

LABORATORY ORDER FORM

Amesbury Health Center (978) 834-8152 24 Morrill Place, Amesbury Mon-Fri 6:30am-3:00pm (Closed for Lunch 12:30pm-1:00pm) 3 Cherry St, Newburyport (978) 462-3760 Mon-Fri 7:30am-4:00pm (Closed for Lunch 12:30pm-1:30pm) Haverhill Medical Office (978) 519-8234 Mon-Fri 8:00am-4:30pm (Closed for Lunch 12:00pm-1:00pm) Newburyport Medical Center Building (978) 463-1077 1 Wallace Bashaw Jr. Way, Newburyport Mon-Fri 8:00am-4:00pm (Closed for Lunch 12:30pm-1:00pm)			PATIENT NAME (Last, First, middle)				
			Social Security #		Date of Birth	Sex	
			Street Address		Telephone		
			City	State	Zip		
Ordering Physician Signature:			PRIMARY Insurance Plan Name (address required also for commercial insurance)				
Collected by:	Initials:	Date/Time:	Policy #	Group #			
Standing Order	Start Date:	End Date:	Subscriber Name (last, first)	Subscriber Date of Birth			
<input type="checkbox"/> STAT	<input type="checkbox"/> Fasting	<input type="checkbox"/> Call results to:	<input type="checkbox"/> Fax results to:	Subscriber's Employer			
Comments / Special Handling			PCP:	SECONDARY Insurance Plan Name (address required also for commercial insurance)	Policy #		
<input type="checkbox"/> bill insurance	<input type="checkbox"/> bill patient	<input type="checkbox"/> bill vendor #	Subscriber Name (last, first)	Subscriber Date of Birth			

ICD10 CODE OR DIAGNOSIS REQUIRED FOR EACH TEST ORDERED

Consult ICD10-CM for specific coding of signs, symptoms, or diagnosis. Medicare requires independent medical necessity decisions be made for each test ordered, and that documentation (ICD10) be submitted with each claim. Medicare does not generally cover routine screening tests. * Denotes limited coverage under Medicare, consult Medical Review Policies.

<input type="checkbox"/> ELECTROLYTE PANEL ICD10 OR DIAGNOSIS: _____ Sodium, Potassium, Chloride, CO2	<input type="checkbox"/> HEPATIC FUNCTION PANEL ICD10 OR DIAGNOSIS: _____ Albumin, Alkaline Phosphatase, Bilirubin Total & Direct, SGOT (AST), SGPT (ALT), Total Protein	<input type="checkbox"/> LIPID PANEL * ICD10 OR DIAGNOSIS: _____ Cholesterol*, HDL*, Triglycerides*, LDL Direct measure
<input type="checkbox"/> BASIC METABOLIC PANEL ICD10 OR DIAGNOSIS: _____ Glucose*, BUN, Creatinine, Sodium, Potassium, Chloride, CO2, Calcium (total)	<input type="checkbox"/> RENAL FUNCTION PANEL ICD10 OR DIAGNOSIS: _____ Albumin, Calcium, CO2, Chloride, Creatinine, Glucose*, Phosphorus, Potassium, Sodium, BUN	<input type="checkbox"/> MISC TEST OR PROFILE ICD10 OR DIAGNOSES: _____ Source: _____
<input type="checkbox"/> COMPREHENSIVE METABOLIC PANEL ICD10 OR DIAGNOSIS: _____ Albumin, Bilirubin Total, Calcium (total), CO2, Chloride, Creatinine, Glucose*, Alkaline Phosphatase, Potassium, Protein Total, Sodium, SGOT (AST), SGPT (ALT), BUN	<input type="checkbox"/> ACUTE HEPATITIS PROFILE * ICD10 OR DIAGNOSIS: _____ Hepatitis A AB (IgM), Hepatitis B CORE AB Total** (reflex to IGM if reactive), Hepatitis B surface antigen (HBsAg), Hepatitis B surface antibody (HBsAB), Hepatitis C AB	

