

CLINICAL PATHOLOGY
LABORATORIES

Y0596263

Clinical
Acscn Label

Patient Name - Last

First

M.I.

Patient I.D.

Room #

Daytime Phone/Add'l ID

Date of Birth **required**

Sex

Date Collected

Time Collected

Requesting Physician

Fasting

Urine Volume

STAT

CALL

Same Day

BILL ☐ MEDICARE ☒ ACCOUNT

___ ST ___ GY ___ PE ___ U ___ UC ___ SC ___ OP

TO: ☐ MEDICAID ☒ PATIENT

___ L ___ GR ___ SE ___ CU ___ SW ___ VT ___ F

☐ HMO ☒ PPO / POS

___ B ___ PR ___ Froz ___ AP ___ OT

☐ 920 Venipuncture CPL☐ 925 Finger / Heel Stick

PSC ID

☐ 919 Venipuncture☐ 922 Ur Vol Meas

Phleb ID

☐ 997 Verbal Diagnosis☐ 996 Standing Order☐ Attachments☐ 9999 Verbal Order☐ ABN☐ ABN Option 2☐ 989 Pt Decline☐ 9864

PLEASE COMPLETE INFORMATION BELOW

Policy Holder Name

Address

City, State, Zip

Evening Phone

REQUIRED**REQUIRED****REQUIRED**

Medicare Number (Include Prefix/Suffix)

Medicaid Number

State

Ordering Physician NPI

REQUIRED**REQUIRED****REQUIRED****REQUIRED****PHYSICIAN'S SIGNATURE**

Primary Insurance Name

Member I.D.

Group

Date of Injury or Onset of Illness

R 20a

Primary Insurance Address

City, State, Zip

Phone

Authorization #

Secondary Insurance Name

Member I.D.

Group

Secondary Insurance Address

City, State, Zip

Phone

ICD-9 Code
REQUIRED

ICD-9 Code

ICD-9 Code

ICD-9 Code

ICD-9 Code

ICD-9 Code

ICD-9 Code

ICD-9 Code

ICD-9 Code

Physicians (or other individuals authorized by law to order tests) should only order tests that are medically necessary for the diagnosis or treatment of the patient.

* If indicated, reflex testing will be performed with additional charge(s) @ Medicare Limited Coverage # Medicare Frequency Limit + Not Covered by Medicare > More than one CPT code will be billed

