

## LAE

## LABORATORY TESTING SITE:

2801 Atlantic Ave. Long

				LISA SHANE, M.D			
LABORATORY REQUEST				)		_	Medical Director
PLEASE PRINT	CLEARLY	ALL INFORMATION MUST	BE PROVIDED OR CL	IENT ACCOUNT MAY BE BIL	LED.		
PATIENT'S NAME	LAST	FIRST	M.I.	SEX ( ) M ( ) F	D.	.O.B.	TELEPHONE #
PATIENT'S ADDRESS		CITY / STATE / ZIP CODE		PATIENT'S SS# / I.D. #	PATIENT SIG	NATURE - F	Release of records& directpaymentto lab
				•			

ORDERING I	PHYSICIAN SIGNATURE**		PRINT NAME		COPY TO:				DATE CO	OLLECTED	TIME COLLECTED	TECH.
PRE-O	P	□ s	TAT - CALL (	OR FAX	DURING OFFICE I	HOURS ON	ILY TO:					
FASTIN	IG NON-FASTING	_ P	HONE #				FAX #					
	TE FOR ALL BILLING T	YPES	(Please atta	ach a co	py of MEDI-CARE or	r Insuran	ce Card)					
BILL TO: DA RESPONSIBI	TIENT INSUR	ANCE	☐ IPA/H	MO CAPIT RELATIONS	ATION	SOCIAL SE	BN/MSPQ ?) CURITY #	☐ M	EDI-CAL EMI	☐ CLIE	NT/PHYSICIAN	
					SPOUSE OTHER							
INSURANCE	COMPANY/IPA PLAN AUTHORIZA	TION # ID (	OR POLICY NO. MED	ICAL / MEDICA	ARE NO.							
INSURANCE	COMPANY ADDRESS CITY / STAT	TE / ZIP CO	DDE									
Diagnosis(e	s) or Signs/Symptoms:				REQUIRE	D						
rovidor/Phys	sician Offices: An important messa	no from Ma	morial Lahoratory: Wo	would like to I	remind providers that we cannot	accent disanno	is(as) that include the	torme "nrohahl	a" "nnceihla" "ei	ienected" "rule (	nut" "augetionable" wh	on ordering
	vices for your patient. Instead we re											
hould be awa	are that <mark>Medicare generally does no</mark>	ot cover rou	rtine screening tests.	**The ordering	g physician authorizes release o	f results to Me	morial Health System	s hospital pati	ient record and s	ubsequently to th	ne patient if requested.	
✓ CHEC	K PROFILES + SPECIA	AL TEST	S (CONTACT I	LAB FOR	PANEL COMPONENT	TS) - ( SEI	E BELOW FOR	DIAGNO	SIS INSTRU	CTIONS)		
	PROFILE	S			INDIVIDUAL	TESTS	REF			T IN ADDI	TIONAL CHA	RGES
TEST CODE	E TEST NAME	CPT	ICD-10 REQ.	TEST COD	E TEST NAME	CPT	ICD-10 REQ.	TEST COD			CPT ICD-10	REQ.
HEPACUTE	☐ ACUTE HEPATITIS PAN.	*80074	SST	GLUPP2HR	☐ GLUCOSE, 2HR PP DOSE	82950	GREY	UA	URINALYSIS		*81000	_ URINE
BMPNL	☐ BASIC METABOLIC PAN.	80048	LT GRN PST	]	□ DOSE □ POST ME	EAL		UAM	URINALYSIS	RE IF INDICATI	*81000	_ URINE _ Urine
CMPAN	☐ COMP. METABOLIC PAN.	80053	SST	GT2	GLUCOSE, 2HR TOL (75gm)	82950	GREY	UACOMP	☐ URINALYSIS		81000	_ URINE
LYT	☐ ELECTROLYTES	80051	LT GRN PST	GLUCFAST	☐ GLUCOSE - FAST	*82947	LT GRN PST			ICROBIO	LOGY	
HFPAN	☐ HEPATIC FUNCTION PAN.	80076	SST	GLUCRAND	☐ GLUCOSE RANDOM	*82947	LT GRN PST	SOURCE:	☐ BLOOD	☐ STOOL	☐ WOUND	
	☐ LIPID PAN. 5L	*80061	LT GRN PST	нст	HEMATOCRIT, (blood count)	*85014	LAV	(REQUIRED)	☐ RECTAL ☐ SPUTUM	☐ THROAT	☐ OTHER	
