



# Laboratory Requisition

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Received By:

Name:  
 Date:  
 Time:

## PATIENT INFORMATION

**Patient Name (Last, First):** \_\_\_\_\_ **Date of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Address:** \_\_\_\_\_ **Phone:** (\_\_\_\_) \_\_\_\_\_ **Gender:**  Male  Female

**Medical Record Number:** \_\_\_\_\_ **Collection Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Collection Time:** \_\_\_\_\_ **Priority:**  Stat  Routine

**Dx Description or ICD - Code (REQUIRED):** \_\_\_\_\_ **Bill To:**  Pt Self Pay  Insurance

BILLING INFORMATION	ORDERING PROVIDER
Insurance: _____	<b>Ordering Provider Name &amp; Credentials (Printed):</b> _____
Subscriber ID: _____ Group No.: _____	Phone: (____) _____ Fax: (____) _____
Address: _____	
City/State/ZIP: _____	<b>Clinician Signature (REQUIRED)</b> _____ Date _____ Time _____
Phone: (____) _____ Subscriber DOB: _____	<b>MEDICAL NECESSITY REGULATIONS:</b> At the government's request, the Clinical Laboratories would like to remind all physicians that when ordering tests expected to be paid under federal health care programs, such as Medicare and Medicaid, the tests must meet the following conditions: (1) included as covered services, (2) reasonable, (3) medically necessary for the treatment and diagnosis of the patient and (4) not for screening purposes.
Subscriber Name/Rel.: _____	

