



Outpatient Laboratory Requisition



Finley Hospital Lab
Fax: (563) 589-2693
Phone: (563) 589-2341

Physician Order

| | | | | | | |
|---|--|--|----------------------------------|---|--|---|
| (PRINT) PATIENT'S NAME (Last, First, Middle Initial) | | D.O.B | | SEX: <input type="checkbox"/> Male <input type="checkbox"/> Female | Collection Date | Time |
| Patient Address | | | | Patient Phone Number | | Phleb: |
| Ordering Provider (PRINT) | | | Provider's Signature | | Date | |
| <input type="checkbox"/> STAT <input type="checkbox"/> Call To: | | | <input type="checkbox"/> Fax To: | | Insurance Info: Attach a copy of the insurance card & guarantor information | |
| Patient Instruction: | | <input type="checkbox"/> Do this blood test (Date) | | <input type="checkbox"/> Fasting - 12 hours with nothing to eat or drink except water (according to thirst) | | <input type="checkbox"/> Non Fasting - may eat and drink (your normal diet) |

| X | PANELS | CPT Code | X | GENERAL | CPT Code | X | HEMO & COAG | CPT Code |
|---|---|----------|---|--|---------------------|---|--|-------------------|
| | Basic Metabolic - LAB15 (Na, K, Cl, CO ₂ , Ca, glucose, BUN, Creat) | 80048 | | HIV 4 th Gen Screen* - LAB5383 | 87389 | | CBC w/differential* - LAB293 | 85025 |
| | Comprehensive Metabolic - LAB17 (Na, K, Cl, CO ₂ , Ca, glucose, BUN, Creat, TP, Alb, Tbili, ALT, AST, Alkphos) | 80053 | | Iron* - LAB94 | 83540 | | CBC w/o diff (Hemogram)* - LAB294 | 85027 |
| | Electrolyte - LAB16 (Na, K, Cl, CO ₂) | 80051 | | Iron & TIBC* - LAB829 | 83540 & 83550 | | WBC & Differential* - LAB334 | 85004 |
| | Hepatitis* - LAB551 (HBsAg, HBcAb IgM, HAVAb IgM, HCVAb) | 80074 | | LDL, Direct* - LAB102 | 83721 | | WBC* - LAB299 | 85048 |
| | Lipid* - LAB18 (Chol, HDL, Trig, Calc LDL) | 80061 | | Lipase - LAB99 | 83690 | | Hemoglobin* - LAB291 | 85018 |
| | Liver Function - LAB20 (TP, Alb, T&D, Tbili, ALT, AST, Alkphos) | 80076 | | Lithium - LAB29 | 80178 | | Hematocrit* - LAB289 | 85014 |
| | Renal - LAB19 (Na, K, Cl, CO ₂ , Ca, glucose, BUN, Creat, Alb, Phos) | 80069 | | Magnesium - LAB103 | 83735 | | Platelet Count* - LAB301 | 85049 |
| | GENERAL | | | Mono-Test - LAB482 | 86308 | | Sedimentation Rate (ESR) - LAB322 | 85652 85651 |
| | Albumin - LAB45 | 82040 | | Parathyroid Hormone (PTH Intact) - LAB108 | 83970 | | D-Dimer - LAB2810 | 85379 |
| | Alkaline Phosphatase - LAB112 | 84075 | | Phenobarbital - LAB30 | 80184 | | Fibrin Split Product (FDP) - LAB761 | 85362 |
| | ALT (SGPT) - LAB132 | 84460 | | Phenytoin (Dilantin) - LAB31 | 80185 | | Protime & INR* - LAB320 | 85610 |
| | Amylase - LAB48 | 82150 | | Phosphorous - LAB113 | 84100 | | PTT* - LAB325 | 85730 |
| | ANA - LAB147 | 86038 | | Potassium - LAB114 | 84132 | | MICROBIOLOGY | |
| | AST (SGOT) - LAB131 | 84450 | | PSA, Screening* - LAB2683 | G0103 | | Culture Source: | |
| | Bilirubin, Direct - LAB52 | 82248 | | PSA, Diagnostic* - LAB116 | 84153 | | Anaerobic Culture LAB233 | 87075 |
| | Bilirubin, Total - LAB50 | 82247 | | Sodium - LAB122 | 84295 | | Body Fluid Culture - LAB269 | 87070 87205 87075 |
| | Brain Natriuretic Peptide (BNP) - LAB106 | 83880 | | T4, Free* - LAB127 | 84439 | | C-difficile toxin by PCR - LAB2162 | 87493 |
| | BUN - LAB140 | 84520 | | T4, Total* - LAB126 | 84436 | | Chlamydia/GC by PCR - LAB3875 | 87491 87591 |
| | Calcium - LAB53 | 82310 | | Theophylline - LAB35 | 80198 | | Fecal Occult Blood, Screen* - LAB4079 | 82274 |
