

CLIENT INFORMATION (Practice Name & Contact Info)

Office:
MD:
Phone:
Fax:

LABORATORY REQUEST FORM
CULLMAN REGIONAL
LABORATORY SERVICES
 p:(256) 737-2157
 f: (256) 737-2162
 CLIA: 01D0300143



CULLMAN
REGIONAL

*RED FIELDS REQUIRED

DIAGNOSIS DX CODE		PATIENT NAME (LAST) (FIRST) (MIDDLE)			SEX	BIRTH DATE MO. DAY YR.		
CHART #	ADDRESS	PATIENT PHONE #	SS#	PHYSICIAN SIGNATURE (REQUIRED)				

BILLING INFORMATION (INFORMATION BELOW REQUIRED FOR PATIENT AND 3RD PARTY BILLING)							
<input type="checkbox"/> CLIENT	RESPONSIBLE PARTY (LAST, FIRST)			RELATIONSHIP TO PATIENT			
<input type="checkbox"/> PATIENT	BILLING ADDRESS			CITY	STATE	ZIP CODE	
<input type="checkbox"/> MEDICARE	POLICY #	GROUP #	SS#	NAME AS APPEARS ON CARD			
<input type="checkbox"/> OTHER* _____	*INSURANCE CO. ADDRESS						
<input type="checkbox"/> BLUE CROSS ST. _____							
<input type="checkbox"/> MEDICAID ST. _____							

FASTING Y N DATE DRAWN _____ TIME DRAWN _____ TECH INITIALS _____ CULTURE SOURCE _____

Audited By:	Scanned:	SST _____	Lt. blue _____	Urine _____	Stool _____	Processed By:
		Lav _____	Red _____	Swab _____		

ICD CODE REQUIRED FOR ALL PATIENTS. MEDICARE REIMBURSEMENT MAY BE DENIED BASED ON ICD CODE ASSIGNED. TESTS MARKED WITH AN ASTERISK (*) REQUIRE A SIGNED ABN FORM OR ACCEPTABLE ICD CODE. ANY TEST COMPONENT OF A PANEL OR PROFILE MAY BE ORDERED INDIVIDUALLY, WITH THE EXCEPTION OF CALCULATED VALUES.

AMA/CMS APPROVED PANELS

- Basic Metabolic Panel 80048
- Comprehensive Metabolic Panel 80053
- Hepatic Function Panel 80076
- Hepatitis Acute Panel 80074
- Lipid Panel* 80061
- Renal Function Panel 80069

CHEMISTRY

- Ammonia* 82140
- Amylase 82150
- ANA 86038
- ANA IFA (Mayo NAIFA) 86039
- Bilirubin, Total 82247
- nt-Pro BNP* (ABN) 83880
- BUN 84520
- Calcium 82310
- CEA* 82378
- Creatinine 82565
- CRP 86140
- Depakote/Valproic Acid 80164
- Digoxin* 80162
- Dilantin/Phenytoin 80185
- Ferritin* 82728
- Folate 82746
- Glucose* 82947
- HCG, Quant Serum 84702
- Hep B Surf AB (Immunity) 86706
- Hep B Surf AG* 87340

- HCV Ab Scrn* w/reflex HCV PCR 86803
- Hgb A1c* 83036
- H. Pylori AB serum 86677
- Iron* 83540
- Iron & TIBC* 83550, 83540
- Lipase 83690
- Magnesium 83735
- Potassium 84132
- PSA Screen* G0103
- PSA Diagnostic* 84153
- Testosterone, Total 84403
- Testosterone, Free 84402
- Transferrin* 84466
- TSH* 84443
- T3, Total* 84480
- T3, Free* 84481
- T4, Total* 84436
- T4, Free* 84439
- Uric Acid 84550
- Valproic Acid 80164
- Vit B12 82607
- Vit D 25-OH* (ABN) 82306
- Vit D 1, 25* (ABN) 82652

SEROLOGY

- C. diff Toxin by EIA* 87324
- HCG Qual Urine 81025
- HCG Qual Serum 84703
- Mono Spot 86308

- Grp A Strep, Rapid (Throat) 87880
- RF Qual (In House) 86430
- RF Quantitative 86431
- RPR* 86592

HEMATOLOGY/COAG/URINE

- CBC, no diff* 85027
- CBC, with auto diff* 85025
- CBC, with manual diff* 85027, 85007
- Hemoglobin & Hematocrit* 85014, 85018
- Retic Count 85044
- Sedimentation Rate 85651
- D Dimer* 85380
- PT/INR* 85610
- Urinalysis, Coll: Clean Catch, Cath, Other _____
 - Reflex Urine Culture*, if indicated 87086
- Microalbumin, Urine Random 82043

MICROBIOLOGY

- Aerobic Culture, Source _____ site _____
- Anaerobic Culture Source _____ site _____
- Fungal Culture, Source _____
- Stool Culture* 87045
- Group A Strep Culture (Throat) 87081
- Urine Culture* Coll: Clean Catch, Cath, Other _____ 87086

OTHER TESTS / COMMENTS

