

TODAY'S DATE: **OUTPATIENT LABORATORY REQUISITION**

PATIENT LEGAL NAME-LAST		FIRST	MIDDLE INITIAL
BIRTHDATE	SEX <input type="checkbox"/> M <input type="checkbox"/> F	STAT <input type="checkbox"/> Also check Phone or Fax	<input type="checkbox"/> PHONE results to: _____ OR <input type="checkbox"/> FAX results to: _____
RECOMMENDED COLLECT DATE & TIME		STANDING ORDER FREQUENCY: <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> As Needed <input type="checkbox"/> Other _____	

Provider Name: _____

Practice Address: _____

Provider Signature: _____ Date: _____

Copy Report To: _____

DIAGNOSIS - (MEDICALLY NECESSARY) SIGNS / SYMPTOMS:

Shaded tests have Medicare diagnosis requirements and/or frequency limitations.

URINE TESTS	MICROBIOLOGY
<input type="checkbox"/> Creatinine Clearance 24 hour 24 UA <input type="checkbox"/> Creatinine Serum Required 1B Required: Height _____ Weight _____ <input type="checkbox"/> Microalbumin/Creatinine Ratio (random urine) (MACRR) <input type="checkbox"/> Protein, random (QPRU) <input type="checkbox"/> Protein/Creatinine Ratio (random urine) (UPC) <input type="checkbox"/> Creatinine, random (CRR) <input type="checkbox"/> Urinalysis, complete (UAM) <input type="checkbox"/> Urinalysis, complete, with Culture if indicated (UIF) <input type="checkbox"/> Urine Culture - includes Colony Count (URC) (Dx needed) DX: _____ <input type="checkbox"/> Cytology, urine	Source / Site: _____ <input type="checkbox"/> Right <input type="checkbox"/> Left Susceptibility and organism ID reflex test performed when appropriate(Addl. charge) <input type="checkbox"/> Routine Culture, Aerobic (includes Gram Stain) <input type="checkbox"/> Staph aureus Culture, nasal <input type="checkbox"/> AFB Culture and Smear <input type="checkbox"/> Strep A Screen & Culture <input type="checkbox"/> Anaerobic Culture <input type="checkbox"/> Strep A Culture only <input type="checkbox"/> Fungus Culture <input type="checkbox"/> Fungus Smear <input type="checkbox"/> Strep B Culture (vag/rectal) <input type="checkbox"/> HSV 1 & 2 by PCR <input type="checkbox"/> Stool Culture <input type="checkbox"/> Influenzae A and B <input type="checkbox"/> Ova & Parasites Screen <input type="checkbox"/> RSV (Resp. Sync. Virus) <input type="checkbox"/> Giardia Antigen, Stool <input type="checkbox"/> Sputum Culture (includes Gram Stain) <input type="checkbox"/> Clostridium difficile STD Testing by NAAT/PCR: <input type="checkbox"/> Fecal WBC <input type="checkbox"/> Chlamydia <input type="checkbox"/> GC <input type="checkbox"/> Trich <input type="checkbox"/> Rotavirus <input type="checkbox"/> Occult Blood (Dx needed) Dx: _____ <input type="checkbox"/> H. pylori antigen, Stool <input type="checkbox"/> Culture <u>without</u> Gram Stain Other: _____

B = Barrier (Green or Gold), L = Lavender, LD = Dark Lavender, BL = Blue, PK = Pink, G = Gray, GL = Gold, R = Red

