MUNSON HEALTHCARE

LABORATORY REQUISITION FOR PDSS

MEDICAL RECORD #: | ACCOUNT #: | ☐ STAT

COLLECT DATE / / | COLLECT TIME ☐ AM ☐ PM | ☐ PHONE results to: ☐ FAX results to:

PATIENT LEGAL NAME - LAST | FIRST | MIDDLE INITIAL

PATIENT ADDRESS

CITY | STATE | ZIP | PHONE ( )

SEX | BIRTHDATE | SOCIAL SECURITY NUMBER | MARITAL STATUS S / M / D / W / X / U

INSURANCE INFORMATION: *PLEASE ATTACH COPIES OF ALL INSURANCES*

GUARANTOR NAME - RESPONSIBLE FOR PAYMENT - (Fill in only if DIFFERENT from patient's) LAST / FIRST / MIDDLE INITIAL

GUARANTOR ADDRESS - (Fill in only if Different from Patient's) STATE | ZIP

RELATIONSHIP | BIRTHDATE | SOCIAL SECURITY NUMBER

Provider Signature:_____ **Date:**_____

Copy of report to:

DIAGNOSIS - (MEDICALLY NECESSARY) SIGNS / SYMPTOMS:

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

URINE TESTS

- ☐ Creatinine Clearance 24 hour — 24 UA
  - ☐ Creatinine Serum Required — 1B

Required: Height_____ Weight_____

- ☐ Microalbumin/Creatinine Ratio (random urine) (MACRR)
- ☐ Protein, random (QPRU)
- ☐ Protein/Creatinine Ratio (random urine) (UPC)
- ☐ Creatinine, random (CRR)
- ☐ Urinalysis, complete (UAM)
- ☐ Urinalysis, complete, **with Culture if indicated** (UIF)
- ☐ Urine Culture - includes Colony Count (URC) *(Dx needed)*
  - **DX:**_____
- ☐ Cytology, urine

MICROBIOLOGY

Source / Site:_____ ☐ **Right** ☐ **Left**

Susceptibility and organism ID reflex test performed when appropriate*(addl. charge)*

- ☐ Routine Culture, Aerobic *(includes Gram Stain)*
- ☐ AFB Culture and Smear
- ☐ Anaerobic Culture
- ☐ Fungus Culture ☐ Fungus Smear
- ☐ HSV 1 & 2 by PCR
- ☐ Influenzae A and B
- ☐ RSV (Resp. Sync. Virus)
- ☐ Sputum Culture *(includes Gram Stain)*

STD Testing by NAAT/PCR:
☐ Chlamydia ☐ GC ☐ Trich

- ☐ Staph aureus Culture, nasal
- ☐ Strep A Screen & Culture
- ☐ Strep A Culture only
- ☐ Strep B Culture (Vag/Rectal)
- ☐ Stool Culture
- ☐ Ova & Parasites Screen
- ☐ Giardia Antigen, Stool
- ☐ Clostridium difficile
- ☐ Fecal WBC
- ☐ Rotavirus

- ☐ Occult Blood *(Dx needed)*
  - **Dx:**_____
- ☐ H. pylori antigen, Stool
- ☐ Culture *without* Gram Stain

Other:_____

BLOOD TESTS

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

PANELS

- ☐ Basic Metabolic Panel — 1B
- ☐ Comprehensive Metabolic Panel — 1B
- ☐ Electrolyte Panel — 1B
- ☐ Hepatic/Liver Function Panel — 1B
- ☐ Hepatitis Panel, Acute *(Dx needed)* — 1GL
  - **DX:**_____
- ☐ Hepatitis Panel, Chronic — 1GL
- ☐ Lipid Panel, **12-Hr Fast Preferred** *(Dx needed)* — 1B
  - ☐ Z79899 Long-term (current) drug therapy
  - ☐ Other:_____
- ☐ Renal Function Panel — 1B
- ☐ Region 7 Allergen Resp Panel *(M83279)* — 1GL

OTHER BLOOD TESTS

- ☐ Albumin — 1B
- ☐ Alkaline Phosphatase — 1B
- ☐ Alpha Fetoprotein (AFP) *(Dx needed)* — 1GL
  - **DX:**_____
- ☐ ALT — 1B
- ☐ Amylase — 1B
- ☐ ANA (incl Centromere Ab w/ reflex to titer) — 1GL
- ☐ Antibody Screen (only) — 1PK
- ☐ ASO titer — 1GL
- ☐ AST — 1B
- ☐ Bilirubin, Total — 1B
- ☐ Bilirubin, Direct — 1B
- ☐ BNP (Beta Natiuretic Peptide) — 1LD
- ☐ BUN — 1B
- ☐ C-Reactive Protein (CRP) — 1B
- ☐ C-Reactive Protein High Sensitive Cardiac — 1B
- ☐ Calcium — 1B
- ☐ Carcinoembryonic Antigen (CEA) *(Dx needed)* — 1GL
  - **DX:**_____
- ☐ Cardiolipin (Phosholipid) Antibody (M82976) — 1GL
- ☐ CBC (includes Platelet Ct) — 1L
- ☐ CBC with Diff & Platelet Ct — 1L
- ☐ CBC with Diff & Platelet Ct & Path Consult — 1L
- ☐ Chloride — 1B
- ☐ Cholesterol, Total *(Dx needed)* — 1B
  - **DX:**_____
- ☐ Cortisol AM **(draw before 10 am)** — 1B
- ☐ Cortisol PM **(draw after 4 pm)** — 1B
- ☐ Creatinine — 1B
- ☐ Erythrocyte Sed Rate (ESR) — 1L
- ☐ Estradiol — 1B
- ☐ Ferritin *(Dx needed)* — 1B
  - **DX:**_____
- ☐ Folate **Fast 6 Hr** — 1B
- ☐ Free T4 *(Dx needed)* — 1B
  - **DX:**_____
- ☐ Free T4 Med Check *(Dx needed)* — 1B
  - **DX:**_____
- ☐ FSH (Foll. Stim. Hormone) — 1B
- ☐ Gamma Glutamyl Transferase (GGT) *(Dx needed)* — 1B
  - **DX:**_____
- ☐ Gestational Diabetes Screen (50 g) — 1G or 1B
- ☐ Glucose - Fasting *(Dx needed)* — 1G or 1B
  - **DX:**_____
- ☐ Glucose - Random *(Dx needed)* — 1G or 1B
  - **DX:**_____