				HCG	☐ HCG-QUANT		LT GRN PST	TEST:			SPECIFY SITE:	ICD-10
	☐ RENAL PANEL	80069 *84443	SST	HGB A1C	☐ HEMOGLOBIN A1C	*83036	LT GRN PST	C AFB	ACID FAST -	- SMEAR		
THY CASC	THY CASC. (TSH REFLEX FT4)	84439	LT GRN PST	*HGB	HEMOGLOBIN, (blood count)	*85018	LAV			ILTURE (INCLUE	DES GRAM STAIN)	
INDIVID	OUAL TESTS			HCVRNA PCR	☐ HEPATITIS C RNA Quantitati	ion *87522	EDTA PPT		☐ BLOOD ☐ CHLAMYDIA	CULTURE		
TEST CODE	E TEST NAME	CPT	ICD-10 REQ.	HIV AB	HIV AB SCREEN (Reflex to MultiSp	not) *86703	SST	CTAMP	☐ CHLAMYDIA	by Amplification		
ANA RFX	☐ ANA (Reflex to Titer)	86255	LT GRN PST	HIV QNTPCR	☐ HIV-1 RNA Quantitation	*87536	EDTA PPT		GONORRHE		ion	
APTT	□APTT	*85730	BLUE	PLAT	□PLATELETS	*85049	LAV		☐ CL. DIFFICIL☐ FECES	E IUXIN		
BHCG TM	☐ BETA HCG (TUMOR)	*84702	RED	К	□POTASSIUM	84132	LT GRN PST	C FUNGUS	☐ FUNGUS			
BIL	BILIRUBIN	82247	LT GRN PST	PREG	☐ PREG QUAL SERUM	84703	RED		☐ GONORRHEA☐ GRAM STAIN			
BUN	☐ UREA NITROGEN	84520	LT GRN PST	HCG	☐ PREG QUANT SERUM	*84702	RED	C GBSS	GROUP B ST	TREP SCREEN (I	PREG)	
CA	☐ CALCIUM	82310	LT GRN PST	PT	☐ PROTIME	*85610	BLUE		OVA + PARA		IM GIA	
CBC+DIFF	CBC WITH AUTO. DIFF.	*85025	LAV	RPR	□ RPR – Reflex TO SYPHG	*85692	LT GRN PST	C RESP	RESPIRATOR	RY (SPUTUM)		
CBC	☐ CBC WITHOUT DIFF.	*85027		TRIG	TRIGLYCERIDES	*84478	LT GRN PST		☐ THROAT (ST		37086	
	☐ CHOLESTEROL	*82465		T4	THYROXINE (Reflex to FT4 if critical re	<u> </u>	SST		OURCE: MID			
		*83721			THYROID REFLEX PAN. (TSH REFLEX	(FT4) <b>*84443</b> <b>84439</b>	SST	C HSV	☐ FOL ☐ HERPES SIN	EY CATH		
	Cholesterol LDL, Direct			TSH	☐ TS3-ULTRA	*84443	LT GRN PST		☐ VIRUS SPEC			
CRP	C-REACTIVE PROTEIN	86140	LT GRN PST	WEST	☐ WESTERGREN SED RATE	*85651	LAV	WET MOUNT	■ WET MOUN	T + TRICHOMON		
HSCRP	☐ CRP HIGH SENSITIVITY	86141	LT GRN PST	1	# TESTS			A	INOITIQUAL	_ ICD-10 / [	DIAGNOSIS * *	
CDEA	□ CDEATININE	00565	IT GRN PST		DDEDED							

ADDITIONAL TESTS/COMMENTS (PLEASE PRINT)

ICD-10 Codes for Tests Above

Person authorized to release Diagnosis information:

\* Please provide an ICD-10 Code or narrative diagnostic information for each ordered test. Always attach an Advance Beneficiary Notice (ABN) if there is belief that Medicare will not reimburse for a test(s) ordered. Only tests that are medically necessary for the diagnosis or treatment of patient may qualify for reimbursement from Medicare. Medicare pays for certain screening tests. Please look at your reference material that outlines those screening tests and their frequency. Please pay close attention to the tests highlighted in bold and any other tests you may have written in to determine the applicable diagnosis coding.