BLOOD TESTS	OTHER BLOOD TESTS	OTHER TESTS REQUESTED:
PANELS <input type="checkbox"/> Basic Metabolic Panel 1B <input type="checkbox"/> Comprehensive Metabolic Panel 1B <input type="checkbox"/> Electrolyte Panel 1B <input type="checkbox"/> Hepatic/Liver Function Panel 1B <input type="checkbox"/> Hepatitis Panel, Acute (Dx needed) 1GL DX: _____ <input type="checkbox"/> Hepatitis Panel, Chronic 1GL <input type="checkbox"/> Lipid Panel, 12-Hr Fast Preferred (Dx needed) 1B <input type="checkbox"/> Z79899 Long-term (current) drug therapy <input type="checkbox"/> Other: _____ <input type="checkbox"/> Renal Function Panel 1B <input type="checkbox"/> Region 7 Allergen Resp Panel (M83279) 1GL	<input type="checkbox"/> Albumin 1B <input type="checkbox"/> Alkaline Phosphatase 1B <input type="checkbox"/> Alpha Fetoprotein (AFP) (Dx needed) 1GL DX: _____ <input type="checkbox"/> ALT 1B <input type="checkbox"/> Amylase 1B <input type="checkbox"/> ANA (incl Centromere Ab w/ reflex to titer) 1GL <input type="checkbox"/> Antibody Screen (only) 1PK <input type="checkbox"/> ASO titer 1GL <input type="checkbox"/> AST 1B <input type="checkbox"/> Bilirubin, Total 1B <input type="checkbox"/> Bilirubin, Direct 1B <input type="checkbox"/> BNP (Beta Natriuretic Peptide) 1LD <input type="checkbox"/> BUN 1B <input type="checkbox"/> C-Reactive Protein (CRP) 1B <input type="checkbox"/> C-Reactive Protein High Sensitive Cardiac 1B <input type="checkbox"/> Calcium 1B <input type="checkbox"/> Carcinoembryonic Antigen (CEA) (Dx needed) 1GL DX: _____ <input type="checkbox"/> Cardioliipin (Phospholipid) Antibody (M82976) 1GL <input type="checkbox"/> CBC (includes Platelet Ct) 1L <input type="checkbox"/> CBC with Diff & Platelet Ct 1L <input type="checkbox"/> CBC with Diff & Platelet Ct & Path Consult 1L <input type="checkbox"/> Chloride 1B <input type="checkbox"/> Cholesterol, Total (Dx needed) 1B DX: _____ <input type="checkbox"/> Cortisol AM (draw before 10 am) 1B <input type="checkbox"/> Cortisol PM (draw after 4 pm) 1B <input type="checkbox"/> Creatinine 1B <input type="checkbox"/> Erythrocyte Sed Rate (ESR) 1L <input type="checkbox"/> Estradiol 1B <input type="checkbox"/> Ferritin (Dx needed) 1B DX: _____ <input type="checkbox"/> Folate Fast 6 Hr 1B <input type="checkbox"/> Free T4 (Dx needed) 1B DX: _____ <input type="checkbox"/> Free T4 Med Check (Dx needed) 1B DX: _____ <input type="checkbox"/> FSH (Foll. Stim. Hormone) 1B	<input type="checkbox"/> Gamma Glutamyl Transferase (GGT) (Dx needed) 1B DX: _____ <input type="checkbox"/> Gestational Diabetes Screen (50 g) 1G or 1B <input type="checkbox"/> Glucose - Fasting (Dx needed) 1G or 1B DX: _____ <input type="checkbox"/> Glucose - Random (Dx needed) 1G or 1B DX: _____ Glucose Tolerance <input type="checkbox"/> Gestational 100 g, 3 hr - Fast 12 Hr (fasting, 1, 2, & 3 hr specimens) 1G or 1B <input type="checkbox"/> Non-Gestational 75 g, 2 hr - Fast 12 Hr (fasting & 2 hr specimens) 1G or 1B <input type="checkbox"/> Group, Rh, Antibody Screen (TAS) 1PK <input type="checkbox"/> HCG Quantitative (Dx needed) 1B DX: _____ <input type="checkbox"/> HDL Cholesterol - 12-Hr Fast Preferred (Dx needed) 1B DX: _____ <input type="checkbox"/> Hemoglobin and Hematocrit 1L <input type="checkbox"/> Hemoglobin A1c (Dx needed) 1L DX: _____ <input type="checkbox"/> Hepatitis A Antibody (IgM) 1GL <input type="checkbox"/> Hepatitis Bcore Antibody (total IgM/IgG) 1GL <input type="checkbox"/> Hepatitis Bcore Antibody (IgM only) 1GL <input type="checkbox"/> Hepatitis B surface Antibody 1GL <input type="checkbox"/> Hepatitis B surface Antigen 1GL <input type="checkbox"/> Hepatitis C Antibody 1GL <input type="checkbox"/> HIV 1 & 2 Antigen & Antibody (Dx needed) 1full LD DX: _____ <input type="checkbox"/> Iron (Dx needed) 1B DX: _____ <input type="checkbox"/> Iron binding capacity (includes Iron) (Dx needed) 1B DX: _____ <input type="checkbox"/> LD (Lactate Dehydrogenase) 1B <input type="checkbox"/> Lead (to MDCH Lab) 1L <input type="checkbox"/> LDL Cholesterol, measured - 12-Hr Fast Preferred (Dx needed) 1B DX: _____ <input type="checkbox"/> LH (Luteinizing Hormone) 1B <input type="checkbox"/> Lipase 1B <input type="checkbox"/> Magnesium 1B <input type="checkbox"/> Mononucleosis Screen 1L or 1GL <input type="checkbox"/> Phosphorus 1B <input type="checkbox"/> Platelet Count 1L <input type="checkbox"/> Potassium (K+) 1B <input type="checkbox"/> Pregnancy, Serum 1B <input type="checkbox"/> Prolactin 1B <input type="checkbox"/> PSA Annual Screen (Dx needed) 1GL <input type="checkbox"/> Z125 Mal. neoplasm screen, no family hx <input type="checkbox"/> Other: _____ <input type="checkbox"/> PSA Diagnostic (Dx needed) 1GL DX: _____ <input type="checkbox"/> PSA Total & Free (Dx needed) 1GL DX: _____ <input type="checkbox"/> PT/INR (Prothrombin Time) (Dx needed) 1BL <input type="checkbox"/> Z7901 Long-term use anticoagulant <input type="checkbox"/> Other: _____ <input type="checkbox"/> PTT (Partial Thromboplastin) (Dx needed) 1BL DX: _____ <input type="checkbox"/> RA Screen (titer performed if positive) 1GL <input type="checkbox"/> Rubella Screen 1GL <input type="checkbox"/> Sodium (Na+) 1B <input type="checkbox"/> Syphilis Serology (VDRL) 1GL <input type="checkbox"/> Testosterone, Total & Free (Dx needed) 1R DX: _____ <input type="checkbox"/> Testosterone Total 1GL Thyroid Testing Dx: _____ <input type="checkbox"/> T3, Free 1GL <input type="checkbox"/> T3, Total 1GL <input type="checkbox"/> Free T4 (Dx needed) 1B <input type="checkbox"/> Free T4, Med Check (Dx needed) 1B <input type="checkbox"/> Thyroperoxidase Antibody (TPO Ab) 1B <input type="checkbox"/> TSH, Sensitive (Dx needed) 1B <input type="checkbox"/> TSH, Sensitive, Med check (Dx needed) 1B <input type="checkbox"/> TSH Screen with Cascade Testing (Dx needed) 1B <input type="checkbox"/> Total Protein 1B <input type="checkbox"/> Transferrin (Dx needed) 1B DX: _____ <input type="checkbox"/> Triglycerides - 12-Hr Fast Preferred (Dx needed) 1B DX: _____ <input type="checkbox"/> Uric Acid 1B <input type="checkbox"/> Vitamin B12 1B <input type="checkbox"/> Vitamin D: 25-OH, Total (D2 + D3) (VITD) (Dx needed) 1GL DX: _____

