Memorial Hospital
UNIVERSITY OF COLORADO HEALTH

OB/GYN Laboratory Services

(719) 365-5260

Memorial Central CLIA # 06D0663026 Memorial North CLIA # 06D1065861

PATIENT INFORMATION

Patient Name: (Last) _____ **(First)** _____ **(MI)** _____ **Sex:** ☐ **M** ☐ **F** **D.O.B.** _____/_____/_____

COLLECTION DATE: _____/_____/_____ **and TIME:** _____ **SOCIAL SECURITY NUMBER:** _____

BILLING INFORMATION:
- ☐ **Insurance: Attach copy of patient's insurance and demographic information**
- ☐ **Medicare: Complete ABN on reverse side and attach copy of insurance/demographic information**
- ☐ **Self Pay Patients: Attach copy of patient's demographic information**
- ☐ **Doctor / Clinic**

Ordering Provider:			
Diagnosis or ICD-9 Diagnosis Code:			

PRIORITY: ☐ **STAT Results are called and faxed** ☐ **ROUTINE Results are faxed**

GENERAL LABORATORY TESTING

___ 17 OH PROGESTERONE 83498
___ ALBUMIN 82040
___ ALK. PHOS 84075
___ ALT (SGPT) 84460
___ AMYLASE 82150
___ ANA SCREEN 86038
___ AST (SGOT) 84450
___ BASIC METABOLIC 80048
(NA, K, CL, CO2, CREAT, BUN, GLUC)
___ BILIRUBIN, TOTAL 82247
___ BILIRUBIN, DIRECT 82248
___ BNP-NT PRO (BNP) 83880
(B TYPE NATRIURETIC PEPTIDE)
___ BUN 84520
___ CALCIUM 82310
___ CBC w/ Diff 85025
___ CBC w/o Diff 85027
(WBC, RBC, HCT, HGB, MCV, MCH, PLT)
___ CHLAMYDIA 3 SPECIES IgG/IgM
86631 x3, 86632 x3
___ COMPREHENSIVE METABOLIC 80053
(ALB, ALK, PHOS, AST, ALT, BILI-T, BUN, CA, CL, CO2, CREAT, GLUC, K, NA, T. PROTEIN)
___ CREATININE SERUM 82565
___ CYSTIC FIBROSIS SCREEN
83891, 83900, 83892x 39, 83896x 39, 83903
Please circle required info:
SCREEN or DIAGNOSTIC
RACE: Caus, African, Asian, Hispanic, Other/Unk
Clinical Symptoms: YES or NO
Family HX: YES or NO or UNK
If yes describe family relationship:
___ DHEA-S 82627
___ ELECTROLYTES 80051
(NA, K, CL, CO2)
___ ESTRADIOL 82670
___ FACTOR V LEIDEN Call lab for CPT code
___ FETAL FIBRONECTIN 82731
___ FETAL MAT. HEMORRHAGE 85460
___ FERRITIN 82728

___ FOLATE (SERUM) 82746
___ FSH 83001
___ GGT 82977
___ GLUCOSE SERUM 82947
___ GLUCOSE 1 Hr Tolerance 82950
___ GLUCOSE 3 Hr Tolerance 82951, 82952
___ HEMOGLOBIN A1C 83036
___ HgB ELECTROPHORESIS 83020
___ Heparin Assay: LMWP 85520
___ Heparin Assay Unfract: Hep XA 85520
___ Heparin Induced Plt Ab PF4 86022
___ HEPATITIS VIRAL PROFILE 80074
(HBSAG, HBCAB IGM, HAAB IGM, HCVAB)
___ HIV ANTIBODY 86703
___ HYPERCOAGULABILITY ORDER GROUP
CALL LAB FOR CPT CODES. Circle requested tests:
(PT, PTT, LUPUS ANTICOAG., ANTITHROMBIN III ASSAY, C & S FUNCTIONAL ACTIVITY, ACTIVATED PROTEIN C RESISTANCE, PROTHROMBIN II 20210, HOMOCYSTEINE, AND CARDIOLIPIN AB)
___ IRON LEVEL 83540
___ IRON ORDER SET 83540, 84466
(IRON, Transferrin, % SAT)
___ LH 83002
___ LIPID PROFILE, REFLEXIVE 80061
(CHOL, TRIG, HDL CHOL, LDL CALC OR MEASURED IF TRIG ABN)
___ LIVER FUNCTION PROFILE 80076
(AST, ALT, BILI-T & D, ALK PHOS, ALB, T. PROTEIN)
___ MAGNESIUM 83735
___ MONO SCREEN 86308
___ MUMPS IgG 86735
___ MUMPS IgM 86735
___ PRENATAL PROFILE 80055
(ABO-RH, ANTIBODY SCRN, HBSAG, HEMOGRAM, RPR, RUBELLA)
___ PFA 100 PLATELET FUNC. TEST 85576
(CALL THE LAB FOR INSTRUCTIONS)
___ PHOSPHORUS 84100
___ POTASSIUM SERUM 84132
___ PREGNANCY SCREEN 84703

