

**LABORATORY NON-PATIENT
ORDER FORM**

1100 Michigan Avenue, Grayling, Michigan 49738. Office 989-348-0352

P LAST NAME _____ FIRST NAME _____ MI _____
A BIRTHDATE _____ SEX _____ SOCIAL SECURITY NO. _____
T M _____ D _____ Y _____

E ADDRESS _____
N CITY _____ STATE _____ ZIP CODE _____
S PHONE NUMBER _____ TIME COLLECTED _____
 AM PM
 FASTING NON-FASTING

I BILLING INSTRUCTIONS REQUIRED:
 Blue Cross Medicare Medicaid Medicare/Medicaid
 Doctor Other Insurance Patient Medicare/Blue Cross
 DATE COLLECTED _____ INIT _____
U INSURANCE ID #: _____ INSURANCE INFORMATION _____
 MEDICARE # OR: _____
 MEDICAID #: _____
R PATIENT IS: Subscriber Spouse Other Dependent
A MEDICARE COVERAGE IS: Primary Secondary
 GROUP # _____
 POLICY HOLDER NAME _____ POLICY HOLDER BIRTHDATE _____

ANCE GUARANTEE OF PAYMENT
 I understand I am responsible for my health deductibles, co-pay or non-covered charges (to include routine/screen tests, investigative tests, tests not covered by a diagnosis) of the entire laboratory bill. I guarantee payment for whatever balance is not paid by my insurance company, or self pay if I have no insurance.
 AUTHORIZATION TO RELEASE INFORMATION AND ASSIGN BENEFITS
 I AUTHORIZE Mercy Health Services North to disclose information in my MEDICAL RECORD including psychiatric, substance abuse, HIV (AIDS) or infectious communicable disease, for any service furnished to me by Mercy Health Services Laboratory Services.
 I know that an HIV test will be run on me without further consent, if any health care worker sustains an exposure to my blood or other body fluids. I further know that HIV is the test for Human Immunodeficiency Virus, the Virus thought to be the cause of AIDS.
 SIGNATURE OF PATIENT/RESPONSIBLE PARTY _____ DATE _____ ABN Obtained

COM Anemia, NOS CHF, Systolic Endocrine Disorder Hyperthyroidism UTI Other Diagnosis _____
 Arthritis, Chronic Coumadin Therapy Fever Hypotension History Prostate CA
 ASHD, NOS Diabetes Type 1, NOS Heart Disease Hypothyroidism Neopl Uncert. Prostate
 Chest Pain Diabetes Type 2, NOS Hypercholesterol Long Term Med Use. Elevated PSA
 CKD Stage Diarrhea Hyperlipidemia Strep Throat PSA Screen
 CHF, Diastolic Electrolyte Imbalance Hypertension URI Prostate CA

SPECIMEN TYPE: O-Reflex Testing May Follow FS-Frozen Serum UA-Urine PR-Plain Red H-Contact Lab L-Lavender S-Serum separator BL-Blue GR-Gray

