BAPTIST HEALTH SYSTEM	LABORAT	ORY REC
PHYSICIAN ACCOUNT NAME:	LABORAT	
ADDRESS:		
CITY:	STATE:	ZIP:

PHONE: (____)___

DATE COLLECTED: ____

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 -7	-1-1	/ A N	 				_

__TIME: _____ AM PM

	PLEASE PRINT PATIENT NAME: LAST		ST N	
	LAST	FIRS	ST N	/11
	ADDRESS:			
-	CITY:	STATE:	ZIP:	
_	PATIENT PHONE: ()			
-	DATE OF BIRTH://		SEX: ☐ M	□F
-	PATIENT SS#:			
	BILL TO: PATIENT C			IENT
-	PRIMARY INSURAN □ MEDICARE □ ME	NCE SECON DICAID)
-	INSURANCE CO:			
	INSURANCE #:			
nt	GROUP #:			
ne /),	EMPLOYER:			
ne ng	GUARANTOR:LAST FIRST	MI LAGT	FIDOT	
S.	LAST FIRST	MI LAST	FIRST	MI
_	RELATIONSHIP:			
	INSURED SS#			

When ordering tes	ts, please be i	nformed th	at the phys	sician is require	ed to make	e an indepen
medical necessity	decision with	regard to	each test	the laboratory	will bill.	Additionally.

PHYSICIAN ICD-10 DIAGNOSIS REQUIREMENTS NOTICE

SPECIAL INSTRUCTIONS: ☐ STAT ☐ FASTING

☐ CALL/FAX RESULTS TO PHYSICIAN AT: _____

physician understands he or she is required to submit ICD-10 diagnosis information (below supported by the patient's medical record, as documentation of the medical necessity of the test ordered. Diagnosis and ICD-10 code(s) must be provided. See reverse for reflex testir protocols. Medicare disclaimer — Medicare generally does not cover routine screening test

PANELS □ BASIC METABOLIC (80048) - Na, K, CI, CO2, Glu, BUN, Creat, Ca □ COMPREHENSIVE **METABOLIC** (80053) - Na, K, Cl, Glu, BUN, Creat, Ca, TP, Alb, T Bili, AP, ALT, AST, CO2 □ ELECTROLYTE (80051) - Na, K, CI, CO2 **HEPATIC FUNCTION** (80076) - AP, ALT, AST, Tot & Dir Bili, T Prot, Alb ☐ HEPATITIS, ACUTE

- (80074) HAAb, HBcAb (core ab), HBsAg, HCVAb
- ☐ LIPID PANEL (80061) - Chol Total, Trig, HDL, LDL Calc □ RENAL FUNCTION
- (80069) Alb, Ca, CO2, CI, Creat, Glu, Phos, K, Na, BUN □ DRUGS OF ABUSE
- SCREEN (80307) Amp, Barb, Benz, Coc, Methadone, Methamphetamine, Opi, PCP, THC

(Circle individual test(s) as needed.)

REFLEX TESTING

Reflex tests will be performed as noted in the Physician Annual Notice unless specifically opted out of the reflex test by noting such on this form.

ABO GROUP & Rh TYPE

INDIVIDUAL TESTS

- □ ALBUMIN
- ALK PHOS
- ☐ AIT
- AMMONIA RUPTURE of
 - MEMBRANES(ROM)
- **AMYLASE**
- \Box ANA
- ANA W/REFLEX
- ANTIBODY SCREEN ANTIBODY TITER
- AST
- B - NP
- BILIRUBIN, DIRECT
- BILIRUBIN, TOTAL
- BUN
- CALCIUM
- CBC W/O DIFF CBC W/AUTO DIFF
- CBC W/MANUAL DIFF
- CEA
- CHLORIDE
- CHOLESTEROL TOTAL
- CK
- CREATININE
- CRP
- CRP. ULTRA QUANT
- DIRECT COOMBS (86880 x3)
- FETAL FIBRONECTIN
- \Box **FERRITIN**
- **FIBRINOGEN** □ FOLATE
- GGT
- □ GLUCOSE, FAST

INDIVIDUAL TESTS

- GLUCOSE. RANDOM HEMOGLOBIN AIC
- ☐ HCG, SERUM,
- QUANT QUAL
- ☐ HCG, URINE
- ☐ HDL CHOLESTEROL
- □ HEMATOCRIT
- □ HEMOGLOBIN ☐ HEPATITIS A IgM
- □ HEPATITIS B SURFACE AB
- □ HEPATITIS B SURFACE AG (HBsAG)
- ☐ HEPATITIS C ANTIBODY (HCV Ab)
- HIV 1/2 Ag/Ab combo
- ☐ IRON
- □ LDH
- □ LIPASE LITHIUM
- MAGNESIUM
- MEASLES IGG
- MUMPS IGG
- PHOSPHORUS
- □ PLATELET FUNCTION ASSAY (PFA - 100)
- □ POTASSIUM
- PREALBUMIN
- PROSTATE SPECIFIC AG (PSA) SCREEN PROSTATE SPECIFIC
- ANTIGEN (PSA) DIAGNOSTIC PROTEIN, TOTAL
- ☐ PT (PROTHROMBIN) TIME/INR

INDIVIDUAL TESTS □ PTT (PARTIAL

- THROMBOPLASTIN TIME)
- RA SCREEN
- □ Rh TYPF RHOPHYLAC
- □ RUBELLA IGG
- SEDIMENTATION RATE (ESR)
- SODIUM
- SYPHILIS IgG
- TRANSFERRIN CALC TIBC
- TRIGLYCERIDE
- **TROPONIN**
- TSH
- TSH W/ RFFI FX
- T4. FREE
- T4. TOTAL
- URIC ACID
- URINALYSIS, Microscopic if
- needed URINALYSIS COMPLETE
- VARICELLA IGG
- ☐ VITAMIN B 12

TIMED URINE COLLECTION

VOLUME: _____ ML DURATION:___ HOURS

- □ CREATININE CLEARANCE □ PROTEIN

SOURCE: COLLECTION TIME CHLAMYDIA/GC, PCR

MICROBIOLOGY

- C.DIFFICILE ANTIGEN/TOXIN
- CRYTOSPORIDIUM AG, EIA
- CULTURE, ROUTINE W/SMEAR*
- CULTURE ACID FAST W/SMEAR**
- CULTURE, ANAEROBIC*
- CULTURE, BLOOD*
- CULTURE, SPUTUM**
- CULTURE, STOOL*
- CULTURE, THROAT* CULTURE. URINE**
- CULTURE, VIRAL SPECIFY
- TYPF: CULTURE FUNGAL
- ENTAMOEBA HISTOLYTIC/
- DISPAR, EIA
- GIARDIA AG, EIA
- GRAM STAIN
- GROUP B STREP, PCR INFECTIOUS MONONUCLEOSIS
- RAPID INFLUENZA A/B, FIA LEGIONELLA Ag URINE
- MRSA, PCR OCCULT BLOOD
- RAPID GROUP A STREP, FIA RESPIRATORY PATHOGEN
- PANEL (87633,87798) ROTOVIRUS AG
- RSV. FIA STREP PNEUMONIAE AG
- INCLUDES ID & SENSITIVITY WITH ORAL ANTIBIOTIC PANEL IF PATHOGEN IS FOUND.
- INCLUDES ID & SENSITIVITY IF PATHOGEN IS FOUND. LIST ANTIBIOTIC REGIMEN:

ADDITIONAL TESTS:



REQUESTING PHYSICIAN OR OFFICE REPRESENTATIVE SIGNATURE (STAMP NOT ACCEPTABLE)

DATE

TIME