



FAX RESULTS: \_\_\_\_\_

Physician Name \_\_\_\_\_

NPI \_\_\_\_\_

Phone \_\_\_\_\_

Collection Date: \_\_\_\_\_

Collection Time: \_\_\_\_\_

**LABORATORY REQUISITION**

**\*Inaccurate or Incomplete information may delay results and/or collection\***

Patient's Name \_\_\_\_\_ Sex \_\_\_\_\_ DOB \_\_\_\_\_

Patient's Address \_\_\_\_\_

Phone \_\_\_\_\_

\*STANDING ORDER: YES or NO (FREQUENCY: \_\_\_\_\_)

\*FASTING: YES or NO

<p><b>Primary Billing Party</b></p> <p>Insurance Carrier _____          ID # _____          Group # _____          Name of Insured Person _____          Relationship to patient _____</p>	<p><b>Secondary Billing Party</b></p> <p>Insurance Carrier _____          ID # _____          Group # _____          Name of Insured Person _____          Relationship to patient _____</p>
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Diagnosis/ ICD - 10 Codes				
<b>Gel Tube/SST</b>	<b>Gel Tube/SST</b>	<b>Lavender</b>	<b>Blue</b>	<b>Urine</b>
Acute Hep Panel	LOH	Ammonia (lab specific)	PT/INR	Urinalyss
Albumin	Magnesium	BNP-frozen plasm a	PT and PTT	U/A with Micro
Amylase	Phosphorus	CBC	PTT	Urine C&S
BMP	Potassium	CBC with Diff	<b>Gray</b>	<b>Stool</b>
B12 and Folate	PSA serum	CBC with Diff & Pit	Glucose, Plasma	Stool Culture
C-Reactive Protein	Renal Function Panel	Folate	Glucose Tolerance test	C. Diff
Cholesterol, Total	Sodium	Hematocrit	<b>Green (Ice bath)</b>	Ova and Parasite s
CMP	Testosterone	Hemoglobin	Ammonia	FOB
Electrolyte Panel	TSH	Hgb A1C	<b>Therapeutic - Red Top</b>	<b>Other</b>
Ferritin	T4	Platelet count	Digoxin	
Glucose, Serum	T4 Free	Parathyroid Hormone	Dilantin	
Hepatic Function	T3	Sed Rate, Westergren	Lithium	
Hep A antibody, IgM	ReverseT3	Tacrolimus	Phenobarbital	
Hep B Surface Antibody	Uric Acid	WBC	Tegretol	
Hep B Surface Antigen	Vitamin B12	Folate	Vancomycin	
HIV	Vitamin D			
Lipid Panel				

\*For any patient of any payor (including Medicare and Medicaid), only order those tests which are medically necessary for the diagnosis and treatment of the patient.

Physician's Signature \_\_\_\_\_