CHEMISTRY	ICD10	CHEMISTRY (continued)	ICD10	THERAPEUTIC DRUGS	ICD10	URINE TESTING	ICD10
<input type="checkbox"/> Albumin		<input type="checkbox"/> Hep B surface antibody		<input type="checkbox"/> Digoxin		<input type="checkbox"/> HCG qualitative-urine	
<input type="checkbox"/> Alk Phosphatase		<input type="checkbox"/> HIV 1&2*		<input type="checkbox"/> Carbamazepine		<input type="checkbox"/> Microalbumin (random)	
<input type="checkbox"/> Amylase		<input type="checkbox"/> Homocysteine		<input type="checkbox"/> Dilantin (Phenytoin)		<input type="checkbox"/> Urine Drug Screen	
<input type="checkbox"/> ALT (SGPT)		<input type="checkbox"/> Iron *		<input type="checkbox"/> Lithium		<input type="checkbox"/> UA (reflex microscopic/Culture)	
<input type="checkbox"/> AST (SGOT)		<input type="checkbox"/> Lead Screen		<input type="checkbox"/> Phenobarbitol		<input type="checkbox"/> Urine Culture*	
<input type="checkbox"/> Ammonia		<input type="checkbox"/> Lead Venous		<input type="checkbox"/> Theophylline		<input type="checkbox"/> CT/GC Urine	
<input type="checkbox"/> Amylase		<input type="checkbox"/> LDH		<input type="checkbox"/> Valproic Acid		STOOL TESTING	ICD10
<input type="checkbox"/> ANA		<input type="checkbox"/> Lipase		<input type="checkbox"/> Vancomycin		<input type="checkbox"/> CDIFF PCR	
<input type="checkbox"/> Bilirubin, direct		<input type="checkbox"/> Lyme Screen reflex to WB		HEMATOLOGY	ICD10	<input type="checkbox"/> FIT OB (Occult)*	
<input type="checkbox"/> Bilirubin, total		<input type="checkbox"/> Magnesium *		<input type="checkbox"/> CBC w/auto diff* reflex		<input type="checkbox"/> Giardia/Crypto Screen	
<input type="checkbox"/> BUN		<input type="checkbox"/> Phosphorus		If indicated per criteria		<input type="checkbox"/> H. Pylori	
<input type="checkbox"/> Calcium		<input type="checkbox"/> Potassium		<input type="checkbox"/> HGB/HCT*		<input type="checkbox"/> Stool Culture	
<input type="checkbox"/> CEA *		<input type="checkbox"/> Progesterone		<input type="checkbox"/> Platelet count*		MICROBIOLOGY	ICD10
<input type="checkbox"/> Cholesterol *		<input type="checkbox"/> Protein, total		<input type="checkbox"/> Sedimentation Rate		<input type="checkbox"/> AFB Culture: Source: _____	
<input type="checkbox"/> CK, total		<input type="checkbox"/> PSA diagnostic *		COAGULATION	ICD10	<input type="checkbox"/> BD Affirm	
<input type="checkbox"/> Cortisol		<input type="checkbox"/> PSA annual screen *		<input type="checkbox"/> PT/INR*		<input type="checkbox"/> Blood Culture	
<input type="checkbox"/> Creatinine		<input type="checkbox"/> PTH I		<input type="checkbox"/> PTT*		<input type="checkbox"/> CT/GC Genital	
<input type="checkbox"/> CRP, (cardiac risk)		<input type="checkbox"/> RA Screen		<input type="checkbox"/> DDimmer		<input type="checkbox"/> Fungus Culture: Source: _____	
<input type="checkbox"/> CRP, (inflammatory)		<input type="checkbox"/> RPR (Serology)		TRANSFUSION MED	ICD10	<input type="checkbox"/> Genital Culture	
<input type="checkbox"/> Ferritin *		<input type="checkbox"/> Rubella Screen		<input type="checkbox"/> ABO/RH Type		<input type="checkbox"/> Herpes Culture Viral Media	
<input type="checkbox"/> Folate		<input type="checkbox"/> T3 Total*		<input type="checkbox"/> Antibody Screen		<input type="checkbox"/> Routine Culture: Specify Source/Body site: _____	
<input type="checkbox"/> Gamma GT*		<input type="checkbox"/> Testosterone (Free and Total)		<input type="checkbox"/> Coombs, Dir & Indir		<input type="checkbox"/> Throat Culture	
<input type="checkbox"/> Glucose * (fasting)		<input type="checkbox"/> Testosterone (TOTAL)		<input type="checkbox"/> DAT		RAPID TESTING	ICD10
<input type="checkbox"/> Glucose * (random)		<input type="checkbox"/> Triglycerides *		<input type="checkbox"/> Draw & Band		<input type="checkbox"/> Rapid FLU	
<input type="checkbox"/> Glycohemoglobin *		<input type="checkbox"/> TSH w/reflex to Free T4*		AJH OUTPATIENT CLINIC		<input type="checkbox"/> Rapid Strep (Reflex to Throat Culture)	
<input type="checkbox"/> GTT (Glucose Tolerance)		<input type="checkbox"/> Uric Acid		<input type="checkbox"/> Type and Reserve		<input type="checkbox"/> Rapid RSV	
<input type="checkbox"/> HCG (quantitative) *		<input type="checkbox"/> Vitamin B12		# _____ Units			
<input type="checkbox"/> HDL Cholesterol *		<input type="checkbox"/> Vitamin D25		Date: _____ Time: _____			

SPECIMEN CONTAINER MUST BE CLEARLY LABELED WITH PATIENT NAME, and a SECOND IDENTIFIER [DATE OF BIRTH] GENETICS, CYTOLOGY, AND PATHOLOGY SPECIMENS REQUIRE SPECIAL REQUISITIONS