Scripps

LABORATORY SERVICE REQUEST

Patients: To find a location and make an appointment. Call 858-554-7844

PATIENT INFORMATION

Last Name	First Name	MI

Date of Birth (m/d/y)	Sex ( )Male ( )Female	SSN or MRN

BILLING INFORMATION

Attach copy of both sides of insurance card	Today's Date (m/d/y)

Bill to: ☐ Client ☐ Patient ☐ Insurance ☐ Case #

ORDERING PHYSICIAN INFORMATION

Last Name	First Name	Ordering Provider #	Phone #

Address	(REQUIRED) Physician Signature	Date

REPORTING INFORMATION

Fax Results (Name/ #)	Call Results (Name/ #)	Home Care Agency (Name/#)

SPECIMEN COLLECTION INFORMATION

(REQUIRED) Collected Date (m/d/y) Time (AM / PM) Collected by (First & Last Name)

TEST SPECIMEN INFORMATION (‡ see reverse side for panel components and descriptions for reflex tests and ABN requirements)

☐ STAT ☐ FASTING ☐ NOT-FASTING

To Decline a Reflex Test(‡) write the test name(s) here:

(REQUIRED) Write the **ICD-10 codes** for each test ordered. Order only tests that are medically necessary for the diagnosis or treatment of the patient.

✔	TEST NAME	CODE
	ORGAN / DISEASE PANELS	
	Basic Metabolic Panel	15
	Comp Metabolic Panel	17
	Hepatic Function Panel	20
	Acute Hepatitis Panel ‡	551
	Lipid Panel (Fasting)	18
	Renal Panel	19
	Obstetric Panel ‡	550
	Electrolyte Panel	16
	CHEMISTRY/IMMUNOLOGY	
	Allergy Panel (Common Food)	1156
	Allergy Panel (Common Aero)	1175
	Albumin	45
	Alkaline Phosphatase	112
	ANA Screen ‡	147
	Amylase	48
	Beta-2 Microglobulin	49
	Bilirubin, Total	50
	Bilirubin, Neonatal	51
	Bilirubin, Direct	52
	B-HCG, Quant	143
	B-Type Natriuretic Protein	2005
	BUN	140
	Calcium	53
	CA-125	155
	CEA	57
	Cholesterol	60
	C-Peptide	521
	C-Reactive Protein	149
	Creatinine, serum/plasma	66
	CRP, High Sensitivity	150
	CK, Total	62
	CKMB	8084
	Cortisol	61
	DHEAS-SO4	524
	EBV Prl (Capsid IgG&IgM, NucAb)	863
	Estradiol	523
	Free T4	127
	Free T3	137
	Ferritin	68
	Folate	69
	FSH	86
	GGT	85
	Glucose	81
	Glucose 1 hr PG 50 gm	8171
	Glucose 2 hr PP 75 gm	8172
	HDL Cholesterol	101
	Hemoglobin A1C	90
	Hepatitis A Ab, Total ‡	797
	Hepatitis A Ab, IgM	798
	Hepatitis B Surface Ab	472
	Hepatitis B Surface Ag ‡	471
	Hepatitis B Core Ab, Total	1242

✔	TEST NAME	CODE
	Hepatitis C Ab	868
	Herpes Simplex ½ Ab, IgG	8200
	HIV Ag/Ab Combo ‡	8183
	Homocysteine	93
	Immunoglobulin G, M, A, Quant	166
	Insulin	527
	Iron & IBC	829
	LDH, Total	96
	LDL, Direct	102
	Lipase	99
	Lipoprotein A	563
	Luteinizing Hormone	87
	Lyme Ab ‡	788
	Magnesium	103
	Mono Screen	482
	Mumps Ab, IgG	160
	Occult Blood, fecal	8159
	Phosphorous	113
	Potassium	114
	Prealbumin	115
	Pregnancy Screen, urine	437
	Prolactin	531
	Prostate Specific Ag	116
	Protein Electrophoresis, serum ‡	119
	Progesterone	529
	PTH Intact and Calcium	813
	Quantiferon TB	8305
	Rheumatoid Factor, Quant	206
	Rubella Ab, IgG	496
	Rubeola Ab, IgG	657
	SGOT (AST)	131
	SGPT (ALT)	132
	Syphilis Screen (EIA) ‡	8363
	Testosterone	124
	Troponin-I	747
	Transferrin	133
	Thyroid Stim Hormone	129
	Total Protein	118
	Triglycerides	134
	Uric Acid	141
	Vitamin B12	67
	Vitamin D25 Hydroxy	535
	BODY FLUIDS	
	CSF Cell Count & Diff	212
	CSF Glucose	185
	CSF Protein	195
	Semen Analysis, Complete	216
	Sperm Count	891
	Synovial Fld Cell Count & Diff	211
	Fetal Fibronectin	287
	Fluid Source:	
	Cell Count & Differential	210

