



DATE COLLECTED	TIME COLLECTED	INITIALS OF COLLECTOR
PATIENT INFORMATION - Print Clearly		
NAME LAST	FIRST	INT.
ADDRESS		
CITY	STATE	ZIP CODE
BIRTHDATE	SEX M F	SOCIAL SECURITY NUMBER
ICD-10 DIAGNOSIS CODES (MUST BE INCLUDED)		

Provider Signature: _____

ADDITIONAL REPORT TO PROVIDER:

INSURANCE INFORMATION
PROVIDERS SUBMITTING SPECIMEN: PLEASE ATTACH COPY OF INSURANCE CARDS

PATIENT INSTRUCTIONS :

FASTING? NO YES: NOTHING TO EAT OR DRINK BUT WATER FOR 12 HOURS PRIOR TO BLOOD DRAW

PSC SITE: _____

HAVE LABWORK DONE ON _____

TEST INSTRUCTIONS :

IF STANDING ORDER: MONTHLY WEEKLY AS DIRECTED

INDICATE FREQUENCY OTHER _____

INDICATE DURATION MAX 1 YEAR _____

ROUTINE ASAP STAT CALL FAX _____

- LABORATORY TESTS**
- AMYLASE
 - ANA
 - B12
 - BASIC METABOLIC PANEL (Na, K, Cl, CO₂, Creat, BUN, Glu, Ca)
 - BILI-DIRECT
 - BILI-TOTAL
 - CBC
 - CBC W/DIFF
 - CK
 - CHLAMYDIA BY PCR SOURCE: _____
 - COMPREHENSIVE METABOLIC PANEL (Na, K, Cl, CO₂, Creat, BUN, Glu, Ca, TP, Alb, AST, ALT, Alk Phos, T.Bili)
 - CORTISOL-AM
 - CORTISOL-PM
 - CREATININE
 - DIGOXIN
 - ESR
 - FREE T3
 - FREE T4
 - FERRITIN
 - FOLIC ACID
 - GC BY PCR SOURCE: _____
 - GLYCO HA1C?
 - HCG-QUAL
 - HCG-QUAN T
 - HCT
 - HGB
 - HIV Ag/Ab COMBO
 - CONSENT FORM SIGNED?
 - H. PYLORI
 - HS-CRP
 - IRON
 - IRON STUDIES (FE, TRANF, TIBC & O/0 SAT)
 - LIPASE
 - LIPID PANEL (Chol, Trig, HDL, Chol/HDL, calc. LDL)
 - LIPID PLUS (Lipid Panel + Direct LDL if Trig >400)

- LITHIUM
 - LIVER GROUP- HEPATIC FUNCTION (Alb, Alk Phos, ALT, AST, T. Bili, D. Bili, TP)
 - MAGNESIUM
 - MONO TEST
 - POTASSIUM
 - PROTIME
 - PSA-DIAGNOSTIC
 - PSA-SCREEN
 - PTT
 - RETIC COUNT
 - RHEUMATOID PANEL (ANA, CRP, RF, Uric Acid, CCP & ESR)
 - RHEUM. FACTOR
 - SEMEN ANALYSIS (INFERTILITY)
 - SEMEN ANALYSIS (POST VASECTOMY)
 - SYPHILIS IGG AB
 - THYROID FUNCTION CASCADE
 - TSH
 - TSH PLUS (TSH, Free T4 if TSH <0.34 OR > 5.01)
 - URIC ACID
- IF STANDING ORDER, ENTER FREQ/DUR IN TEST INSTRUCTIONS AREA

OTHER TESTS

_____ _____

_____ _____

_____ _____

MICROBIOLOGY TESTS

SOURCE: _____ SITE: _____

- AEROBIC CULTURE ROUTINE
- ANAEROBIC CULTURE
- ACID FAST BACILLUS CULTURE
- FUNGUS CULTURE
- HERPES PCR
- GROUP A STREP SCREEN
- GROUP B STREP SCREEN
- Allergic to Penicillin
- C. DIFFICILE x _____
- STOOL FOR WBC x _____
- STOOL FOR OCCULT BLOOD x _____
- GIARDIA & CRYPTO x _____
- O and P x _____

URINE TESTS

- URINALYSIS*
- URINALYSIS W/MICROSCOPIC
- MICROALBUMIN-random
- MICROALBUMIN, 24 HOUR
- URINALYSIS W/CULTURE IF INDICATED**
- CREATININE, 24 HOUR
- TOTAL PROTEIN, 24 HOUR

SOURCE (CHECK ONE)

CREATININE CLEARANCE, 24 HOUR (INCL. BLOOD DRAW) Patient height & weight _____ (Required)

CLEAN CATCH FOLEY CATH STRAIGHT CATH BAGGED URINE

*Microscopic if ind. - Positive leukocyte esterase, blood, nitrite, and/or protein. **Culture if ind. - Greater than 5 WBC's and/or positive leukocyte esterase.