Glucose Tolerance

- ☐ Gestational 100 g, 3 hr - **Fast 12 Hr** (fasting, 1, 2, & 3 hr specimens) — 1G or 1B
- ☐ Non-Gestational 75 g, 2 hr - **Fast 12 Hr** (fasting & 2 hr specimens) — 1G or 1B
- ☐ Group, Rh, Antibody Screen (TAS) — 1PK
- ☐ HCG Quantitative *(Dx needed)* — 1B
  - **DX:**_____
- ☐ HDL Cholesterol - **12-Hr Fast Preferred** *(Dx needed)* — 1B
  - **DX:**_____
- ☐ Hemoglobin and Hematocrit — 1L
- ☐ Hemoglobin A1c *(Dx needed)* — 1L
  - **DX:**_____
- ☐ Hepatitis A Antibody (IgM) — 1GL
- ☐ Hepatitis Bcore Antibody (total IgM/IgG) — 1GL
- ☐ Hepatitis Bcore Antibody (IgM only) — 1GL
- ☐ Hepatitis B surface Antibody — 1GL
- ☐ Hepatitis B surface Antigen — 1GL
- ☐ Hepatitis B Screening *(Dx needed)* — 1GL
  - **DX:**_____
- ☐ Hepatitis C Antibody — 1GL
- ☐ Hepatitis C Screening *(Dx needed)* — 1GL
  - **DX:**_____
- ☐ HIV 1 & 2 Antigen & Antibody *(Dx needed)* — 1full LD
  - **DX:**_____
- ☐ Iron *(Dx needed)* — 1B
  - **DX:**_____
- ☐ Iron binding capacity (includes iron) *(Dx needed)* — 1B
  - **DX:**_____
- ☐ LD (Lactate Dehydrogenase) — 1B
- ☐ Lead (to MDCH Lab) — 1L
- ☐ LDL Cholesterol, measured - **12-Hr Fast Preferred** *(Dx needed)* — 1B
  - **DX:**_____
- ☐ LH (Luteinizing Hormone) — 1B
- ☐ Lipase — 1B
- ☐ Magnesium — 1B
- ☐ Mononucleosis Screen — 1L or 1GL
- ☐ Phosphorus — 1B
- ☐ Platelet Count — 1L
- ☐ Potassium (K+) — 1B
- ☐ Pregnancy, Serum — 1GL
- ☐ Prolactin — 1B
- ☐ PSA Annual Screen *(Dx needed)* — 1GL
  - ☐ Z125 Mal. neoplasm screen, no family hx
  - ☐ Other:_____
- ☐ PSA Diagnostic *(Dx needed)* — 1GL
  - **DX:**_____
- ☐ PSA Total & Free *(Dx needed)* — 1GL
  - **DX:**_____
- ☐ PT/INR (Prothrombin Time) *(Dx needed)* — 1BL
  - ☐ Z7901 Long-term use anticoagulant
  - ☐ Other:_____
- ☐ RA Screen *(titer performed if positive)* — 1GL
- ☐ Rubella Screen — 1GL
- ☐ Sodium (Na+) — 1B
- ☐ Syphillis Serology (VDRL) — 1GL
- ☐ Testosterone, Total & Free *(Dx needed)* — 1R
  - **DX:**_____
- ☐ Testosterone Total — 1GL

Thyroid Testing Dx:_____

- ☐ T3, Free — 1GL
- ☐ T3, Total — 1GL
- ☐ Free T4 *(Dx needed)* — 1B
- ☐ Free T4, Med Check *(Dx needed)* — 1B
- ☐ Thyroperoxidase Antibody (TPO Ab) — 1B
- ☐ TSH, Sensitive *(Dx needed)* — 1B
- ☐ TSH, Sensitive, Med check *(Dx needed)* — 1B
- ☐ TSH Screen with Cascade Testing *(Dx needed)* — 1B
- ☐ Total Protein — 1B
- ☐ Transferrin *(Dx needed)* — 1B
  - **Dx:**_____
- ☐ Triglycerides - **12-hr Fast Preferred** *(Dx needed)* — 1B
  - **Dx:**_____
- ☐ Uric Acid — 1B
- ☐ Vitamin B12 — 1B
- ☐ Vitamin D: 25-OH, Total (D2 + D3) (VITD) *(Dx needed)* — 1GL
  - **Dx:**_____

OTHER TESTS REQUESTED:

_____

THERAPEUTIC DRUG LEVELS

Last Dose Taken: Date:_____ **Time:**_____

- ☐ Digoxin (**6 hrs after dose**) *(Dx needed)* — 1B
  - **DX:**_____
- ☐ Lamotrigine (Lamictal)*(M80999)* — 1GL
- ☐ Levetiracetam (Keppra)*(M83140)* — 1R
- ☐ Lithium — 1GL
- ☐ Phenobarbitol — 1B
- ☐ Phenytoin (Dilantin) — 1B
- ☐ Tegretol (Carbamazepine) — 1B
- ☐ Valproic Acid (Depakote) — 1B