___ PREGNANCY (HCG) QUANT 84702
___ PROGESTERONE 84144
___ PROLACTIN 84146
___ PROTEIN TOTAL, SERUM 84155
___ PT/INR 85610
___ PTT 85730
___ RPR 86592
___ RUBELLA IgG 86762
___ RUBELLA IgM 86762
___ RUBEOLA (measles) IgG 86765
___ RUBEOLA (measles) IgM 86765
___ SEDIMENTATION RATE 85652
___ SODIUM SERUM 84295
___ T4 (THYROXINE) 84436
___ T4 FREE 84439
___ T3 84480
___ T3 FREE 84481
___ TSH 84443
___ TSH REFLEX to FREE T4 84443
___ TESTOS. FREE & TOTAL 84402, 84403
___ TESTOS. TOTAL 84403
___ TRANSFERRIN 84466
___ VARICELLA IgG 86787
___ VARICELLA IgM 86787

MICROBIOLOGY

___ VIRAL CULTURE 87252
SOURCE:
___ HERPES VIRAL CULT. 87252
SOURCE:
___ GENITAL CULTURE 87070
SOURCE:
___ GBS CULTURE 87081
SOURCE:
___ GBS CULTURE PCN ALLERGY
SOURCE:
___ CHLAMYDIA DNA 87491
___ GONORRHEA DNA 87591
___ VAGINOSIS PANEL FOR C. ALBICANS, TRICH & GARDNERELLA
87480, 87660, 87510 –
Requires BD Affirm ATTS Device

PRENATAL SCREENING

REQUIRES GENZYME REQUISITION

___ INTEGRATED SCR 1st Trimester
82105, 82677, 84702, 86336, 84163
___ INTEGRATED SCR 2nd Trimester
82105, 82677, 84702, 86336, 84163
___ SEQUENTIAL PRENATAL SCR 1
84163, 84702
___ SEQUENTIAL PRENATAL SCR 2
82105, 84702, 82677, 86336

FILL OUT INFORMATION BELOW

___ AFP single marker 82105
___ QUAD SCREEN
82105, 82677, 84702, 86336

Race: Black: Other:
IDDM: ☐ Yes ☐ No
Weight: _____ lbs.
# of Fetuses: _____
EDD: _____
EDD determined by:
(circle one)
U/S LMP PE