THERAPEUTIC DRUG LEVELS

Last Dose Taken: Date: _____ Time: _____

Digoxin (6 hrs after dose) (Dx needed) 1B
 DX: _____

Lamotrigine (Lamictal)(M80999) 1GL
 Levetiracetam (Keppra)(LEV7) 1R
 Lithium 1GL
 Phenobarbitol 1B
 Phenytoin (Dilantin) 1B
 Tegretol (Carbamazepine) 1B
 Theophylline 1B
 Valproic Acid (Depakote) 1B

MUNSON HEALTHCARE FACILITIES FOR LABORATORY SPECIMEN COLLECTION

www.munsonhealthcare.org/services/laboratory/lab-services

ANTRIM COUNTY

Munson Outpatient Services – Elk Rapids
Elk Rapids Primary Care
Hrs: Mon. - Fri., 8:30 am - 4:30 pm
231-264-0024

Mancelona Health Center

Hrs: Mon. - Fri., 7:30 am - 4:00 pm
231-587-4752

BENZIE COUNTY

Munson Outpatient Services – Benzonia
Crystal Lake Health Center
Hrs: Mon. - Fri., 8 am - 4:30 pm
231-882-1062

Paul Oliver Memorial Hospital

Hrs: Mon. - Fri., 7 am - 9 pm
Sat., 9 am - 1 pm
231-352-2204

CHARLEVOIX COUNTY

Boyne Area Health Center
Hrs: Mon. - Fri., 8 am - 5 pm, Appts preferred
231-582-5314

Munson Healthcare Charlevoix Hospital

Hrs: Mon. - Fri., 7 am - 5 pm
Sat., 8 am - 1 pm
231-547-8541

Munson Healthcare Charlevoix Primary Care

Hrs: Mon. - Fri., 8 am - 12 pm, 1 pm - 5 pm
231-547-6554

CRAWFORD COUNTY

Munson Healthcare Grayling Hospital
Hrs: Mon. - Fri., 7 am - 5 pm, Sat., 7 am - 3 pm
989-348-0352

Grayling Community Health Center

Hrs: Mon. - Fri., 7:30 am - 4 pm,
Sat., 7:30 am - 12 pm
989-348-0352

GRAND TRAVERSE COUNTY

Munson Outpatient Services – Chums Corners
Hrs: Mon. - Fri., 7:00 am - 2:30 pm
231-935-0788

Foster Family Community Health Center

Hrs: Mon. - Fri., 7:30 am - 5:00 pm
231-935-8470

Munson Laboratories at Grand Traverse Commerce Center

(across from Grand Traverse Mall)
Hrs: Mon. - Fri., 7 am - 6 pm Sat., 7 am - 12:30 pm
231-392-0380