PANEL		CHEMISTRY				DRUG LEVELS			
Please refer to the back of requisition for panel components and billing information		AFP Tumor Marker PR		HIV S		Acetaminophen PR		Procainamide / NAPA PR	
General Health Panel S/L		AFP 4 Marker Maternal Screen PR (1149A • Special Mayo Form)		HLA B27 (M9648) H		Cyclosporine (M8931) L		Salicylate PR	
Comprehensive Metabolic Panel S				Iron S		Digoxin PR		Tegretol PR	
Basic Metabolic Panel S		Ammonia H		IBC/TIBC S		Dilantin PR		Theophylline PR	
Lipid Panel S				IGA S		Free Dilantin (M9993) L		Tobramycin <input type="checkbox"/> Peak <input type="checkbox"/> Trough PR	
Hepatic Function Panel/Liver Panel S		Amylase S		IGE (M8159) S		Gentamycin <input type="checkbox"/> Peak <input type="checkbox"/> Trough PR		Valproic Acid PR	
Hepatitis Panel-Acute S		ANA O,S		IGG S		Lithium PR		Vancomycin <input type="checkbox"/> Peak <input type="checkbox"/> Trough PR	
Obstetric Panel S/L/PR		B12 S		IGM S		Phenobarbital PR			
Glucose Tolerance _____ Hours GR		Beta-2-microglobulin (M9234) S		Immunoelectrophoresis S		Miscellaneous Drug:			
Arthritis Panel S/L		BNP L		Lead L		24 HOUR URINE TEST			
Torch Antibody Panel S		CA 125 FS		LH S		Calcium		Protein	
Renal Panel S		CA 27-29 (BR27) S		Lipase S		Creatinine		Uric Acid	
		CA 19-9 (C199) S		Lymes Ab S		Oxalate (M8669) H		5-HIAA (M9248) H	
		CEA S		Magnesium S		Phosphorous		Metanephrines (M8552) H	
		C3 complement S		Mononucleosis S		Creatinine Clearance Ht. _____ Wt. _____ (Need Serum Spec)			
		C4 complement S		Mycoplasma Ab <input type="checkbox"/> IGG <input type="checkbox"/> IGM S		Catecholamines (M9276) H			
HEMATOLOGY / COAGULATION / URINALYSIS		CH50 tot. comp. (M8167) FS		Pregnancy <input type="checkbox"/> Serum <input type="checkbox"/> Urine S		<input type="checkbox"/> Urine for Micro albumin <input type="checkbox"/> 24 Hr. <input type="checkbox"/> Random			
CBC w/o Diff L		Protime / INR BL		Pregnancy HCG -Quant		<input type="checkbox"/> Urine protein/creat ratio <input type="checkbox"/> 24 Hr. <input type="checkbox"/> Random			
CBC with Diff L		PTT BL		Progesterone S		MICROBIOLOGY			
Sedrate L		Hgb L		Prolactin S		Routine cult/suscep		O & P	
Reticulocyte L		HCT L		Protein electrophoresis S		Anaerobic cult/suscep		Rotavirus	
Urinalysis w/ culture if indicated		Urinalysis UA		Drug screen blood 2PR		Urine cult/suscep		Clos diff toxin	
		Susceptibility if indicated		Drug screen urine UA		Throat/Nasal cult/suscep		Chlamydia DNA Probe	
BLOOD BANK		EBV IgG early detect. (M8890) S		PTH-Intact S		Sputum cult/suscep		GC DNA Probe	
Blood Type/Rh PR/L		DAT (coombs) L		EBV Ab-IgG, IGM (M84421) S		Strep A cult		RSV	
Antibody Screen PR/L		Estrogen (M84230) S		Rubella Ab S		Blood cult/suscep		TB smear/cult	
		ETOH GR		RPR (VDRL) S		Gram Stain		Fungus cult	
Other:		Ferritin S		T3 Total S		Stool cult/suscep		Herpes cult	
CHEMISTRY		Folate S		T3 Free PR		Occult Blood		Influenza A/B	
Glucose <input type="checkbox"/> Fasting <input type="checkbox"/> Random GR		Total Protein S		FSH S		Group B Strep			
BUN S		Albumin S		Gastrin S,FS		Other:			
Creatinine S		Alk Phos S		GGT S		Specimen Type:			
Electrolytes S		Bilirubin S		Glycohemoglobin L		Body Site:			
Sodium S		Cholesterol S		Beta HCG - Tumor (M8693A) S		MISCELLANEOUS TESTS			
Potassium S		Triglycerides S		HDL S					
Chloride S		CPK S		Hep A Ab S					
CO2 S		LDH S		Hep B core Ab S					
Uric acid S		AST (SGOT) S		Hep B surface Ab S					
Calcium S		ALT (SGPT) S		Hep B surface Ag S					
Phosphorous S				Hep C Ab S					

PANEL DESCRIPTIONS

<p>Comprehensive Metabolic Panel</p> <p>Albumin Alkaline Phosphatase ALT AST Bilirubin, total BUN CALCIUM Carbon Dioxide Chloride Creatinine Glucose Potassium Sodium Total Protein</p>	<p>CPT 80053</p>	<p>Hepatic Function Panel/Liver Panel</p> <p>ALT Albumin Alkaline Phosphatase AST Bilirubin, total Bilirubin, direct Protein, total</p>	<p>CPT 80076</p>
<p>Basic Metabolic Panel</p> <p>Calcium Carbon Dioxide Chloride Potassium Sodium BUN Creatinine Glucose</p>	<p>80048</p>	<p>Hepatitis Panel, Acute</p> <p>Hepatitis A Antibody IGM Hepatitis Bs Antigen Hepatitis Bc Antibody Hepatitis C Antibody</p>	<p>80074</p>
<p>Lipid Panel</p> <p>Cholesterol Triglyceride HDL LDL, calculated Risk assessment</p> <p>These profiles will be billed to Medicare as bundled charges. For Medicare billing information call (231) 876-7218.</p>	<p>80061</p>	<p>Obstetric Panel</p> <p>CBC/Diff Syphilis Serology Hepatitis Bs Antigen Rubella IgG ABO Group and Rh Type Antibody Screen</p>	<p>80055</p>
<p>Torch Antibody Panel</p> <p>CMV Antibody Herpes Simplex Antibody Rubella Antibody Toxoplasma Antibody</p>	<p>80090</p>	<p>Electrolytes</p> <p>Carbon Dioxide Chloride Potassium Sodium</p>	<p>80051</p>
<p>General Health Panel</p> <p>Comprehensive Metabolic Panel CBC TSH</p>	<p>80050</p>	<p>Arthritis Panel</p> <p>ANA Rheumatoid Factory Sedimentation Rate Uric Acid</p>	<p>80072</p>
		<p>Renal Panel</p> <p>Albumin Calcium Carbon Dioxide Chloride Creatinine Glucose Phosphorus Potassium Sodium BUN</p>	<p>80069</p>

For all tests ordered, a corresponding diagnosis/sign/symptom for each individual test must be identified. Either provide the most specific ICD10 diagnosis code or a detailed narrative.