FOR LAB USE ONLY:

ACCT.# _____

Scheduling:
Phone: (850) 229-5802
Hours: Mon - Fri, 7:00a - 5:30p
Lab Order **Fax Server:** (850) 229-5805

Ascension Sacred Heart Gulf

Test Requisition

ALL HIGHLIGHTED AREAS ARE REQUIRED TO BE A VALID ORDER

HOME HEALTH CARE AGENCY OR FACILITY:
FACILITY NAME: _____
FACILITY ADDRESS: _____
_____
DIRECT PHONE #: (____)____-_____

SPECIMEN
Collected By (First & Last Name): _____
Date Collected: _____ Time Collected: _____ AM / PM

ORDER DATE: ____/____/____

PATIENT'S FULL NAME: _____
LAST FIRST MI

DOB: ____/____/____ SSN: ____ - ____ - _____
SEX: M F PHONE #: (____) ____ - _____
ADDRESS: _____
Insurance Carrier: _____
Policy #: _____ **Group #:** _____
Guarantor: ☐ Self ☐ Other: _____
LAST FIRST MI
DOB: ___/___/____ **Relationship:** _____ Phone #: (___)___-_____
Insurance Authorization #: _____ Exp. Date: ____/___/____

PROVIDER'S FULL NAME: _____
Last First MI
PROVIDER'S SIGNATURE: _____
Copy to Provider: _____
Last First MI
Provider's Phone #: (____)_____-_____

☐ **Fax Report To:**	☐ **Critical Report To:**
Fax #:	Phone #:

❑ **Lab Express Apalachicola**
Inside AMG Sacred Heart - Apalachicola
55 Avenue East - Apalachicola, FL 32320
Wed ONLY - 8a—2p ET
Phone: (850) 229-5683 Fax: (850) 229-5682

❑ **Ascension Sacred Heart Gulf - OP Draw Station**
1st Floor, Main Hospital
3801 E Hwy 98 - Port St. Joe, FL 32456
Mon–Sun - 24hrs
Phone: (850) 229-5683 Fax: (850) 229-5682

❑ **Lab Express Wewahitchka**
Inside Gulf County Health Department Wewahitchka
807 Hwy 22 - Wewahitchka, FL 32465
Fri ONLY - 7a—1p CT
Phone: (850) 229-5683 Fax: (850) 229-5682

When ordering tests for which Medicare reimbursement will be sought, physicians (or other individuals authorized by law to order tests) should only order tests that are medically necessary for the diagnosis or treatment of a patient, rather than for screening purposes. In the event that Ascension Sacred Heart Laboratory cannot perform a test ordered, a Reference Lab will be utilized. The Reference Lab will bill directly for tests performed.

TEST NAME	CPT CODE	DIAGNOSIS CODE
❑ Routine ❑ Stat ❑ Fasting		
❑ Alkaline Phosphatase	84075	
❑ Bilirubin Direct	82248	
❑ Bilirubin Total	82247	
❑ Calcium Level Total	82310	
❑ Cholesterol Total*	82465	
❑ CBC Hemogram (CBC)	85027	
❑ CBC w/Differential (CBCD)	85025	
❑ C Reactive Protein (CRP Quant)	86140	
❑ Creatinine Level	82540	
❑ Digoxin Level	80162	
❑ Ferritin	82728	
❑ Glucose Level	82947	
❑ Hemoglobin A1C (Glycated)	83036	
❑ HIV p24 Ag, HIV-1, 2 Ab Combo Screen	87389	
❑ Iron Level	83540	
❑ Lactate Dehydrogenase (LDH)	83615	
❑ Lead, Blood (SEND OUT)	83655	
❑ Magnesium Level	83735	
❑ Microalbumin/Creatinine Ratio, Urine	82043	
❑ Partial Thromboplastin Time (PTT)	85730	
❑ Phenytoin Level Total (Dilantin)	80185	
❑ Potassium Level	84132	
❑ Prostate Specific Antigen (PSA)	84153	
❑ Prothrombin Time (PT with INR)	85610	
❑ PSA Screen (Medicare)	G0103	
❑ Sedimentation Rate (ESR)	85651	
❑ Sodium Level	84295	
❑ T4 Total	84436	
❑ Thyroid Stimulating Hormone (TSH)	84443 / 84439	
Reflex will occur when TSH result is outside established normal range		
❑ Thyroxine Free (Free T4)	84439	
❑ TIBC w/Transferrin•	83540 / 83550	
❑ Triglycerides*	84478	
❑ TSH with Reflex Free T4	84443	
❑ Uric Acid	84550	
❑ Urinalysis with Microscopic	81001	
Urine Type: ❑ Clean Catch ❑ Cath ❑ In/Out		
❑ Do Urinalysis w/Culture, if indicated	87086	
❑ Vitamin D 25 Hydroxy Level	82306	
❑ _____		
❑ _____		
❑ _____		

