

# LABORATORY ORDERS

REGISTRATION FAX #: 217-347-1377

Any test for screening?  Yes  No Fasting \_\_\_\_\_ Hrs

Please list: \_\_\_\_\_

Type of Order:  STAT  Routine  
Reports by:  Mailbox  Fax (#) \_\_\_\_\_

Phone Rept (#) \_\_\_\_\_  Patient to wait for phone / fax results

Patient Name \_\_\_\_\_

Date of Birth \_\_\_\_\_  OPIX  OP-R

Social Security # \_\_\_\_\_

Provider Location \_\_\_\_\_

**Diagnoses / Indications ♦ (Required for billing / reimbursement)**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

\* See Profile description and reflex explanations on back

**LABORATORY ORDERS**

* PROFILES	DIGOXIN	PTH	BLOOD BANK TESTS
ACUTE HEPATITIS PANEL *	DILANTIN (PHENYTOIN)	PTT	ABO / RH
BASIC METABOLIC PANEL *	FERRITIN	PSA DIAGNOSTIC	RH
COMPREHENSIVE META. PANEL *	FOLATE, SERUM	PSA SCREENING	RHOGAM WORKUP
ELECTROLYTE PANEL *	GGT	RF QUANTITATIVE	ANTIBODY SCREEN*
HEPATIC FUNCTION PANEL *	GLUCOSE, FASTING	RETICULOCYTE	DIRECT COOMBS
GENERAL HEALTH PANEL *	GLUCOSE, RANDOM	RPR *	PLATELET PHERESIS
LIPID PANEL *	GLUCOSE, 2 HR PP	SED RATE	_____ UNIT
PRENATAL (7) PANEL *	GLUCOSE, 1 HR LOAD	TEGRETOL	TYPE & CROSSMATCH
RENAL FUNCTION PANEL *	GLUCOSE, TOL(GESTATIONAL)	TSH	_____ UNITS
<b>GENERAL LAB TESTS</b>	GLUCOSE, TOL 2 HR	T4 FREE	TYPE & SCREEN
ALT (SGPT)	HDL	THEOPHYLLINE	<b>MICROBIOLOGY</b>
AMYLASE	HGB A1C	TRIGLYCERIDE	CULTURE ROUTINE *
ANA	HEMOGLOBIN	TROPONIN I	_____ SOURCE
ASO	HEMATOCRIT	URIC ACID	GRAM STAIN
AST (SGOT)	HEPATITIS B SURFACE AB	URINALYSIS (DIPSTICK)	ANAEROBIC CULTURE
BNP (B-TYPE NATRIURETIC PEPTIDE)	HEPATITIS B SURFACE AG	URINALYSIS W / MICRO	O & P (IN-HOUSE)
B12	HEPATITIS C AB	URINALYSIS (REFLEX TO MICRO)*	O & P (SEND-OUT)
BETA HCG QUANT	IONIZED CALCIUM	URINALYSIS REFLEX TO MICRO.*	STOOL CULTURE *
BILIRUBIN, TOTAL	IRON	REFLEX TO URINE CULTURE) *	BLOOD CULTURE *
BILIRUBIN, DIRECT	IRON & TIBC / % SAT	VALPORIC ACID	C. DIFFICILE TOXIN A & B
BILIRUBIN, NEONATE	LIPASE	WBC / DIFF	STREP SCREEN (GROUP A)
BUN	LITHIUM		THROAT CULTURE
CALCIUM	MAGNESIUM	<b>24 HOUR URINES</b>	URINE CULTURE *
CBC / PLT / AUTO DIFF*	MONO TEST	CREATININE CLEARANCE	//////
CBC / PLT W/OUT DIFF	OCCULT BLOOD DIAGNOSTIC	(Height & weight required)	<b>MISC TEST</b>
CEA	OCCULT BLOOD SCREENING	HT _____ WT _____	EKG
CHOLESTEROL	PHOSPHORUS	PROTEIN	
CK (IF + REFLEX CKMB)	PLATELET COUNT	OTHER:	
CK TOTAL	POTASSIUM		
CKMB	PREGNANCY TEST (SERUM)	<b>OTHER TESTS (PLEASE PRINT)</b>	
CORTISOL	PREGNANCY TEST (URINE)		
CREATININE	PROTEIN ELECTROPHORESIS		
CRP (INFLAMMATION)	PROTEIN, TOTAL		
CRP (HIGH SENSITIVITY-CARDIAC)	PROTIME		

Date \_\_\_\_\_ Time \_\_\_\_\_ Ordering Physician Signature ⇒ \_\_\_\_\_

Additional copies to \_\_\_\_\_ Ordering Physician (PLEASE PRINT) ⇒ \_\_\_\_\_

SIGNATURE STAMP UNACCEPTABLE AUTHENTICATION. PLEASE SIGN.

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JZ