

PATIENT INFORMATION				INSURANCE/3RD PARTY BILLING			
FACILITY NAME			ROOM#/BED	NAME OF RESPONSIBLE PARTY		STREET ADDRESS	
PATIENT NAME LAST		FIRST	M.I.	CITY	STATE/ZIP	PHONE:	
SEX	AGE	DATE OF BIRTH	SOCIAL SECURITY #	MEDICARE #		MEDICAID #	
PATIENT'S PHYSICIAN			NPI #	INS. COMPANY NAME: POLICY #		INS. GROUP #	
PHYSICIAN SIGNATURE				BAR CODE LAB USE ONLY		SCHEDULED DATE OF COLLECTION	
IF ORDERING STANDING ORDERS—PLEASE COMPLETE THE STANDING ORDER FORM						DATE/TIME ACTUAL COLLECTION	
						SPECIMEN COLLECTED BY:	

PANELS/PROFILES	ICD	INDIVIDUAL TESTS (CON'T)	ICD	INDIVIDUAL TESTS (CON'T)	ICD	MICROBIOLOGY (CON'T)	ICD
<input type="checkbox"/> HEP-ACUTE —ACUTE VIRAL HEPATITIS (HAV, HBV, HCV)		<input type="checkbox"/> FREET4 —FREE T4 (FREE THYROXINE)		<input type="checkbox"/> PSA —PROSTATE SPECIFIC ANTIGEN		<input type="checkbox"/> OCC-FIT —FECAL IMMUNOCHEMICAL TEST (FIT)	
<input type="checkbox"/> BASIC —BASIC METABOLIC PANEL		<input type="checkbox"/> FREET3 —T3, FREE		<input type="checkbox"/> RPR —RPR SCREEN		<input type="checkbox"/> SCABIES —SCABIES	
<input type="checkbox"/> CBC —CBC WITH DIFF		<input type="checkbox"/> FOLATE —FOLIC ACID, SERUM		<input type="checkbox"/> RPRC —RPR WITH CONFIRMATION AND TITER		<input type="checkbox"/> SPUC —SPUTUM CULTURE	
<input type="checkbox"/> CBC-C —CBC FOR CLOZARIL		<input type="checkbox"/> GLU —GLUCOSE		<input type="checkbox"/> TSH —THYROID STIMUL HORMONE, TOTAL (PSA)		<input type="checkbox"/> STOOL —STOOL CULTURE	
<input type="checkbox"/> COMP —COMPREHENSIVE METABOLIC PANEL		<input type="checkbox"/> FBS —GLUCOSE (FASTING)		<input type="checkbox"/> TIBCC —TIBC (TOTAL IRON BINDING CAPACITY)		<input type="checkbox"/> THR —THROAT CULTURE (INCL. STREP A)	
<input type="checkbox"/> LIVP —HEPATIC FUNCTION PANEL		<input type="checkbox"/> HIV5TH —HIV AG-AB, 5th GEN		<input type="checkbox"/> T4 —THYROXINE, TOTAL (T4)		<input type="checkbox"/> UMIC-R —UA, REFLEX TO CULTURE	
<input type="checkbox"/> IDP —IRON DEFICIENCY PROFILE		<input type="checkbox"/> A1C —HEMOGLOBIN A1C WITH EAG		<input type="checkbox"/> T-UPTAKE —T-UPTAKE		<input type="checkbox"/> URINE —URINE CULTURE	
<input type="checkbox"/> LIPIDLDL —LIPID PANEL WITH DIRECT LDL		<input type="checkbox"/> HBSAG —HEPATITIS B SURFACE ANTIGEN		<input type="checkbox"/> URIC —URIC ACID		<input type="checkbox"/> WCU —WOUND CULTURE	
<input type="checkbox"/> LIPP —LIPID PANEL		<input type="checkbox"/> HCAB-S —HEPATITIS C ANTIBODY WITH CONFIRMATION		<input type="checkbox"/> UMIC —URINALYSIS (UA)		MOLECULAR	ICD
<input type="checkbox"/> MAP —MICROALBUMIN W/ CREATININE		<input type="checkbox"/> HSV1-2 —HSV 1 AND HSV 2 I		<input type="checkbox"/> VITD25OH —VITAMIN D,25 - HYDROXY		<input type="checkbox"/> COVID —COVID 19, PCR	
<input type="checkbox"/> REN P —RENAL PANEL		<input type="checkbox"/> IRON —IRON		THERAPEUTIC DRUGS	ICD	<input type="checkbox"/> SIR-IN — COVID-19/FLU/RSV,PCR	
<input type="checkbox"/> TSHFT4FT3 —TSH W/ REFLEX TO FT4 AND FT3		<input type="checkbox"/> LDH —LACTATE DEHYDROGENASE		<input type="checkbox"/> CARB —CARBAMAZEPINE		<input type="checkbox"/> GIP —GI PATHOGEN PANEL	
INDIVIDUAL TESTS	ICD	<input type="checkbox"/> LDLD —LDL CHOLESTEROL (DIRECT)		<input type="checkbox"/> CLOZAPINE —CLOZAPINE (CLOZARIL), SERUM		<input type="checkbox"/> RFLU —RAPID FLU A/B	
<input type="checkbox"/> ALB —ALBUMIN		<input type="checkbox"/> LIP —LIPASE		<input type="checkbox"/> DIG —DIGOXIN		<input type="checkbox"/> RPP12 —RESPIRATORY PATHOGEN PANEL	
<input type="checkbox"/> NH3 —AMMONIA		<input type="checkbox"/> MG —MAGNESIUM		<input type="checkbox"/> LEVETI —LEVETIRACETAM (KEPPRA)		<input type="checkbox"/> RSTRPA —STREP A, PCR	
<input type="checkbox"/> BNP —β-NATRIURETIC PEPTIDE		<input type="checkbox"/> MARAND —MICROALBUMIN, RANDOM URINE		<input type="checkbox"/> LITH —LITHIUM		<input type="checkbox"/> RSV-IN —RESPIRATORY SYNCYTIAL VIRUS, RAPID	
<input type="checkbox"/> CRP-QUANT —C-REACTIVE PROTEIN (CRP)		<input type="checkbox"/> APTT-S —PARTIAL THROMBOPLASTIN TIME		<input type="checkbox"/> PHNO —PHENOBARBITAL		<input type="checkbox"/> UARUPPCX —UA REFLEX TO UPP AND CULTURE	
<input type="checkbox"/> CK —CREATINE KINASE, TOTAL		<input type="checkbox"/> PT —PROTHROMBIN TIME WITH INR		<input type="checkbox"/> PHTN —PHENYTOIN, TOTAL		<input type="checkbox"/> UPPCX —URINE PATHOGEN PANEL W/ URINE CULTURE	
<input type="checkbox"/> CREA —CREATININE		<input type="checkbox"/> PHOS —PHOSPHORUS		<input type="checkbox"/> TACROL —TACROLIMUS (FK506)		<input type="checkbox"/> UPP12 —URINE PATHOGEN PANEL	
<input type="checkbox"/> B12 —CYANOCOBALAMIN (VITAMIN B12)		<input type="checkbox"/> K —POTASSIUM		<input type="checkbox"/> VALP —VALPROIC ACID		<input type="checkbox"/> UMIC- UPP — UA REFLEX TO UPP	
<input type="checkbox"/> DDIMER —D DIMER		<input type="checkbox"/> PREALB —PREALBUMIN		<input type="checkbox"/> VANC_P —VANCOMYCIN PEAK		<input type="checkbox"/> WPP12 —WOUND PATHOGEN PANEL	
<input type="checkbox"/> ESR —ERYTHROCYTE SEDIMENTATION RATE		<input type="checkbox"/> PTH —PARATHYROID HORMONE		<input type="checkbox"/> VANC_T —VANCOMYCIN TROUGH			
		<input type="checkbox"/> PROCALCIT —PROCALCITONIN		MICROBIOLOGY	ICD		
				<input type="checkbox"/> BCULT —BLOOD CULTURE			
				<input type="checkbox"/> CTOX —C. DIFFICILE, NAA			

