

PATIENT INFORMATION (PLEASE PRINT IN BLACK INK)

Patient Last Name: _____ First Name: _____ Middle Name: _____
Address: _____ Birth Date: (MM/DD/YYYY) Sex M F X Unknown
City: _____ Patient SS#: _____ Sex at Birth: M F
State: _____ Zip: _____ Home Phone: _____

RUN STAT **FASTING** **NON-FASTING**

CHART #: (if needed) _____
COPY TO: (Fax #) _____
CALL TO: (Phone #) _____

INSURANCE BILLING INFORMATION (PLEASE PRINT IN BLACK INK)

PRIMARY Medicare Medicaid Other
Insurance Name / Claims Address / Phone number: _____
 Self Spouse Child
City / State / Zip: _____
Subscriber / Guarantor Last Name: _____ First: _____ Middle: _____ DOB (MM/DD/YYYY): _____
Beneficiary / Member #: _____ Group #: _____

**SPECIMENS REQUIRE TWO IDENTIFIERS:
COMPLETE NAME AND DATE OF BIRTH**

CLIENT INFORMATION - Referring Provider

Provider:
(Last name, First, Initial) _____
NPI: _____
Clinic/Office: _____
Address: _____
City: _____ **State:** _____ **Zip:** _____
Phone: _____
Fax: _____
only certified if out of public view
Provider Signature: _____

Cures Act - Reason for Blocking Immediate Release of Results to Patient:

Patient or Proxy Request
 Likely to lead to physical harm of the patient or others
 Likely to be used in a civil, criminal, or administrative action or procedure

PHYSICIAN NOTICE By ordering testing from St. Charles, the ordering provider permits the immediate release of test results to the patient. When ordering tests, the physician is required to make an independent medical necessity decision with regard to each test the laboratory will bill. The physician also understands he or she is required to (1) submit ICD-10 diagnosis supported in the patient's medical record as documentation of the medical necessity or (2) explain and have the patient sign an ABN.