| | Cholesterol* - LAB60 | 82465 | | TIBC* - LAB2739 | 83550 | | Fecal Occult Blood, Diagnostic* - LAB4080 | 82274 |
| | CK - LAB62 | 82550 | | Total Protein - LAB118 | 84155 | | Herpes / Varicella - LAB6320 | 87529 87798 |
| | CKMB - LAB2356 | 82553 | | Triglycerides* - LAB134 | 84478 | | Influenza A and B - LAB4192 | 87804 |
| | Creatinine - LAB66 | 82565 | | TroponinI - LAB747 | 84484 | | Influenza A/B and RSV PCR LAB5116 | 87631 |
| | CRP, High Sensitivity - LAB150 | 86141 | | TSH* - LAB129 | 84443 | | RSV PCR LAB5115 | 87798 |
| | Digoxin* - LAB23 | 80162 | | Uric Acid - LAB141 | 84550 | | MRSA Nasal PCR LAB2202 | 87641 |
| | Feritin* - LAB68 | 82728 | | Vitamin B12 - LAB67 | 82607 | | MRSA Soft Tissue PCR LAB2816 | 87640 |
| | Folate, Serum - LAB69 | 82746 | | Vitamin D Total (25-Hydroxy vitamin D)* - LAB535 | 82306 | | Respiratory PCR Filmarray with SARS-COV-2 LAB3189 | 0202U |
| | Glucose* - LAB2474 | 82947 | | BLOOD BANK | | | Respiratory (Sputum) Culture - LAB2194 | 87070 87205 |
| | Hemoglobin A1C - LAB90 | 83036 | | Antibody Screen - LAB278 | 86850 | | Stool PCR/GI Panel/Filmarray - LAB5043 | 87507 |
| | HCG, Serum Quant - LAB143 | 84703 | | Type & Screen - LAB276 | 86900, 86901, 86850 | | Stool Culture - LAB223 | 87046 |
| | HDL* - LAB101 | 83718 | | ABO/Rh - LAB895 | 86900 86901 | | Strep A Antigen - Rapid - LAB885 | 87430 |
| | Hepatitis B Sur Antibody - LAB 472 | 86760 | | Crossmatch x _____ units of | | | Strep A PCR - LAB6555 | 87651 87798 |
| | Hepatitis B Sur Antigen - LAB 471 | 87340 | | Other | | | Wound Culture (Source) - LAB503 | 87070 87205 |
| | Hepatitis C Antibody - LAB 868 | 86803 | | _____ | | | URINE SPECIMEN | |
| | Rapid-1/HIV-2 AB - LAB 5026 | 87389 | | _____ | | | Creatinine Clearance (Requires Urine & Serum) - LAB383 | 82575 |
| | | | | _____ | | | Microalbumin/Creatinine, Random Urine - LAB689 | 82043 |
| | | | | _____ | | | Microalbumin, Random - LAB2109 | 82043 |
| | | | | _____ | | | HCG, Urine, Qual LAB 437 | 84703 |
| | | | | _____ | | | Urinalysis w/Reflex testing - LAB3914 <input type="checkbox"/> CC <input type="checkbox"/> Indwelling Cath <input type="checkbox"/> Simple Cath | 81003 or 81001 |
| | | | | _____ | | | Urine 24 HR Creatinine - LAB712 | 82570 |
| | | | | _____ | | | Urine 24 HR Protein - LAB441 | 84156 |
| | | | | _____ | | | Urine Culture* - LAB239 <input type="checkbox"/> CC <input type="checkbox"/> Indwelling Cath <input type="checkbox"/> Simple Cath | 87086 |

Notification to Providers and Other Persons Legally Authorized to Order Tests for Which Medicare Reimbursement Will be Sought: Medicare will pay only for tests that meet the Medicare coverage criteria and are reasonable and necessary to treat or diagnose an individual patient. Medicare does not pay for tests for which documentation, including the patient record does not support that the tests were reasonable and necessary. Medicare generally does not cover routine screening tests. **Complete the ABN** for tests that Medicare will not consider "medically necessary" for the noted diagnosis. Procedures governed by local or national coverage determination (LCD or NCD) are found in the Medicare A and Medicare B publications and listed on their respective websites: www.iamedicare.com (Part A) and www.nordian.com (Part B). [*] Asterisk indicates test is governed by a coverage determination.

