

## OUTPATIENT LABORATORY TEST REQUISITION FORM

### PHYSICIAN NOTIFICATION

Medicare will pay only for tests that meet the Medicare coverage criteria and are reasonable and necessary to treat or diagnose an individual patient. Medicare does not pay for tests for which documentation, including the patient record, does not support that the tests were reasonable and necessary. Medicare generally does not cover routine screening tests even if the physician or other authorized test orderer considers the tests appropriate for the patient.

**All tests ordered MUST include the appropriate ICD-10 codes.**

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Physician Signature: \_\_\_\_\_ Dictation ID #, Printed Name or Stamp: \_\_\_\_\_

Physician Address: \_\_\_\_\_  
(print or stamp) \_\_\_\_\_

ICD-10 CODES:
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Date: \_\_\_\_\_ Collection Date: \_\_\_\_\_ Collection Time: \_\_\_\_\_ Fasting/Nonfasting: \_\_\_\_\_

PANELS			
<input type="checkbox"/> Basic Metabolic Panel			<input type="checkbox"/> Hepatic Function Panel
<input type="checkbox"/> Comprehensive Metabolic Panel			<input type="checkbox"/> <b>*Hepatitis Panel</b>
<input type="checkbox"/> Electrolytes Panel			<input type="checkbox"/> <b>*Lipid Panel</b>

### TESTS

HEMATOLOGY	CHEMISTRY	SPECIAL CHEMISTRY	THERAPEUTIC DRUGS
<input type="checkbox"/> <b>*CBC/Elec Diff</b>	<input type="checkbox"/> Albumin	<input type="checkbox"/> <b>*AFP</b>	<input type="checkbox"/> Time of Last Dose _____ am/pm
<input type="checkbox"/> <b>*CBC/Elec Diff (w/o Reflex)</b>	<input type="checkbox"/> Alkaline Phos.	<input type="checkbox"/> <b>*CEA</b>	<input type="checkbox"/> <b>*Digoxin</b>
<input type="checkbox"/> <b>*CBC w/ manual Diff</b>	<input type="checkbox"/> ALT	<input type="checkbox"/> <b>*C-Reac. Protein-Cardiac</b>	<input type="checkbox"/> Dilantin
<input type="checkbox"/> <b>*Hemoglobin</b>	<input type="checkbox"/> Amylase	<input type="checkbox"/> C-Reac. Protein	<input type="checkbox"/> Lithium
<input type="checkbox"/> <b>*Hematocrit</b>	<input type="checkbox"/> AST	<input type="checkbox"/> <b>*Folate RBC</b>	<input type="checkbox"/> Tegretol
<input type="checkbox"/> Sed Rate (ESR)	<input type="checkbox"/> Bilirubin, direct	<input type="checkbox"/> <b>*Folate Serum</b>	<input type="checkbox"/> Valproic Acid
<input type="checkbox"/> <b>*PT(w/INR)</b>	<input type="checkbox"/> Bilirubin, total	<input type="checkbox"/> <b>*PSA</b> _____ Screening	<b>MICROBIOLOGY</b>
<input type="checkbox"/> Anticoagulant Therapy _____	<input type="checkbox"/> Bili, total (w/o Reflex)	<input type="checkbox"/> _____ Diagnostic	<input type="checkbox"/> Strep A Screen
<input type="checkbox"/> <b>*APTT</b>	<input type="checkbox"/> BUN	<input type="checkbox"/> PTH	<input type="checkbox"/> Strep A (w/o Reflex)
<input type="checkbox"/> Reticulocyte	<input type="checkbox"/> Calcium	<input type="checkbox"/> Testosterone	<input type="checkbox"/> Throat Culture
<b>BLOOD BANK</b>			
<input type="checkbox"/> Fetal Screen	<input type="checkbox"/> Carbon Dioxide	<input type="checkbox"/> T3	<input type="checkbox"/> Blood Culture x__
<input type="checkbox"/> Fetal Scr. (w/o Reflex)	<input type="checkbox"/> Chloride	<input type="checkbox"/> <b>*T4, Free</b>	<input type="checkbox"/> <b>*Urine Culture</b>
<input type="checkbox"/> ABO	<input type="checkbox"/> <b>*Cholesterol</b>	<input type="checkbox"/> <b>*T4 (Total)</b>	<input type="checkbox"/> Wound Culture
<input type="checkbox"/> Rh	<input type="checkbox"/> CK	<input type="checkbox"/> <b>*TSH</b>	<input type="checkbox"/> Culture, Other
<input type="checkbox"/> Antibody Screen	<input type="checkbox"/> Creatinine	<input type="checkbox"/> <b>*Vitamin B12</b>	<input type="checkbox"/> ID/Sensitivity
<input type="checkbox"/> DAT	<input type="checkbox"/> <b>*Ferritin</b>	<input type="checkbox"/> <b>*Vitamin D 25-Hydroxy</b>	Source: (required for wound or other culture)
<input type="checkbox"/> Red Cells x__	<input type="checkbox"/> <b>*Glucose</b>	<b>IMMUNOLOGY</b>	
<input type="checkbox"/> Platelets x__	<input type="checkbox"/> <b>*Hgb A1C</b>	<input type="checkbox"/> ANA	<input type="checkbox"/> MRSA Screen (Nares only)
<b>URINALYSIS</b>			
<input type="checkbox"/> UA	<input type="checkbox"/> HCG, Qual.	<input type="checkbox"/> ANA (w/o Reflex)	<input type="checkbox"/> Chlamydia Probe
<input type="checkbox"/> UA (w/o Reflex)	<input type="checkbox"/> <b>*HCG, Quant.</b>	<input type="checkbox"/> HAV Ab IgM	<input type="checkbox"/> GC Probe
<input type="checkbox"/> Occult Blood x__	<input type="checkbox"/> <b>*HDL</b>	<input type="checkbox"/> HBSAG	<input type="checkbox"/> Crypto/Giardia
<input type="checkbox"/> _____ Screening	<input type="checkbox"/> <b>*Iron, total</b>	<input type="checkbox"/> <b>*HIV</b>	<input type="checkbox"/> C. difficile Toxin
<input type="checkbox"/> _____ Diagnostic	<input type="checkbox"/> LDH	<input type="checkbox"/> Lymes	
<input type="checkbox"/> Stool for WBC	<input type="checkbox"/> Lead	<input type="checkbox"/> Mono Screen	
<b>URINE CHEMISTRY</b>			
<input type="checkbox"/> Microalbumin, Ur	<input type="checkbox"/> Lipase	<input type="checkbox"/> Rheumatoid Factor	
<b>BODY FLUIDS</b>			
<input type="checkbox"/> Crystal Exam	<input type="checkbox"/> Magnesium	<input type="checkbox"/> RF (w/o Reflex)	
<input type="checkbox"/> Cell Count	<input type="checkbox"/> Phosphorus	<input type="checkbox"/> <b>*RPR</b>	
<input type="checkbox"/> Other	<input type="checkbox"/> Potassium	<input type="checkbox"/> Rubella IgG	
Source: _____	<input type="checkbox"/> Protein, total	<b>Additional Tests</b>	
	<input type="checkbox"/> Sodium		
	<input type="checkbox"/> <b>*TIBC</b>		
	<input type="checkbox"/> <b>*Triglycerides</b>		
	<input type="checkbox"/> Uric Acid		