ICD-10 Codes(s) Diagnosis: 1) _____ 2) _____ 3) _____ 4) _____ 5) _____ 6) _____

	HEMATOLOGY / COAG / SEROLOGY / BLD BANK	GENERAL LABORATORY	GENERAL LABORATORY	ORGAN / DISEASE PANELS
INITIAL	<input type="checkbox"/> CBC with Auto Differential <input type="checkbox"/> CBC with Manual Diff <input type="checkbox"/> CBC w/o Diff (Hemogram) <input type="checkbox"/> Platelet Count <input type="checkbox"/> Retic Count <input type="checkbox"/> Sed Rate (ESR) <input type="checkbox"/> Smear for EOS <input type="checkbox"/> Fibrinogen <input type="checkbox"/> PT/INR ___ Coumadin <input type="checkbox"/> PTT ___ Heparin <input type="checkbox"/> ANA (w/Titer & Pattern added if indicated) <input type="checkbox"/> Hepatitis B Surface Ab <input type="checkbox"/> Hep C (HCV) Antibody w/Reflex <input type="checkbox"/> HCV RNA Quant by PCR <input type="checkbox"/> HCV RNA Quant w/Reflex to HCV Genotype <input type="checkbox"/> HIV-1 / HIV-2 Ab Screen (w/ conf if pos) <input type="checkbox"/> Mono Test <input type="checkbox"/> Rheumatoid Factor (RA) Screen (Titer if pos) <input type="checkbox"/> ABO & RH <input type="checkbox"/> Antibody Screen (for RHOGAM? ___) <input type="checkbox"/> Hold for crossmatch (fill out & fax Trans. form)	<input type="checkbox"/> Albumin <input type="checkbox"/> Alkaline Phosphatase <input type="checkbox"/> Amylase <input type="checkbox"/> B12 <input type="checkbox"/> B12 / Folate <input type="checkbox"/> Bilirubin, Direct <input type="checkbox"/> Bilirubin, Total <input type="checkbox"/> BNP, NT Pro (B-type Natriuretic Peptide) <input type="checkbox"/> BUN <input type="checkbox"/> CA 125 <input type="checkbox"/> Calcium <input type="checkbox"/> Cholesterol <input type="checkbox"/> Cortisol <input type="checkbox"/> CK (CPK) <input type="checkbox"/> Creatinine <input type="checkbox"/> CRP <input type="checkbox"/> CRP High Sensitivity <input type="checkbox"/> Estradiol <input type="checkbox"/> Estradiol (LC-MS/MS) <input type="checkbox"/> DHEA - Sulfate <input type="checkbox"/> Ferritin <input type="checkbox"/> Folate, serum <input type="checkbox"/> FSH (Follicle Stimulating Hormone) <input type="checkbox"/> GGT (Gamma GT) <input type="checkbox"/> Glucose ___ F ___ (hr pp) <input type="checkbox"/> Glucose Tolerance ___ hrs. <input type="checkbox"/> Glucose 50 gm load <input type="checkbox"/> HCG Qual (Pregnancy Test) <input type="checkbox"/> HCG, Quant. <input type="checkbox"/> HDL <input type="checkbox"/> Hemoglobin A1C (Glyco Hgb) <input type="checkbox"/> Homocysteine (serum) <input type="checkbox"/> IgG <input type="checkbox"/> IgM <input type="checkbox"/> IgA <input type="checkbox"/> Immunoelectrophoresis, serum <input type="checkbox"/> Insulin <input type="checkbox"/> Insulin Tolerance ___ hrs <input type="checkbox"/> Iron <input type="checkbox"/> Iron / Transferrin w TIBC calc <input type="checkbox"/> Iron Deficiency Profile (non - CMS) (Iron, Transferrin, TIBC calc, % Sat, Ferritin) <input type="checkbox"/> LDH <input type="checkbox"/> LDL, Direct <input type="checkbox"/> Lead Level <input type="checkbox"/> Lipase <input type="checkbox"/> Luteinizing Hormone (LH) <input type="checkbox"/> Magnesium <input type="checkbox"/> Myoglobin <input type="checkbox"/> Phosphorus	<input type="checkbox"/> Potassium <input type="checkbox"/> Prenatal Risk Quad Marker <input type="checkbox"/> AFPMS only <input type="checkbox"/> Progesterone <input type="checkbox"/> Prolactin <input type="checkbox"/> Protein Electrophoresis, Serum <input type="checkbox"/> Reflex IFE <input type="checkbox"/> PSA <input type="checkbox"/> PSA, Free (includes PSA) <input type="checkbox"/> PTH, Intact (includes CA) <input type="checkbox"/> T3 Uptake <input type="checkbox"/> T Uptake and FTI (T3 uptake, T4, T7 calc) <input type="checkbox"/> T3, Free <input type="checkbox"/> T3, Total <input type="checkbox"/> T4 (Thyroxine) <input type="checkbox"/> T4, Free (Free Thyroxine) <input type="checkbox"/> Testosterone, Total <input type="checkbox"/> Testosterone, Total and calc Free (incl. SHBG) <input type="checkbox"/> Testosterone, Total and measured Free (LC - MS/MS) <input type="checkbox"/> Troponin T <input type="checkbox"/> TSH (ultrasensitive) <input type="checkbox"/> Uric Acid <input type="checkbox"/> Vitamin D 25 - OH	<input type="checkbox"/> Basic Metabolic Panel (Chem 8) (Na, K, Cl, CO2, Gluc, BUN, Creat, Ca) <input type="checkbox"/> Comp. Metab. Panel (Chem 14) (Basic Metabolic plus Alb, TBil, AlkP, TP, AST, ALT) <input type="checkbox"/> Hepatic Function Panel (Liver Panel) (Alb, TBil, DBil, APhos, TP, ALT, AST) <input type="checkbox"/> Acute Hepatitis Panel (HAAb (IGM), HBcAb (IGM), HBsAg, HCAb) <input type="checkbox"/> Lipid Panel (Chol, Tgl, HDL, Calc LDL, ratios) <input type="checkbox"/> Lipid Panel with Direct LDL if Trig > 400 <input type="checkbox"/> Renal Function Panel (Na, K, Cl, CO2, Gluc, BUN, Creat, Ca, Alb, PO4) <input type="checkbox"/> Obstetric Panel (non-CMS) (CBC plt & diff, HBSAg, Rubella, Syphilis scr, ABO / Rh, Ab scr) <input type="checkbox"/> PIH Profile (non-CMS) (CBC plt & autodiff, BUN, Creat, ALT, AST, Uric Acid) <input type="checkbox"/> PIH Profile No CBC (inc LDH w the above)
YELLOW				MICROBIOLOGY (ID & Sens reflex if indicated) SOURCE / SITE REQUIRED
GREEN	URINE _____ RANDOM _____ 24 Hr			<input type="checkbox"/> Culture, AFB w / smear <input type="checkbox"/> Culture, Blood <input type="checkbox"/> Culture, Fungus <input type="checkbox"/> H. pylori Stool Antigen <input type="checkbox"/> Herpes Simplex 1 & 2 DNA Probe <input type="checkbox"/> Culture, Routine (w Gram stain) <input type="checkbox"/> Anaerobic <input type="checkbox"/> Culture, Stool (Campy, Sal / Shig, E. Coli) <input type="checkbox"/> Culture, Strep Screen <input type="checkbox"/> Sens. Req <input type="checkbox"/> Culture, Urine ___ CC ___ Cath ___ Void <input type="checkbox"/> C.difficile Toxigenic <input type="checkbox"/> w Lactoferrin <input type="checkbox"/> Fecal Occult Blood (FOB) <input type="checkbox"/> Giardia Antigen <input type="checkbox"/> Lactoferrin / WBCs stool <input type="checkbox"/> Ova & Parasite <input type="checkbox"/> Rotavirus Antigen <input type="checkbox"/> RSV Rapid Antigen
GREY	FLUID ANALYSIS			<input type="checkbox"/> Cell Count & Diff, Fluid _____ Source <input type="checkbox"/> Glucose, Fluid <input type="checkbox"/> T. Protein, Fluid <input type="checkbox"/> Crystal Exam _____ Source
SERUM	THERAPEUTIC DRUGS			MISCELLANEOUS TESTS (Lab & Test code)
PLASMA	LAST DOSE DATE / TIME _____			
SLIDE	<input type="checkbox"/> Carbamazepine (Tegretol) <input type="checkbox"/> Depakene (Valporic Acid) <input type="checkbox"/> Digoxin (Lanoxin) <input type="checkbox"/> Dilantin (Phenytoin) <input type="checkbox"/> Lithium <input type="checkbox"/> Phenobarbital			
URINE				
CULT				
EIA				
MISC				
FZN				

