

Name (Last, First)				
DOB	Sex M F	SSN	Collection Date/Time	
Complete for Medicare/Medicaid Patients (MA) Patients			Diagnosis ICD-10 Code	
Bill to: <input type="checkbox"/> Medicare Part A <input type="checkbox"/> Medicare Part B/Medicaid <input type="checkbox"/> Private Insurance		MSP Condition Code (See back of form)		
Medicare No.		Medicaid No.		
Patient Address				
City	State	ZIP	Telephone No.	Referring Physician Last Name      First Name
LAB BILLING USE:				Printed: _____ MD Signature: _____

Attach patient demographics or copy of insurance card. **BLUE shaded areas above are required to authenticate the order.** All components of Organ/Disease Panels may be ordered individually. **RED denotes Medicare/ABN Eligible testing.** Indicate SOURCE for all cultures.

STAT       FAX  ( )

Lab Use: First CSR \_\_\_\_\_      Second CSR \_\_\_\_\_

RQ Number \_\_\_\_\_

ORGAN / DISEASE PANELS		ALPHABETICAL TEST LISTING		ALPHABETICAL TEST LISTING	
LAB551	Hepatitis, Acute (HAA, HEPAM, HCVA, HEPBC) S	LAB123644	Culture, Body Fluid Source: _____	LAB87	Lutenizing Hormone S
LAB18	Lipid (CHOL, HDL, LDL, TRIG) S	LAB123015	Culture, Corneal Transplant Source: _____	LAB788	Lyme Antibody EIA S
LAB15	Basic Metabolic S	LAB268	Culture, CSF Source: _____	LAB103	Magnesium S
LAB17	Comprehensive Metabolic S	LAB1294	Culture, Fungal (cutaneous), incl smear Source: _____	LAB657	Measles, Immune Status S
LAB16	Electrolyte Panel S	LAB240	Culture, Fungal, incl smear Source: _____	LAB160	Mumps, Immune Status S
LAB20	Hepatic Function S	LAB234	Culture, MRSA Source: _____	LAB2005	NT-ProBNP S
LAB19	Renal Function S	LAB900	Culture, Respiratory (sputum) Source: _____	LAB108	Parathyroid Hormone, Intact S,F
LAB45	Albumin S	LAB123017	Culture, Staph aureus Source: _____	LAB115	Prealbumin S
LAB112	Alkaline Phosphatase S	LAB123772	Culture, Synovial (suspect PJI) Source: _____	LAB531	Prolactin S
LAB132	ALT/SGPT S	LAB228	Culture, Throat Source: _____	LAB116	Prostatic Specific Antigen (PSA), Diagnostic S
LAB131	AST/SGOT S	LAB123645	Culture, Tissue w/homogenization Source: _____	LAB111	Prostatic Specific Antigen (PSA), Screening S
LAB52	Bilirubin, Direct S	LAB239	Culture, Urine	LAB320	Prothrombine Time B
LAB50	Bilirubin, Total S	LAB23	Digoxin S	LAB325	PIT, Partial Thromboplastin Time B,F
LAB140	Blood Urea Nitrogen S	LAB31	Dilantin (Phenytoin) S	LAB494	Rapid Plasma Reagin S
LAB53	Calcium S	LAB322	Erythrocyte Sed Rate L	LAB296	Reticulocyte Count L
LAB55	Carbon Dioxide S	LAB731	Fecal Lactoferrin ST	LAB206	Rheumatoid Factor S
LAB59	Chloride S	LAB265	Fecal Leukocytes ST	LAB443	Rotavirus Antigen ST
LAB383	Creatinine S	LAB123602	Fecal Occult Blood Screen, Immunoassay ST	LAB865	Rubella, Immune Status S
LAB82	Glucose S	LAB68	Ferritin S	LAB1368	SA/MRSA NAT (nares screen) N
LAB113	Phosphorus S	LAB69	Folate S,F	LAB123035	SA/MRSA NAT (skin & soft tissue infection) Source: _____
LAB114	Potassium S	LAB86	Follicular Stimulating Hormone S	LAB123036	Stool Panel NAT, Amplified ST
LAB118	Protein, Total S	LAB85	Gamma Glutamyl Transferase S	LAB123020	Strep pneumoniae Antigen U
LAB122	Sodium S		Gentamicin: [ ] Peak (LAB28) [ ] Trough (LAB26) [ ] Random (LAB27) R	LAB921	T. vaginalis NAT, Amplified Source: _____
ALPHABETICAL TEST LISTING		LAB1371	Group B Strep, NAT Amplified VR	LAB137	T3, Free S
LAB559	AFP Tumor Marker S, F	LAB397	Helicobacter Pylori Antigen, Stool ST	LAB127	T4, Total (Throxine) S
LAB48	Amylase S	LAB289	Hematocrit L	LAB858	Thyroid Peroxidase Antibody S
LAB147	Anti-nuclear Antibody S	LAB291	Hemoglobin L	LAB129	Thyroid Stimulating Hormone S
LAB923	B. pertussis/B. parapertussis, NAT Amplified NP	LAB90	Hemoglobin, Glycosylated (HgbA1c) L	LAB134	Triglyceride S
LAB2336	Beta-hydroxybutyrate	LAB798	Hepatitis A Antibody, IgM S	LAB141	Uric Acid S
LAB257	C. difficile Antigen, Toxin A/B ST	LAB549	Hepatitis B Core Antibody, IgM S	LAB348	Urinalysis Complete U
LAB123024	C. difficile, NAT Amplified ST	LAB472	Hepatitis B Surface Antibody S	LAB123023	Urinalysis Routine, Macroscopic U
LAB123027	C. trachomatis & N. gonorrhoeae, NAT Amplified Source: _____	LAB471	Hepatitis B Surface Antigen S	LAB123021	Urinalysis w/reflex to Culture U
LAB260	C. trachomatis, NAT Amplified Source: _____	LAB868	Hepatitis C, Antibody S	LAB410	Urine, 24H, Microalbumin U24
LAB54	Calcium, Ionized (spun, unopened) S,W	LAB473	HIV 1 & 2 Antibody (consent required) L	LAB441	Urine, 24H, Protein U24
LAB776	Cancer Antigen 125 S	LAB829	Iron & TIBC Panel (inc. sat.) S	LAB1765	Urine, Creatine Clearance S,U24
LAB57	Carcinoembryonic Antigen S	LAB96	Lactate Dehydrogenase (LDH) S	LAB743	Urine, Protein/Creatine Ratio U
LAB2414	CBC w/Differential L	LAB102	LDL Cholesterol, Direct IS	LAB10093	Urine, Random, Microalbumin U
LAB294	CBC w/o Differential (Hemogram) L	LAB98	Lead, Blood T	LAB24	Valproic Acid S
LAB123034	COVID & Influenza & RSV, NAT Amplified N	LAB830	Lead, Capillary Blood L		Vancomycin: [ ] Peak (LAB41) [ ] Trough (LAB39) [ ] Random (LAB40) R
LAB123033	COVID & Influenza, NAT Amplified N	LAB886	Legionella Urinary Antigen U	LAB162	Varicella zoster, Immune Status S
LAB925	COVID, NAT Amplified N	LAB99	Lipase S	LAB123028	Viral Meningitis/Encephalitis NAT CSF
LAB62	CPK, Total S	LAB29	Lithium S	LAB67	Vitamin B12 S,F
LAB149	C-Reactive Protein, Quant S			LAB535	Vitamin D, 25 - Hydroxy S,F
LAB150	C-Reactive Proteing, High Sensitivity S			OTHER TESTS	
LAB955	Cryptosporidium/Giardia Antigen ST				
LAB877	Culture, Acid Fast Bacilli, incl smear Source: _____				
LAB897	Culture, Aerobic (superficial wound) Source: _____				
LAB123580	Culture, Aerobic/Anaerobic (deep wound) Source: _____				
LAB462	Culture, Blood Source: _____				

