

18697 Bagley Road • Middleburg Heights, Ohio • 44130

Patient Name: _____ DOB: _____ DIAGNOSIS / ICD 10 Code: _____	PHYSICIAN NAME, ADDRESS, PHONE #, FAX # _____ _____ _____
COPY TO: _____ FAX RESULTS TO: _____ CALL RESULTS TO: _____	

Physician's Signature _____ **Date** _____ Routine STAT Research Pt (Z00.6)

Drawing Stations Available:			
For Hours of Operation Call: 440-816-8814	MIDDLEBURG MEDICAL CENTER LAB DRAW LAB ONLY 18780 Bagley Road, Suite 110, Middleburg Heights Phone: 440-816-2458 Fax: 440-816-2459	STRONGSVILLE MEDICAL CENTER LAB AND IMAGING 18181 Pearl Rd, #B 100 Phone 440 816-4976 Fax 440 816-4979 Orders/Registration fax to 440-816-4901	BRUNSWICK MEDICAL CENTER LAB AND IMAGING 4065 Center Rd. #114 Phone 330 558-0360 Fax 330 558-0365 Orders/Registration fax to 330-558-0236
OLMSTED MEDICAL CENTER LAB ONLY 27076 Bagley Road, Olmsted Twp., OH 44138 Phone 440 816-5410 Fax 440 816-5408		OUTPATIENT CENTER BLDG. B LAB AND IMAGING 18697 Bagley Road Phone 440 816-8808 Fax 440 816-8809	

No Appointment	No Appointment	No Appointment	No Appointment
Acute Hepatitis Panel 80074 Hep A (IgM) Antibody, Hep B Core Antibody Hep B Surface Ag, Hep C Antibody	Amylase 82150	FSH 83001	Theophylline 80198
	B12 / Folate 82607 / 82746	GGT 82977	Total Protein 84155
	Bilirubin, Direct 82248	Glucose 82947	Triglycerides 84478
Basic Metabolic Panel 80048 Sodium, Potassium, Chloride, CO ₂ BUN, Glucose, Creatinine, Calcium	Bilirubin, Total 82247	HCG Qualitative (Pos/Neg) 84703	Thyroid Group (FT4 & TSH) 84439/43
	BUN (Urea Nitrogen) 84520	HCG Quantitative (MIU/ml) 84702	Uric Acid 84550
	CA 19.9 86301	*HEP B Antigen 87340	*Urinalysis 81003/ 81001
	CA 125 86304	Hgb A1c 83036	Culture will be performed if indicated
Comprehensive Panel 80053 Sodium, Potassium, Chloride, CO ₂ BUN, Glucose, Creatinine, SGOT Albumin, Protein - Total; SGPT Bilirubin - Total, Calcium Alkaline Phosphatase	*CBC W/DIFF (incl. platelet count) 85025	*HIV 86703	*Urine Culture 87086
	*CBC No/DIFF (incl. platelet count) 85027	H & H 85014 / 85018	Urine Microalbumin 82043
	C Diff TOX 87493	i-PTH 83970	Incl Creatinine 82570
	CEA 82378	Iron Group (Iron / TIBC) 83540 / 50	Vitamin D 25 OH 82306
	CPK (CK) 82550	i-PTH 83970	*Rapid Strep Antigen Test 87880
Electrolyte Panel 80051 Sodium, Potassium, Chloride, CO ₂	Calcium 82310	Lithium 80178	PAT Type & Cross 86900
	Carbamazepine (Tegretol) 80156	Magnesium 83735	86901
Hepatic Function Panel 80076 Albumin, SGOT, SGPT, Bilirubin Total and Direct, Protein-Total Alkaline Phosphatase	Carbon Dioxide 82374	Mono Screen 86308	Units _____ Date _____
	*Celiac Dis Reflex Cascade 82784	NMR Lipo Profile 83704	*Direct Antiglobulin Test (DAT) 86880
	*Celiac Dual Antigen Scr 83516	Neo Bili (Bili T) 82247	Indirect Coombs (Antibody Scrn) 86850
	Chloride 82435	Occult Blood 82272	RHo Immune Globulin Workup 86900/86901/86850
Lipid Panel (12 Hr Fast) 80061 Chol, HDL, Trig Calculated LDL	Cholesterol 82465	Occult Blood Screen 82270	RHIG injection (96372 / J2792) Perform RHIG injection if indicated
	COVID Total Antibody 86769	OVA & Parasite 87328 / 87329	
OB Panel with HIV ABORH, ABSC, Rubella screen, *RPR, CBCWD, Hep B Ag, *HIV	Creatinine 82565	PSA 84153	
	* Culture AFB 87116	PSA SCR (Medicare) G0103	
	Source	Phenytoin 80185	Appointment Needed
Renal Panel 80069 Sodium, Potassium, Chloride, CO ₂ BUN, Glucose, Creatinine, Calcium Albumin, Phosphorus	*Culture Bacteria 87070	Phosphorus 84100	Call Central Scheduling (440) 816-8605
	Source	Potassium 84132	Glucose Tolerance Test (GTT)
	*Culture Fungus 87101	Progesterone 84144	2 Hr GTT (Diabetes Mellitus) 82951
	Source	Prothrombin Time, INR 85610	1 Hr. Gestational PC 82950
ABG's (Blood Gas) 82803	*Culture Stool 87045	*Rf (Rheumatoid Factor) 86431, 86430	3 Hr GTT (Gestational) 82951, 82952
Carbon Monoxide Level 82375	Digoxin 80162	*RPR 86592	3 Hr GTT (Non-Gestational) 82951, 82952
Resting EKG 93005	*F-Actin (smooth muscle) AB, IGG Reflex 83516	Reticulocyte 85045	5 Hr GTT (Hypoglycemia) 82951, 82952x3
ALT (SGPT) 84460	Ferritin 82728	Rubella 86762	1 hr PC (Post Challenge) 82950
*ANA 86038	Fluid No Diff 89050	Sed Rate 85652	2 hr PC (Post Challenge) 82950
*Anti-DNA 86225	State Fluid Type:	Sodium 84295	2 hr. PP (Post Prandial) 82950
AST (SGOT) 84450	Fluid with Diff 89051	TSH 84443	COVID 19 by PCR U0002
APTT 85730	State Fluid Type:	Testosterone 84403	<i>By appointment only: 440-816-8605</i>
Albumin 82040	Free T3 84481		
Alkaline Phosphatase 84075			

Misc Test needed:

* The tests above reflex to additional testing when indicated, which creates an additional charge.
 If you do not want the automatic reflex, please check box and note in special instructions which test(s) should not reflex.

Special Instructions / Comments / Medications:
 12 Hour Fasting Required

Standing Order Start Date _____ Expiration Date _____ 19824X 0824