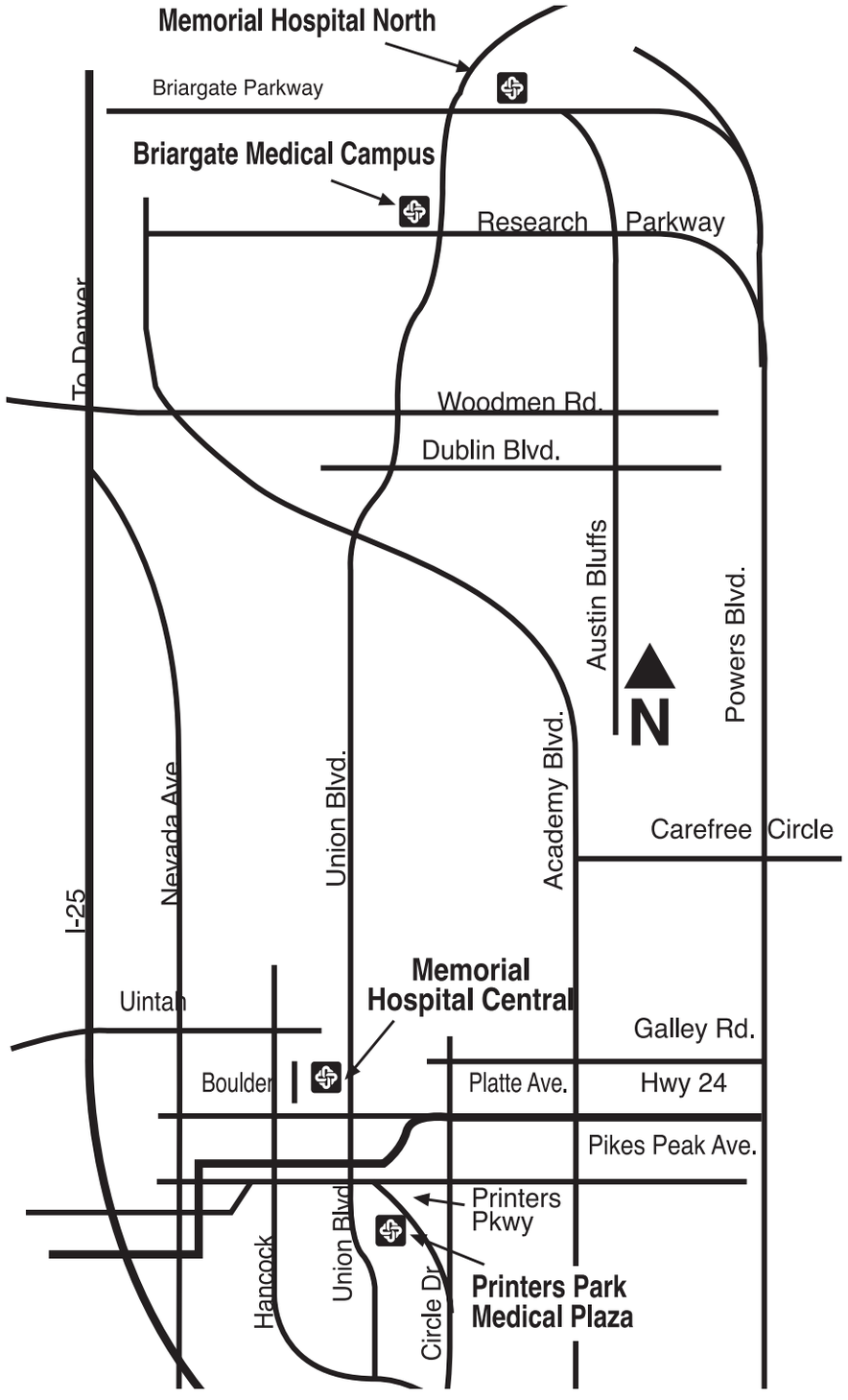
URINE

___ URINALYSIS W/CULT IF IND. 81003, 87086
___ URINALYSIS 81003
___ CULTURE, URINE 87086
___ PROT/CREAT RATIO 84156, 82570
___ PROTEIN, 24 HR 84156
___ CREAT, CLEAR. 24 HR 82575
(w/SERUM CREAT.) (HT:_____ WT: _____)
___ TOXICOLOGY SCR 80101x5
(Amphet. Cocaine, THC, Benzo, Opiates)

BLOODBANK TESTING

___ ABO-RH 86900, 86901
___ ANTENATAL RHOGAM 86900, 86901
___ ANTIBODY SCREEN 86850
___ TYPE & SCREEN 86850, 86900, 86901

MISCELLANEOUS TESTING



Memorial Hospital North
4050 Briargate Parkway
(at Austin Bluffs)
719-365-5000

Briargate Medical Campus
8890 N. Union Blvd.
(near Research Parkway)
719-365-6451

Memorial Hospital Central
1400 E. Boulder St.
719-365-5000

Printers Park Medical Plaza
175 S. Union, STE 250
719-365-1070