✔	TEST NAME	CODE
	URINALYSIS	
	Urinalysis, Reflex Microscopic ‡	347
	Urinalysis, Reflex Culture ‡	8396
	Urinalysis w/ Micro, Reflex Cult ‡	809
	Urinalysis w/ Microscopic	348
	Calcium, 24 Hour	814
	Creatinine, Total 24 hour	712
	Creatinine Clearance, 24 hour	818
	Microalbumin, urine (random)	689
	Protein Electrophoresis, urine ‡	438
	Protein, Total 24 hour	440
	Potassium, urine (random)	434
	Sodium, urine (random)	444
	THERAPEUTIC DRUGS	
	Acetaminophen	43
	Digoxin	23
	Carbamazepine (Tegretol)	21
	Cyclosporin	874
	Dilantin (Phenytoin)	31
	Everolimus	8142
	Lithium	29
	Phenobarbital	30
	Tacrolimus	876
	Theophylline	35
	Sirolimus	875
	Valproate (Depakote)	24
	HEMATOLOGY/COAGULATION	
	Hemogram	8179
	CBC w/ differential ‡	293
	PT with INR	320
	PTT	325
	D Dimer, Quant	313
	Fibrin Split Products	761
	Fibrinogen, Quant	314
	Platelet Count	301
	Reticulocyte Count	296
	Sedimentation Rate	322
	TRANSFUSION SERVICES	
	Cord Blood Studies ‡	892
	ABO/Rh Type	895
	Antibody Screen ‡	278
	Hold Clot	1876
	Type & Screen ‡	276

Transfusion Location:

Date & Time Blood Needed:

	Type & Crossmatch ‡	281

Product Type & # Units

✔	TEST NAME	CODE
	MICROBIOLOGY/VIROLOGY	
	Specimen Source:	
	AFB Culture & Stain ‡	877
	Wound /Fluid Culture Aerobic ‡ Includes Gram Stain	508
	Respiratory Culture Aerobic ‡ Includes Gram Stain	900
	Bacterial Culture Anaerobic ‡ (Must be ordered separately)	233
	Blood Culture ‡	462
	Bordetella pertussis by PCR	923
	C. Difficile Antigen & Toxin ‡	253
	C. Difficile Toxin Gene by PCR	8066
	CSF Culture & Gram Stain ‡	268
	Chlamydia (circle source) CX Rectal Urine Urethra Throat	8113
	Chlamydia/Gonorrhea (circle source) CX Rectal Urine Urethra Throat	1379
	CMV Quant by PCR (viral load)	219
	Fungal Culture (skin, hair, nails)	1294
	Fungal Culture ‡	8164
	Fungal Calcofluor White Stain	8073
	Gonorrhea (circle source) CX Urine Urethra Throat	1363
	Group A Strep by PCR	1369
	Hepatitis C Viral Load by PCR	887
	Herpes Simplex PCR (circle source) Genital Respiratory Skin	917
	HIV 1 Quant by PCR (viral load)	878
	H. pylori Ag (stool)	397
	Influenza A/B & RSV by PCR	8156
	Legionella Ag , urine	886
	Ova & Parasites w/ stain	955
	Respiratory Viral Panel by PCR	8335
	Beta Strep Screen by PCR (throat)	1369
	Strep B Screen by PCR (vag/rectal)	1377
	Stool Pathogens by PCR	8134
	Urine Culture ‡	239
	Vaginitis Panel (DNA Probe)	8128
	ADDITIONAL TESTS	

