (82553)</p> <p><input type="checkbox"/> Cortisol, Total (82533)</p> <p><input type="checkbox"/> Creatinine (82565)</p> <p><input type="checkbox"/> CRP (86140)</p> <p><input type="checkbox"/> CRP, High Sensitivity (86141)</p> <p><input type="checkbox"/> Folate (Folic Acid) (82746)</p> <p><input type="checkbox"/> FSH (Gonadotropin) (83001)</p> <p><input type="checkbox"/> GGT (82977)</p> <p><input type="checkbox"/> *HCG, Serum Quant. (84702)</p> <p><input type="checkbox"/> HCG, Urine, Qual</p> <p><input type="checkbox"/> HCG, Serum, Qual</p> <p><input type="checkbox"/> *HDL, Direct (83718)</p> <p><input type="checkbox"/> *Hemoglobin A1C (83036)</p> <p><input type="checkbox"/> HIV-1 and HIV-2 (86703)</p> <p><input type="checkbox"/> LDH (83615)</p> <p><input type="checkbox"/> LDL, Direct (83721)</p> <p><input type="checkbox"/> LH (Luteinizing Hormone) (83002)</p> <p><input type="checkbox"/> Magnesium (83735)</p> <p><input type="checkbox"/> *Potassium (84132)</p> <p><input type="checkbox"/> Prealbumin (84134)</p> <p><input type="checkbox"/> Prolactin (84146)</p> <p><input type="checkbox"/> *f* PSA, Screening (G0103) (84153)</p> <p><input type="checkbox"/> *f* PSA, Maintenance (84153)</p> <p><input type="checkbox"/> *f* PSA, Free (84154)</p> <p><input type="checkbox"/> *f* PSA, Free & Total ()</p> <p><input type="checkbox"/> Phosphorus (84100)</p> <p><input type="checkbox"/> RPR</p> <p><input type="checkbox"/> RPR (Reflex to Titer)</p> <p><input type="checkbox"/> *RPR (Reflex FTA-Abs) (86780)</p> <p><input type="checkbox"/> Sodium, Serum (84295)</p> <p><input type="checkbox"/> Testosterone, Total (84403)</p> <p><input type="checkbox"/> Testosterone, Free (84402)</p> <p><input type="checkbox"/> Total Protein (84155)</p> <p><input type="checkbox"/> *T3, Uptake (84479)</p> <p><input type="checkbox"/> *T4 (Thyroxine) total (84436)</p> <p><input type="checkbox"/> *T4, Free (84439)</p> <p><input type="checkbox"/> *TSH (84443)</p> <p><input type="checkbox"/> *Triglycerides (84478)</p> <p><input type="checkbox"/> Uric Acid (84550)</p> <p><input type="checkbox"/> Urinalysis (Reflex to C&S) (81001, 87086)</p>	<p><input type="checkbox"/> ANA</p> <p><input type="checkbox"/> Rheumatoid Factor</p> <p><input type="checkbox"/> Serum Protein Electrophoresis</p> <p><input type="checkbox"/> IGF-1</p> <p><input type="checkbox"/> ACTH</p> <p>24 Hour Urine Tests</p> <p><input type="checkbox"/> Creatinine Clearance</p> <p><input type="checkbox"/> Sodium</p> <p><input type="checkbox"/> Cortisol</p> <p><input type="checkbox"/> Other _____</p> <p>Hematology</p> <p><input type="checkbox"/> *CBC with diff. (85025)</p> <p><input type="checkbox"/> *CBC without diff (85027)</p> <p><input type="checkbox"/> *HGB (85018)</p> <p><input type="checkbox"/> *HCT (85014)</p> <p><input type="checkbox"/> *Platelet Count (85049)</p> <p><input type="checkbox"/> ESR (Sed. Rate) (85651)</p> <p><input type="checkbox"/> *WBC & Diff (85048, 85004)</p> <p><input type="checkbox"/> *PT with INR (85610)</p> <p><input type="checkbox"/> *PTT (85730)</p> <p><input type="checkbox"/> Fluid Cell Count Source _____</p>	<p>Microbiology</p> <p><input type="checkbox"/> AFB Culture & Smear (87116) Source: _____</p> <p><input type="checkbox"/> Blood Culture (87040) Comment: _____</p> <p><input type="checkbox"/> Clostridium difficile Toxin on Stool (87230)</p> <p><input type="checkbox"/> Culture & Sensitivity Source: _____</p> <p><input type="checkbox"/> Fungus Culture (87101) Source: _____</p> <p><input type="checkbox"/> Gram Stain (87205) Source: _____</p> <p><input type="checkbox"/> Group B Strep Culture (OB) Source: _____ (87081)</p> <p><input type="checkbox"/> Helicobacter Antibody, Serum (86677)</p> <p><input type="checkbox"/> Herpes Simplex Virus Culture (HSV) (87252) Source: _____</p> <p><input type="checkbox"/> N. Gonorrhoeae/Chlamydia-DNA Probe (87490 & 87590) Source: _____</p> <p><input type="checkbox"/> Urine Culture Collection Source _____</p> <p><input type="checkbox"/> Wet Prep (87210) Source: _____</p>
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Additional Tests Ordered
 Must be clearly printed in this box.

Clinic submitting specimen certifies the following: Bill of Rights Provided MSP Information Verified ABN Signed
 ABN Refused but patient requests tests be performed Community Care Provider No. _____

Physician Signature _____ Date _____ Total number tests ordered