



**CLINICAL LABORATORY**

<b>Last Name:</b> <b>REQUIRED</b>		<b>First Name:</b> <b>REQUIRED</b>		<b>M.I.:</b>	
<b>Address</b> <b>REQUIRED</b>			<b>City</b>	<b>State</b>	<b>Zip</b>
<b>Sex</b> <input type="checkbox"/> M <input type="checkbox"/> F <b>REQUIRED</b>	<b>Date of Birth:</b> <b>REQUIRED</b>		<b>SS#</b>		<b>Phone #</b>
<b>Bill to:</b> <input type="checkbox"/> Patient <input type="checkbox"/> Facility <input type="checkbox"/> Physician <input type="checkbox"/> Other (Specify) _____ Relationship to patient: <input type="checkbox"/> Self <input type="checkbox"/> Other (Name and Address) _____ <input type="checkbox"/> Insurance: <input type="checkbox"/> Medicare <input type="checkbox"/> Part A <input type="checkbox"/> Part B <input type="checkbox"/> Medi-Cal <input type="checkbox"/> Commercial <input type="checkbox"/> Other _____ <b>Please attach copy of insurance card if appropriate</b>					
<b>Collect Date:</b>		<b>Collect Time:</b>		<input type="checkbox"/> <b>Fasting – Last Meal:</b>	
<input type="checkbox"/> <b>24 hr urine – Vol:</b>		<b>Height:</b>		<b>Weight:</b>	
<b>Time:</b>		<b>Last Drug Dose–Date:</b>			
<b>Test</b>	<b>CPT Code</b>	<b>Test</b>	<b>CPT Code</b>	<b>Test</b>	<b>CPT Code</b>
Comp Metabolic	80053	PSA (Random anytime following up on Prostatic disease)	84153	Digoxin	80162
Basic Metabolic	80048			Urinalysis Screen (Dipstick)	81003
CBC w/ Auto Diff	85025			Urinalysis Screen (Dipstick) w/ reflexes to Microscopic and Culture, if indicated	
Sed Rate (Auto) Westergren	85652	PSA Screen (>50 yrs, annual)	G0103	Urinalysis Screen (Dipstick) AND Microscopic Exam	81001
Hemogram	85027	PT / INR	85610		
Lipid Panel (fasting)	80061	PTT (APTT)	85730	Urinalysis Screen (Dipstick) w/ reflex to Microscopic	
Liver Function Panel	80076	Cholesterol	82465	Urine Culture	87086
C-Reactive Protein, HS	86141	TIBC (Fe,Transferin,%Sat)	83540		
Glucose	82947		84466		
Hemoglobin A1C	83036	HIV 1/2 Ag & Ab Scrn w/rfx	87806		
TSH	84443	Potassium (K)	84132		
Free T4	84439	Dilantin	80185		
<b>➔ ICD-10 Diagnosis:</b> <b>REQUIRED</b>					
<b>Tests are:</b> <input type="checkbox"/> Routine <input type="checkbox"/> STAT <input type="checkbox"/> Urgent <input type="checkbox"/> Standing Order <input type="checkbox"/> Fasting (Water OK) <input type="checkbox"/> Non Fasting <input type="checkbox"/> Call Results <input type="checkbox"/> Fax Results					
<b>(Print Ordering Physician Information Here)</b>					
<b>➔ Authorizing Signature:</b> <b>REQUIRED</b>				<b>Date:</b> <b>REQUIRED</b>	
<input type="checkbox"/> <b>Copied To:</b> <b>FIRST AND LAST NAME REQUIRED</b>					
<b>- LAB USE ONLY -</b>					
<b>Specimen / Quantity:</b> Red /Gold _____ Lt Green _____ Blue _____ Dark Green _____ Lav _____ Pink _____ Grey _____ Urine _____ Stool _____ GC/CHL _____ Other _____				<b>ACCESSION LABEL</b>	
Collector Code:					
Workload Codes:					
Double Checked Initials:					

920561/ 7503 (06/15)