GENERAL	THERAPEUTIC DRUG MONITORING		
<input type="checkbox"/> 17- OH Progesterone <input type="checkbox"/> Albumin <input type="checkbox"/> ALT <input type="checkbox"/> Alkaline Phosphatase (ALP) <input type="checkbox"/> Amino Acids, Serum <input type="checkbox"/> Amylase <input type="checkbox"/> ANA Screen <input type="checkbox"/> Anti-DNAse B <input type="checkbox"/> APTT <input type="checkbox"/> ASO <input type="checkbox"/> AST <input type="checkbox"/> Bile Acids, Serum <input type="checkbox"/> Bilirubin, Direct <input type="checkbox"/> Bilirubin, Total <input type="checkbox"/> Basic Metabolic Panel (BMP) <i>(BUN, Calcium, Creatinine, Electrolytes, Glucose)</i> <input type="checkbox"/> Blood Urea Nitrogen (BUN) <input type="checkbox"/> Calcium <input type="checkbox"/> CBC <input type="checkbox"/> CBC w/diff <input type="checkbox"/> Cholesterol <input type="checkbox"/> Creatine Kinase (CK) <input type="checkbox"/> Comp Metabolic Panel (CMP) <i>(BMP + Albumin, ALP, ALT, AST, Total Bilirubin, Total Protein)</i> <input type="checkbox"/> CMV IgG <input type="checkbox"/> CMV IgM <input type="checkbox"/> Creatinine <input type="checkbox"/> C-Reactive Protein (CRP) <input type="checkbox"/> DHEAS <input type="checkbox"/> D-Dimer <input type="checkbox"/> EBV IgG <input type="checkbox"/> EBV IgM <input type="checkbox"/> EBV Profile (EBV, IgG, EBV IgM, EBNA) <input type="checkbox"/> Electrolytes <i>(Carbon Dioxide, Chloride, Potassium, Sodium)</i> <input type="checkbox"/> Fecal Calprotectin <input type="checkbox"/> Ferritin <input type="checkbox"/> Fibrinogen <input type="checkbox"/> Folate	<input type="checkbox"/> FSH <input type="checkbox"/> GGT <input type="checkbox"/> Glucose <input type="checkbox"/> H & H <input type="checkbox"/> Hepatic Profile <i>(Albumin, ALT, AST, Total Protein, Total Bili, Direct Bili, ALP)</i> <input type="checkbox"/> Hepatitis A Antibody, Total <input type="checkbox"/> Hepatitis A IgM <input type="checkbox"/> Hepatitis B Core Antibody <input type="checkbox"/> Hepatitis B Surface Antibody <input type="checkbox"/> Hepatitis B Surface Antigen <input type="checkbox"/> Hepatitis C Antibody <input type="checkbox"/> Hgb A1C <input type="checkbox"/> Hgb Electrophoresis <input type="checkbox"/> Hgb S Level <input type="checkbox"/> HIV 1 RNA PCR <input type="checkbox"/> HIV Ag/Ab <input type="checkbox"/> IgA <input type="checkbox"/> IgE <input type="checkbox"/> IgG <input type="checkbox"/> IgG Subclasses <input type="checkbox"/> IgM <input type="checkbox"/> Immature Platelet Fraction (IPF) <input type="checkbox"/> Immunoglobulin Profile (IgA, IgG, IgM) <input type="checkbox"/> Insulin <input type="checkbox"/> Iron <input type="checkbox"/> LDH <input type="checkbox"/> Lead Blood <input type="checkbox"/> Capillary <input type="checkbox"/> Venous <input type="checkbox"/> LH <input type="checkbox"/> Lipase <input type="checkbox"/> Lipid Profile <i>(Cholesterol, HDL, LDL, Triglycerides)</i> <input type="checkbox"/> Magnesium <input type="checkbox"/> Mono Spot <input type="checkbox"/> Mono Spot with Reflex to EBV Profile <input type="checkbox"/> Phosphorus <input type="checkbox"/> Potassium <input type="checkbox"/> Prealbumin <input type="checkbox"/> Pregnancy, Serum	<input type="checkbox"/> Prolactin <input type="checkbox"/> PT/INR <input type="checkbox"/> Renal Profile <i>(Albumin, BUN, Calcium, Creatinine, Electrolytes, Glucose, Phosphorus)</i> <input type="checkbox"/> Reticulocyte Count <input type="checkbox"/> Rheumatoid Factor <input type="checkbox"/> Sed Rate (ESR) <input type="checkbox"/> Sodium <input type="checkbox"/> Syphilis Screen <input type="checkbox"/> T3, Total <input type="checkbox"/> T4, Total <input type="checkbox"/> T4 Free, Rapid <input type="checkbox"/> Testosterone, Total <input type="checkbox"/> Testosterone, Free & Total w/ SHBG <input type="checkbox"/> TIBC <input type="checkbox"/> TPN Profile <i>(Renal Profile + Magnesium, Total Protein, Globulin, ALT, ALP, AST, GGT, Triglycerides, Total Bili, Direct Bili)</i> <input type="checkbox"/> Triglycerides <input type="checkbox"/> TSH <input type="checkbox"/> TSH with reflex to T4 Free, Rapid <input type="checkbox"/> TTG IgA <input type="checkbox"/> Uric Acid <input type="checkbox"/> Vitamin B12 <input type="checkbox"/> Vitamin D 25 OH	<b>Dose Amount:</b> _____ <b>Dose Date/Time:</b> _____ <input type="checkbox"/> Amikacin <input type="checkbox"/> Cyclosporin <input type="checkbox"/> Gentamicin <input type="checkbox"/> Phenobarbital <input type="checkbox"/> Sirolimus <input type="checkbox"/> Tacrolimus <input type="checkbox"/> Tobramycin <input type="checkbox"/> Vancomycin
	<b>MICROBIOLOGY</b>		
	<input type="checkbox"/> Blood Culture <input type="checkbox"/> C Diff Toxin <input type="checkbox"/> Flu A/B Molecular (Rapid) <input type="checkbox"/> Fungal Culture <input type="checkbox"/> GC DNA/Chlamydia DNA <input type="checkbox"/> Giardia/Crypto DFA (Stool) <input type="checkbox"/> Occult Blood, Stool <input type="checkbox"/> Ova and Parasite <input type="checkbox"/> Rotavirus <input type="checkbox"/> Routine Bacterial Stool <input type="checkbox"/> Pathogens-Molecular <input type="checkbox"/> Routine Viral Stool Pathogens-Molecular <input type="checkbox"/> RSV Molecular (Rapid) <input type="checkbox"/> Strep A Molecular Detection <input type="checkbox"/> Rapid Strep A Molecular <i>(Collected at CCHMC only)</i> <input type="checkbox"/> Wound Culture Source: _____		
	<b>URINE</b>		
	<input type="checkbox"/> Urinalysis <input type="checkbox"/> Urinalysis with Reflex to culture <input type="checkbox"/> Urine Culture <input type="checkbox"/> Catheterization <input type="checkbox"/> Clean Catch		
	<b>PCR</b>		
	<input type="checkbox"/> Adenovirus Qual PCR <input type="checkbox"/> Adenovirus Quant PCR <input type="checkbox"/> B Pertussis/Parapertussis PCR <input type="checkbox"/> BK Virus Qual PCR <input type="checkbox"/> BK Virus Quant PCR <input type="checkbox"/> Cytomegalovirus Qual PCR <input type="checkbox"/> Cytomegalovirus Quant PCR <input type="checkbox"/> Epstein-Barr Virus Qual PCR <input type="checkbox"/> Epstein-Barr Virus Quant PCR <input type="checkbox"/> Herpes Simplex Vir 1&2 Qual PCR <input type="checkbox"/> Herpes Simplex Vir 1&2 Quant PCR <input type="checkbox"/> Norovirus PCR		

**OTHER TESTS/SPECIAL INSTRUCTIONS:**

Please attach a copy of the patient Insurance Info