Munson Outpatient Services – Interlochen

Crystal Lake Health Center
Hrs: Mon. - Fri., 8:00 am - noon, 1:00 - 4:30 pm
231-275-6980

Munson Outpatient Services – Kingsley

Crystal Lake Health Center
Hrs: Mon. - Fri., 8:00 am - 5:00 pm

Munson Professional Building

Hrs: Mon. - Fri., 7 am - 5 pm
231-935-6175

KALKASKA COUNTY

Kalkaska Memorial Health Center
Hrs: Seven days, 6:30 am - 11:00 pm
231-258-7508

LEELANAU COUNTY

Munson Outpatient Services – Empire
Hrs: Mon. - Fri., 8 am - 4 pm
231-213-1119

Munson Outpatient Services - Suttons Bay

Hrs: Mon. - Thurs., 8 am - 12 pm, 1 pm - 5 pm
231-271-0350

MANISTEE COUNTY

Bear Lake Outpatient Services
Hrs: Mon. - Fri., 8 am - 12 pm, 12:30 pm - 4:30 pm
231-864-5002

Manistee Wellness Center

Hrs: Mon. - Fri., 7:30 am - 12 pm
12:30 pm - 4:30 pm
231-398-1960

Wellston Outpatient Services

Hrs: Mon. - Fri., 8 am - 12 pm, 1 pm - 4:30 pm
231-848-4915

Munson Healthcare Manistee Hospital

Hrs: Mon. - Fri., 7:00 am - 6:00 pm;
Sat., 8:00 am - noon
231-398-1153

OTSEGO COUNTY

Munson Healthcare Otsego Memorial Hospital
Hrs: Mon. - Fri., 7 am - 7 pm
Sat., 8 am - 12 pm
989-731-2187

Otsego Professional Medical Building

Hrs: Mon. - Fri., 7 am - 6 pm
989-731-7809

ROSCOMMON COUNTY

Prudenville Community Health Center
Hrs: Mon. - Thurs., 7:30 am - 12 pm, 1 pm - 4 pm
Fri., 7:30 am - 12 pm
989-366-1163

Roscommon Community Health Center

Hrs: Mon. - Fri., 7:30 am - 4 pm
989-275-1229

WEXFORD COUNTY

Northern Pines Health Center - Buckley

Hrs: Mon. - Fri., 8:00 am - noon, 1 - 5 pm
231-269-3056

Munson Healthcare Hospital Cadillac

Hrs: Mon. - Fri., 7:00 am - 5:00 pm
Sat., 7:00 am - 3:00 pm
231-876-7295

PATIENT INFORMATION REGARDING SCHEDULED TESTS

Your Physician will indicate which of the following directions (if any) apply to the ordered test(s)

LIPID PANEL, HDL CHOLESTEROL, TRIGLYCERIDES & LDL CHOLESTEROL

FASTING 12-14 HOURS PREFERRED

Do not eat or drink anything except water for 12-14 hours before your test. Do not drink coffee, tea, juice or soft drinks. Water may be taken as you desire, but this is the only exception. Continue to take your medications. For medications that must be taken with food, consult your physician for guidance. Do not consume alcohol for 24 hours prior to blood draw.

GLUCOSE

FASTING 8 HOURS

Do not eat or drink anything except water for 8 hours before your test. Do not drink coffee, tea, juice or soft drinks. Water may be taken as you desire, but this is the only exception. Continue to take your medications. For medications that must be taken with food, consult your physician for guidance.

GLUCOSE TOLERANCE TEST

THREE DAY DIET PREPARATION WITH AN 8 HOUR FASTING PRIOR TO TEST

- For 3 days prior to the test, eat at least 150 grams of carbohydrate per day along with your meals.
- Do not eat or drink anything except water for 8 hours before the test. Water may be taken as you desire but this is the only exception. DO NOT drink coffee, tea, juice, or soft drinks. Continue to take your medications. For medications that must be taken with food, consult your physician for guidance.
- Please plan to arrive so as to allow sufficient time to register and complete sample collections during laboratory hours of service. Please bring this order form to the registration area before visiting the laboratory.
- In the laboratory, you will be given a solution of glucose (sugar) to drink. The test consists of drawing several blood samples. The test usually takes about 3 hours for pregnant patients and 2 hours for non-pregnant patients. Please plan to remain in the laboratory vicinity throughout the testing period.

24 HOUR URINE COLLECTION (Specimen container available from the lab)

- At 7:00 am empty the bladder. Do not save this specimen but discard in the toilet.
- Collect all urine voided after 7:00 am and add urine to the specimen container.
- Keep the container cool during collection (refrigerate or place in a cooler).
- At 7:00 am on the next day empty the bladder and **add** this final urine to the specimen container.
- Return the container to the Laboratory within 3 hours of completion. Keep container cool during transport. Please bring this order form to the registration area before visiting the laboratory.