AMA PANELS

See reverse
for components9329 ☐ General Health Panel + L, ST142 ☐ Basic Metabolic Panel ST9179 ☐ Comp Metabolic Panel ST115 ☐ Electrolyte Panel ST173 ☐ Lipid Panel @# ST9175 ☐ Hepatic Function Panel ST514 ☐ Obstetric Panel + 2L, ST9324 ☐ Renal Function Panel ST9325 ☐ Acute Hepatitis Panel @ ST**TESTS** Specimen Type & Temp3800 ☐ ABO/Rh Type > L3810 ☐ Ab Screen * L3550 ☐ ANA (Anti-Nuclear Abs) * ST2025 ☐ Amylase ST2209 ☐ Calcium ST1000 ☐ CBC w/autodiff w/ plts @ L1041 ☐ CBC w/out diff w/ plts @ L2075 ☐ CK (Creatine Kinase) ST3545 ☐ CRP (C-Reactive Protein) ST5083 ☐ CRP, High Sensitivity @# ST2214 ☐ Creatinine ST4225 ☐ DHEA Sulfate ST3254 ☐ Drug Abuse Panel w/Oxy * @ CU2675 ☐ Estradiol ST2090 ☐ Ferritin @ ST2695 ☐ Folic Acid @# ST2700 ☐ FSH ST2216 ☐ GGT @ ST2217 ☐ Glucose @ ST2713 ☐ HCG Quantitative @ ST2708 ☐ Hgb A1c (Glycohemoglobin) @ L4565 ☐ H. pylori, IgG Ab, Qualitative ST2725 ☐ Hepatitis A Ab, Total * ST2739 ☐ Hepatitis B surface Ag @# ST2737 ☐ Hepatitis B surface Ab ST4675 ☐ Hepatitis C Ab ST3540 ☐ HIV 1 & 2 Ab * @ ST4288 ☐ Homocysteine @# ST4592 ☐ HSV 1 & 2 IgG > ST2760 ☐ Insulin ST2222 ☐ Iron @ ST2118 ☐ Iron @ and IBC @> ST2124 ☐ Lipase ST2224 ☐ LDH (Lactate Dehydrogenase) ST2776 ☐ LH (Luteinizing Hormone) ST2130 ☐ Magnesium ST4895 ☐ Microalbumin/creat, random > U3510 ☐ Mono Screen ST7017 ☐ Occult Blood Diagnostic (1-3) @ ST7015 ☐ Occult Blood Screen (1-3) # ST2228 ☐ Potassium ST2714 ☐ Pregnancy Test, Serum ST2790 ☐ Progesterone ST2800 ☐ Prolactin ST2606 ☐ PSA, Total Diagnostic @ ST2608 ☐ PSA, Total Screen # ST1425 ☐ PT (Prothrombin Time) @ ST1430 ☐ PTT @ ST902 ☐ PTH w/ Ca, PO₄, Creat > ST3505 ☐ RF (Rheumatoid Factor) ST3500 ☐ RPR w/ reflex Titer * @# ST4600 ☐ Rubella Ab ST1055 ☐ Sedimentation Rate (ESR) L2830 ☐ Testosterone ST4937 ☐ Testosterone Fr/Tot w SHBG > ST4273 ☐ T3, Free ST2817 ☐ T3, Uptake @# ST2823 ☐ T4, Free @# ST2819 ☐ T4, Total @# STHC 2835 ☐ TSH @ STST 2834 ☐ TSH * @# w/reflex to Free T4 @# STST 4513 ☐ Thyroid Peroxidase Ab (TPO) STST 2233 ☐ Uric Acid STST 1501 ☐ Urinalysis, reflex microscopic * UST 6051 ☐ Urinalysis * Culture @ if indicated U, UCST 2030 ☐ Vaginal Pathogen Panel > BDB 2840 ☐ Vitamin B12 @# STB 4958 ☐ Vitamin D, 25 Hydroxy @# ST2618 ☐ Triple Scrn @> ST5375 ☐ QUAD Scrn @> ST2617 ☐ AFP-NTD @ ST

Patient DOB: / /

Maternal Weight: _____

(Circle testing): Initial Repeat

NTD History: Yes No

(Circle): Pre-existing Insulin Dependent Diabetes: Yes No

(Circle): Black White Hispanic Other

Maternal Smoker? Yes No

Number of fetuses: _____

Gestational Age (G.A.) Determined by (check):

☐ Sonogram: Date of Sonogram _____

G.A. at Sonogram _____ wks _____ days

☐ LMP: / /

MICROBIOLOGY

Source REQUIRED as Indicated

6007 ☐ Culture, Routine * Source6130 ☐ Culture/Smear AFB *> Source6010 ☐ Culture, Anaerobe * Source6013 ☐ Culture, Blood * Source☐ Culture, Fungal * Source6074 ☐ Culture, Fungus, Blood * Source6052 ☐ Culture, Genital * Source6069 ☐ Culture, Herpes Simplex Source

SW

BC

IS

SW

VT

5002 ☐ Culture, Mycoplasma/Ureaplasma Source6040 ☐ Culture, Sputum * Source6042 ☐ Culture, Stool *> Source6047 ☐ Culture, Strep A * Source6079 ☐ Culture, Strep B-Pregnancy * Source6046 ☐ Culture, Throat * Source6049 ☐ Culture, Urine * @ Source6065 ☐ Culture, Viral, Non-Respiratory * SourceFZ 5398 ☐ Chlamydia, Amplified, Swab @# APSP 5396 ☐ NG, Amplified, Swab @# APSC 5399 ☐ Chlamydia, Amplified, Urine @# APSW 5397 ☐ NG, Amplified, Urine @# APSW 4591 ☐ Influenza A/B Ag VTSW 6135 ☐ C. Difficile Toxin FUC 7000 ☐ Ova and Parasites > OPVT 6242 ☐ Parasite Ag Profile, Stool > FMOST SPECIMENS MUST BE REFRIGERATED; FZ INDICATES CRITICAL FROZEN, ☐ INDICATES CRITICAL ROOM TEMP. CHECK www.CPLLABS.COM FOR DETAILS.

ADDITIONAL TESTS (include ICD-9 Codes) / SPECIAL INSTRUCTIONS: See reverse page for additional Medicare limited coverage tests.