## UM Upper Chesapeake Health Laboratories Welcomes You!

Your physician has requested Laboratory test(s) to assist in the evaluation of your current medical condition. The University of Maryland Upper Chesapeake Health Laboratories in the Klein Ambulatory Care Center at UM Upper Chesapeake Medical Center, as well as at UM Harford Memorial Hospital in Havre de Grace, are committed to providing you with Laboratory services of the highest quality. Our goal is to provide you with service that exceeds your expectations.

### Instructions

**Prior Preparation:** Carefully follow any instructions that your physician has given you concerning your Laboratory test(s). If you have been instructed to fast prior to your test(s), it is recommended that this be for no longer than 8-10 hours. Should you have any questions concerning your test(s), please call the Klein Ambulatory Care Center at 443-643-3840, Mon-Fri 6:30a - 6p and Sat. 8a – 12p, or Harford Memorial Hospital at 443-843-6991.

**Centralized Scheduling** Fertility studies, therapeutic phlebotomies, and bone marrow studies must be scheduled through the ScheduleFirst office prior to being performed. Please call 443-843-7000 or 800-301-4799 to schedule these tests at either of our facilities.

### What to Expect

Upon arrival you will need to register with a Registration team member. At this time, the Registrar will make note of your address, physician's name and insurance information. If your insurance company requires a referral or copay, please be prepared to provide this at the time of registration. Depending on your health care coverage, you **may** receive a bill for charges not covered by your insurance company, This bill may come from the KleinAmbulatory Care Center, Upper Chesapeake Medical Center, or Harford Memorial Hospital, depending upon where the services were performed. We will bill any secondary insurance **first** before billing you.

Following registration, you will be directed to a lab waiting area. The door to the blood draw area may be closed for privacy but, don't worry; your name is listed on a computer tracker to inform the Lab team member(s) that you are waiting.

### Following Your Procedure

The Upper Chesapeake team member who collects the specimen will provide you with an estimated time that your test results will be provided to your physician. Our team members will also be happy to answer any questions or concerns you may have. Your physician will later inform you of your results. You may also obtain a copy of your results, without cost, by personally appearing at the Quality and Health Information Management department at either UM Upper Chesapeake Medical Center or UM Harford Memorial Hospital.

**We welcome any comments or suggestions about the services we have provided to you.** Please feel free to contact the Laboratory at the numbers listed in the Instructions section above. We look forward to serving you again for any of your future needs.