## Medicare Secondary Payer (MSP) Condition Codes

- 08 Beneficiary would not provide information regarding other insurance coverage.
- 09 Neither patient nor spouse is employed.
- 10 Patient and/or spouse is employed but no employer group health plan (IEGHP) coverage exists.
- 11 Disabled beneficiary, but no large group health plan (LGHP) coverage.

## Specimen Codes

Tube Types	Specimen Types
B Blue	CSF Cerebral Spinal Fluid
G Green	F Frozen
L Lavender	N Nasal swab
P Pink EDTA for Blood Bank	NP Nasopharyngeal swab
R Red (without serum separator)	U Urine, random
S Serum separator	U24 Urine, 24-hour
T Tan EDTA	VR Vaginal/rectal swab
	W Whole blood

## REFLEX TESTING (Performed at an additional charge)

TEST	CRITERIA	REFLEX TEST
Antibody Screen	Positive	Antibody identification and titer
CBC (Complete blood count)	Meeting criteria established by Hematology Medical Director	Pathology review
Coagulation panel	Abnormal result(s)	Pathology interpretation
Culture	Isolation of pathogen(s)	Organism identification and antibiotic susceptibility testing if indicated
Flow Cytometry on peripheral blood specimens	If no CBC is available when Helper/Suppressor, Leukemia, Lymphoma or Lymphocytosis panel is requested	Hemogram and Differential
Hepatitis B Surface Antigen (HAA)	Positive	Confirmatory testing
HIV 1 and 2	Positive	Confirmatory testing
Lyme Antibody	Equivocal or Positive	Confirmation by Lyme IgG & IgM Immunoassay
Urinalysis with reflex to culture	<ul style="list-style-type: none"> <li>WBC/hpf &gt; 10</li> <li>&lt; 11 squamous epithelial cells/hpf</li> </ul>	Urine Culture

**Please refer to the Aspirus Reference Laboratory Reference Manual (<http://www.testmenu.com/aspirus>) for other tests that may generate reflex testing.**