

County HOSPITAL

LABORATORY REQUEST

- RUN STAT DRAW STAT, RUN ROUTINE
 CALL RESULTS PH # _____ FAX RESULTS PH # _____

Hospital Patients Only:

Diagnosis	
Date for Test	Time for Test
Date / Time Prepared	By
Collector	Time Drawn
Lab Notified	

- Inpatient (Room # _____) Lifeline Caldwell Co. Dialysis
 Emergency Room # _____ Lyon Co. Clinic Rivers Bend Nursing Home
 Outpatient Lyon Co. Family Care Princeton Health Care Manor
 Hilltop Rest Home RMC Home Health _____
 Caldwell Co. Home Health Highland Homes _____

**USE ICD-9 CODES FOR DIAGNOSIS
PLEASE MARK TESTS CLEARLY & PRESS FIRMLY TO FILL OUT REQUEST**

D.P. # _____ Billing Instructions _____ For Billing: bill account bill Medicare / Medicaid
Name _____ MR # _____ bill patient bill insurance _____
Age _____ Sex _____ DOB _____ Patient Address _____
Date _____ Marital Status _____ Other Insurance Information _____
Doctor _____ UPIN # _____ Medicaid Number _____
Medicare Number _____ Patient's S.S. # _____
Time Collected / Initials _____

COAGULATION

Tubes must be drawn to the fill line.
Is patient currently on anticoagulant therapy?
 yes no
 Prothrombin Time 4020069
 APTT 4020070
 Bleeding Time 4020015
Reason for ordering test: (ICD-9) _____

CHEMISTRY PROFILES

ELECTROLYTE PANEL 4020096
Sodium Chloride
Potassium Carbon Dioxide
Reason for ordering test: (ICD-9) _____

BASIC METABOLIC PANEL 4020124
Sodium Chloride
Potassium Carbon Dioxide
Urea Nitrogen (BUN) Glucose Calcium
Creatinine
Reason for ordering test: (ICD-9) _____

THERAPEUTIC DRUGS

Collect in plain red tubes only
 Depakene 4020178
 Digoxin 4020116
 Dilantin 4020087
 Gentamicin 4020117
 Lithium 4020025
 Phenobarb. 4020150
 Tegretol 4020170
 Theophylline 4020127
 Vancomycin 4020353
Reason for ordering test: (ICD-9) _____

HEMATOLOGY

Hemoglobin 4020050
 Hematocrit 4020049
 CBC, Auto * with PLT 4020023
 CBC, no / Diff * with PLT 4020051
 Retic. Count 4020075
 Sedrate 4020079
 WBC & Diff 4020092
Reason for ordering test: (ICD-9) _____

COMPREHENSIVE METABOLIC PANEL 4020540
Chloride Albumin
Creatinine Alk. Phos. ALT
Glucose AST Carbon Dioxide
BUN Bilirubin, T.
Potassium Calcium
Total Protein Sodium
Reason for ordering test: (ICD-9) _____

MISCELLANEOUS TESTS

<input type="checkbox"/> ALT / SGPT	4020081	Reason for
<input type="checkbox"/> Albumin	4020004	testing:
<input type="checkbox"/> Alcohol	4020141	(ICD-9)
<input type="checkbox"/> Alkaline Phosphatase	4020063	_____
<input type="checkbox"/> Amylase	4020005	_____
<input type="checkbox"/> AST / SGOT	4020080	_____
<input type="checkbox"/> B 12	4020123	_____
<input type="checkbox"/> Bilirubin, Total	4020012	_____
<input type="checkbox"/> Bilirubin, Direct	4020521	_____
<input type="checkbox"/> BUN	4020094	_____
<input type="checkbox"/> Calcium	4020020	_____
<input type="checkbox"/> CEA	4020140	_____
<input type="checkbox"/> Chloride	4020024	_____
<input type="checkbox"/> Cholesterol *	4020028	_____
<input type="checkbox"/> CK	4020034	_____
<input type="checkbox"/> CKMB	4020003	_____
<input type="checkbox"/> Creatinine	4020035	_____
<input type="checkbox"/> Folate, Serum	4020114	_____
<input type="checkbox"/> GGT *	4020119	_____
<input type="checkbox"/> Glucose *	4020016	_____
<input type="checkbox"/> Glyco. Hgb.	4020165	_____
<input type="checkbox"/> Iron *	4020104	_____
<input type="checkbox"/> Iron Binding *	4020105	_____
<input type="checkbox"/> Lipase	4020147	_____
<input type="checkbox"/> Magnesium *	4020148	_____
<input type="checkbox"/> Phosphorus	4020064	_____
<input type="checkbox"/> Potassium	4020027	_____
<input type="checkbox"/> Sodium	4020026	_____
<input type="checkbox"/> Total Protein	4020214	_____
<input type="checkbox"/> Triglycerides *	4020106	_____
<input type="checkbox"/> T4 *	4020435	_____
<input type="checkbox"/> TSH *	4020022	_____
<input type="checkbox"/> T3 Uptake *	4020226	_____
<input type="checkbox"/> Uric Acid	4020089	_____
<input type="checkbox"/> _____	_____	_____
<input type="checkbox"/> Travel Charge	_____	_____
<input type="checkbox"/> Collection Fee *	4020054	_____

URINE

Random Timed _____ hrs.
 Creat. Clearance 4020144
 Total Protein 4020214
 Vol. Measurement 4020067
 Urinalysis 4020090
Time of Coll. _____
Type (circle) Void, CCMS, Cath.
 Urine Culture 4020108
Reason for ordering test: (ICD-9) _____

HEPATIC FUNCTION PANEL 4020541
Alanine Aminotransferase (ALT)
Albumin
Alkaline Phosphatase
Aspartate Aminotransferase (AST)
Bilirubin, Direct
Bilirubin, Total
Reason for ordering test: (ICD-9) _____

SEROLOGY IMMUNOLOGY

HCG Urine 4020066
 HCG - Serum 4020139
 RA Screen 4020072
 Mono 4020056
 ANA 4020126
Reason for ordering test: (ICD-9) _____

LIPID PANEL 4020006
Cholesterol Total
HDL Cholesterol Triglycerides
Reason for ordering test: (ICD-9) _____

RENAL PANEL 4020009
Sodium, Potassium, Chloride, BUN,
Carbon Dioxide, Creatinine, Glucose,
Phosphorus, Calcium, Albumin
Reason for ordering test: (ICD-9) _____

Physician Signature _____

* Carrier specific limited coverage test *