OTHER TESTS, SPECIAL INSTRUCTIONS, CLINICAL HISTORY:	PATIENT REFUSED-NURSES SIGNATURE: Date: _____ Time: _____
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COMMONLY USED DIAGNOSIS CODES

(FOR REFERENCE ONLY)

R10.9	Abdominal pain, unspecified
R79.9	Abnormal blood chemistry
R94.9	Abnormal results of other function studies of central nervous system
R94.6	Abnormal results of thyroid function studies
R63.5	Abnormal weight gain
R09.89	Acute pharyngitis, unspecified
N30.00	Acute cystitis without hematuria
I50.33	Acute or chronic diastolic congestive heart failure
D64.9	Alzheimer's disease, unspecified
D50.9	Anemia, Iron deficiency, unspecified
R78.81	Bacteremia
G00.9	Bacterial meningitis, unspecified
F31.9	Bipolar disorder, unspecified
N20.0	Calculus of kidney
R07.9	Chest pain, unspecified
N18.9	Chronic kidney disease, unspecified
I25.10	Coronary atherosclerosis
R05.9	Cough, unspecified
R19.7	Diarrhea, unspecified
N28.9	Disorder of kidney and ureter, unspecified
Z12.11	Encounter for screening for malignant neoplasm of colon
G40.901	Epilepsy, unspecified, not intractable with status epilepticus
I10	Essential (primary) hypertension
R50.9	Fever, unspecified
D52.9	Folate deficiency anemia, unspecified
R81	Glycosuria
E78.3	Hyperchylomicronemia
E87.6	Hypokalemia
E03.9	Hypothyroidism, unspecified
A09	Infectious gastroenteritis and colitis unspecified
K90.0	Intestinal malabsorption, unspecified
D50.9	Iron deficiency anemia, unspecified
C61	Malignant neoplasm of prostate
H55.09	Other forms of nystagmus
Z79.899	Other long term (current) drug therapy
I48.0	Paroxysmal atrial fibrillation
Z87.440	Personal history of UTI infections
J18.9	Pneumonia, unspecified organism
Z16.35	Resistance to multiple antimicrobial drugs
A41.9	Sepsis, unspecified organism
A53.9	Syphilis, unspecified
E05.90	Thyrotoxicosis, unspecified
E11.65	Type 2 diabetes mellitus with hyperglycemia
E11.9	Type 2 diabetes mellitus without complications
K35.80	Unspecified acute appendicitis
J22	Unspecified acute lower respiratory infection
R56.9	Unspecified convulsion
N39.3	Urinary tract infection, site not specified, with fever
B34.9	Viral infection, Unspecified
D51.9	Vitamin B12 deficiency anemia, unspecified