

FAX RESULTS:	 		
Physician Name			
NPI			
Phone			
Collection Date:		_	
Collection Time:			

LABORATORY REQUISITION

Inac	curate or Incomplete info	ormatio	n may delay result	ts and/or coll	ection		
Patient's Name				Sex	ex DOB		
Patient's Address							
Phone							
STANDING ORDER: YES	or NO (FREQUENCY:)	*FASTING	6: YES or NO		
Primary Billing Party Secondar			Secondary Bi	Billing Party			
Insurance Carrier			Insurance Carrier_				
ID # ID			I ID#				
Group # Name of Insured Person			I Group #				
Relationship to patient			Name of Insured F	Person			
Trelationship to patient			Relationship to pa	tient			
Diagnosis/ ICD - 10 Code	es						$\overline{\mathbf{I}}$
Gel Tube/SST	Gel Tube/SST	Lavender		Blue		Urine	
Acute Hep Panel	LOH	Ammonia (lab specific)		PT/INR		Urinalysis	
Albumin	Magnesium	BNP-frozen plasm a		PT and PT	Т	U/A with Micro	
Amylase	Phosphorus	CBC		PTT		Urine C&S	
ВМР	Potassium	CBC with Diff		Gray		Stool	1
B12 and Folate	PSA serum	CBC with Diff & Pit		Glucose, P	lasma	Stool Culture	
C-Reactive Protein	Renal Function Panel	Folate		Glucose T	olerance test	C. Diff	
Cholesterol, Total	Sodium	Hematocrit		Green (Ice bath)	Ova and Parasite s	
CMP	Testosterone	Hemoglobin		Ammonia		FOB	
Electrolyte Panel	TSH	Hgb AlC		Therape Red Top		Other	
Ferritin	T4	Platelet count		Digoxin			T
Glucose, Serum	T4 Free	Parathyroid Hormone		Dilantin			
Hepatic Function	Т3	Sed Rate, Westergren		Lithium			
Hep A antibody, IgM	ReverseT3	Tacrolimus		Phenobarb	ital	7	r
Hep B Surface Antibody	Uric Acid	WBC		Tegretol		7	r
Hep B Surface Antigen	Vitamin B12	Folate		Vancomyci	in		Γ
HIV	Vitamin D						
Lipid Panel							
*For any patient of any payor (if and treatment of the patient. Physician's Signature	ncluding Medicare and Medica	aid), only	order those tests whi	ch are medicall	y necessary for	the diagnosis	