Golden Valley Memorial HEALTHCARE
Department of Laboratory Medicine
Phone: 660-890-7173
Fax: 660-885-5948

Outpatient Laboratory Orders

Patient Information – Please Print:

_____ _____ _____
NAME: Last **First** **MI**

_____-_____-_____ _____/_____/_____ _____ _____
Soc Sec No **Date of Birth** **Age** **Sex**

_____/_____/_____ ( ) Blood ( ) Urine
Collection Date ( ) Timed Urine
_____ Hours:
Time ( ) Other

Physician: _____ **ICD10 Diagnosis Code:** _____

ORDERING INSTRUCTIONS: Check each test required. In circumstances where a provided diagnosis or clinical symptom does not meet medical necessity guidelines, Medicare patients will be asked to sign an Advance Beneficiary notice and will be billed for the test(s).

Individual Tests

( ) Alcohol
( ) Arterial Blood Gas
Amount O2: _____
( ) Albumin
( ) Alk. Phosphatase
( ) ALT (SGPT)
( ) Amylase
( ) Ammonia
( ) ANA, titer/pattern
( ) AST (SGOT)
( ) Beta HCG, qualitative
( ) Beta HCG, quantitative
( ) Bilirubin, direct
( ) Bilirubin, newborn
( ) Bilirubin, total
( ) BNP B-Type Nat. Peptide
( ) BUN
( ) Calcium
( ) Carbon Monoxide
( ) CBC
( ) CBC w/differential
( ) CA 19-9
( ) CA 27-29
( ) CA 125
( ) CEA
( ) Chloride
( ) Cholesterol
( ) CK
( ) CK MB
( ) CO2
( ) Coombs, direct
( ) Cord blood, pH
____ Art
____ Ven
( ) C-reactive Prot
( ) Creatinine
( ) D-Dimer, quantitative
( ) Ferritin
( ) Fibrinogen
( ) Folate
( ) GGT
( ) Glucose
( ) Glycohemoglobin
( ) Hemagram
( ) Hemoglobin
( ) HIV antibody
( ) Iron
( ) LDH
( ) Lead
( ) Lipase
( ) Magnesium
( ) Mono-Test
( ) Occult Blood
( ) Phosphorus
( ) PKU
( ) Potassium
( ) PSA
( ) Protein, total
( ) PTH
( ) APTT
( ) PT with INR
Anticoag Therapy: Y N
Type: _____
( ) RA
( ) Retic Count
( ) RPR
( ) Rubella
( ) Sed Rate (ESR)
( ) Sodium
( ) T3 Uptake
( ) T4
( ) T4, Free
( ) T7
( ) TIBC
( ) Triglycerides
( ) Troponin I
( ) TSH
( ) Uric Acid
( ) Vitamin B12

Organ or Disease Oriented Panels

These panels are considered as individually ordered tests by CMS for Medicare patients

( ) Electrolytes
Sodium, Potassium, Chloride, CO2

( ) Basic Metabolic Panel
Glucose, BUN, Creatinine, Sodium Potassium, Chloride, CO2

( ) Hepatic Function Panel A
Alburmin, Bilrubin total & direct ALK.Phos., ALT, AST

( ) Comprehensive Metabolic Panel
Glucose, BUN, Creatinine, Protein Albumin, Calcium, Bilirubin Total, Alk.Phos, AST, Sodium, Potassium, Chloride, CO2

( ) Lipid Panel 80061
Cholesterol, Triglyceride, HDL, LDL, VLDL

Therapeutic Drug Levels

( ) Acetaminophen
( ) Carbamazepine
( ) Digoxin
( ) Gentamicin, peak
( ) Gentamicin, trough
( ) Lithium
( ) Phenobarbital
( ) Phenytoin (Dilantin)
( ) Quinidine
( ) Salicylate
( ) Theophylline
( ) Tobramycin, peak
( ) Tobramycin, trough
( ) Valproic Acid (Depakene)
( ) Vancomycin, peak
( ) Vancomycin, trough
( ) _____

Time and Date of Last Dose: _____

Blood Bank Testing

( ) ABO & RH Type
( ) Antibody Screen
( ) Crossmatch: # Units ____ Autologous units: Y or N
( ) RhoGam

Urine Testing

( )Urinalysis
( )Creatinine Clearance
( )Microalbumin
( )Protein, total
( )Potassium
( )Sodium
( )Triage Drug Screen
Antibiotic _____

Circle Collection Type:
Random / 24-Hour

Microbiology Testing

( ) AFB Culture & Stain
( ) Blood Culture
( ) Chlamydia-PCR
( ) Clostridium Difficile Toxin
( ) Fungus Culture
( ) GC Culture
( ) Influenza A/B Rapid Test
( ) Routine (Aerobic/Anaerobic)
( ) Ova and Parasite
( ) RSV
( ) Strep Screen
( ) Stool Culture
( ) Throat Culture
( ) Urine Culture
( ) Viral Culture

Specimen Source:_____
PT on Antibiotics:_____

ADDITIONAL TESTS/SPECIAL INSTRUCTIONS:

Fax to: _____

_____

Bed: ❑ Part A ❑ Part B ❑ Managed Care

_____ _____ _____
Physician signature Date Time

* O R D E R *