3PO

PO 55-8195

ORIGINAL - Laboratory 2ND PAGE - Office Copy

Shaded tests are those for which Medicare may deny payment. In this case, the patient may need to sign a Medicare Disclosure Form (ABN)

ORGAN/DISEASE PANELS PANEL COMPONENTS (Medicare approved)	Basic Metabolic Panel	Comprehensive Metabolic Panel	Hepatic Function Panel	Acute Hepatitis Panel	Lipid Panel	Obstetric Panel	Renal Function Panel
Sodium	X	X					X
Potassium	X	X					X
Chloride	X	X					X
Carbon Dioxide, Total	X	X					X
Calcium	X	X					X
Creatinine	X	X					X
Glucose	X	X					X
Urea Nitrogen (BUN)	X	X					X
Glomerular Filtration Rate (Calculation)	X	X					X
Albumin		X	X				X
Alkaline Phosphatase		X	X				
Total Bilirubin		X	X				
Direct Bilirubin			X				
AST (SGOT)		X	X				
ALT (SGPT)		X	X				
Total Protein		X	X				
Phosphorus							X
Hepatitis A Antibody, IgM				X			
Hepatitis B Surface Antigen ‡				X		X	
Hepatitis B Core Antibody, IgM				X			
Hepatitis C Antibody				X			
Cholesterol, Total					X		
HDL					X		
Triglycerides					X		
LDL (Calculation)					X		
CBC with differential						X	
Rubella IgG, Qualitative						X	
RPR ‡						X	
ABO and Rh Type						X	
Antibody Screen ‡						X	
HIV 1 Ab with HIV 1 and 2 Ab ‡						X	

‡ Reflex Test or Interpretation– when initial test results are positive or outside defined criteria, additional medically appropriate confirmatory or related test(s) are automatically performed and charged unless declined.

THE FOLLOWING REFLEX TEST(S) WILL BE PERFORMED AT AN ADDITIONAL CHARGE

ANA Screen: If positive, a titer will be performed.
- For Rheumatology patients, DNA Ab, ENA Ab screen, Sjogrens Ab A & B, Scleroderma Ab will be performed if titer ≥ 640.
- For other patients, DNA Ab, Ab, ENA Ab screen, Sjogrens Ab A & B, Scleroderma Ab) will be performed if titer ≥ 160.
- If the ENA Ab screen is positive, a quantitative RNP Ab will be performed.

Antibody Screen (RBC): If positive, antibody identification will be performed. If an antibody is identified, a titer will be performed on prenatal specimens only.

Microbiology Cultures: If positive, organism identification tests, typing and susceptibility tests will be performed.

CBC with differential: Pathologist's review will be performed if an abnormal parameter on CBC screen is detected.

Clostridium difficile Toxin & Antigen: PCR test will be performed if EIA screen result is indeterminate.

RBC Screen: If positive, the RBC antibody will be identified

Hepatitis A Antibody, Total: If positive, a Hepatitis A Antibody, IgM will be performed

Hepatitis B Surface Antigen: If positive, confirmatory test will be performed.

HIV Ag/Ab Combo: If positive, confirmatory tests will be performed.

Lyme Antibody: If positive, confirmation testing will be performed

Protein Electrophoresis: If abnormal bands are detected an immunofixation will be performed

RBC Rh Type: If the Rh type is negative on mother/baby, a Rh Du subtype will be performed

Syphilis Screen: If positive or equivocal, RPR, quantitative RPR, and TP-PA confirmation will be performed.

Urinalysis Screen with reflexes:
- Microscopic urinalysis will be performed if dipstick nitrite, leukocyte esterase, blood, protein, or glucose and ketone are positive.
- If urinalysis, culture if indicated is ordered, a culture will be performed if the dipstick is positive for leukocyte esterase or nitrite, or if >5 WBC, moderate bacteria or > moderate yeast are seen on microscopic exam.