MICROBIOLOGY CULTURES	CPT CODE	DIAGNOSIS CODE
Specimen Description: _____		
❑ Acid Fast Bacilli Culture w/AFB Smear	87116 / 87206 / 87015	
❑ Bronchoscopy Culture w/Smear	87070 / 87015 / 87205	
❑ Ear Culture w/Smear Aerobic	87070 / 87205	
❑ Eye Culture w/Smear Aerobic	87070 / 87205	
❑ Fluid Culture w/Anaerobes & Smear	87070 / 87205 / 87015 / 87075	
❑ Fungus Culture w/Smear	87102 / 87205	
❑ Genital Culture w/Smear	87070 / 87205	
❑ Respiratory Culture w/Smear	87070 / 87205	
❑ Skin Culture w/Smear	87070 / 87205	
❑ Stool Culture	87045 / 87046	
❑ Throat Culture	87070	
❑ Tissue Culture w/Anaerobes & Smear	87070 / 87176 / 87205 / 87075	
❑ Urine Culture ❑ Clean Catch ❑ In/Out Cath ❑ Foley	87086	
❑ Wound Culture w/Smear	87070 / 87205	
❑ Wound Culture w/Anaerobes & Smear	87075 / 87070 / 87205	
MICROBIOLOGY OTHER		
❑ 2019 Coronavirus SARS-CoV-2 FL	87635	
❑ *Chlamydia trachomatis by NAAT*	87491	
❑ *Clostridioides difficile by NAAT*	87493	
❑ Fecal Blood Test by IC	82274	
❑ Group A Streptococcus by NAAT (Throat)	87651	
❑ Group B Streptococcus by NAAT (Vaginal/Rectal)	87653	
❑ HIV Quantitative by NAAT (Viral Load)	87536	
❑ HSV 1 & 2 by NAAT	87529	
❑ Influenza A,B by NAAT	87502	
❑ *Neisseria gonorrhoeae by NAAT*	87591	
❑ Occult Blood Gastric Fluid	82271 / 83986	
❑ Occult Blood, Stool Non Neoplasm Screen x1	82272	
❑ Occult Blood, Stool x3 Neoplasm Screen	82270	
❑ RPR Qual by Latex Agglutination	86592	
❑ *Trichomonas vaginalis by NAAT*	87661	

❑ BASIC METABOLIC PANEL (BMP) Sodium, Potassium, Chloride, CO2, BUN, Glucose, Creatinine, Calcium, Osmolality•, AGAP•, Bun/Creat Ratio•	80048	
❑ COMPREHENSIVE METABOLIC PANEL (CMP) Sodium, Potassium, Chloride, CO2, BUN, Glucose, Creatinine, Total Protein, Calcium, Albumin, Bili Total, AST, Alk Phos, ALT, AG Ratio•, Osmolality•, AGAP•, Bun/Creat Ratio•	80053	
❑ ELECTROLYTE PANEL Sodium, Potassium, Chloride, CO2, AGAP•	80051	
❑ HEPATIC FUNCTION PANEL Total Protein, Albumin, Bili Total, AST, Alk Phos, Bili Direct, ALT, Bili Indirect, AG Ratio•	80076	
❑ HEPATITIS PANEL Hep A IgM, Hep B Core Ab, Hep B Core IgM, Hep Bs Ag, Hep C Ab	80074	
❑ LIPID PANEL* Trig, Chol, HDL C, LDL C Calc•, Chol/HDL, Non-HDL Chol, VLDL Chol	80061	
❑ RENAL FUNCTION PANEL Sodium, Potassium, Chloride, CO2, BUN, Glucose, Creatinine, Calcium, Albumin, Phosphorus, Osmolality•, AGAP•, Bun/Creat Ratio•	80069	

*Fasting Specimen Required • Calculation

For a complete listing see the Ascension Sacred Heart Laboratory Online Test Menu

CLIA # 10D2001681

Total Tests Ordered: ____

FOR LAB USE ONLY:

ACCT.# _____

Scheduling:
Phone: (850) 229-5802
Hours: Mon - Fri, 7:00a - 5:30p
Lab Order **Fax Server:** (850) 229-5805

Ascension Sacred Heart Gulf

Test Requisition

ALL HIGHLIGHTED AREAS ARE REQUIRED TO BE A VALID ORDER

HOME HEALTH CARE AGENCY OR FACILITY:
FACILITY NAME: _____
FACILITY ADDRESS: _____
_____
DIRECT PHONE #: (____)____-_____

SPECIMEN
Collected By (First & Last Name): _____
Date Collected: _____ Time Collected: _____ AM / PM

ORDER DATE: ____/____/____

PATIENT'S FULL NAME: _____
LAST FIRST MI

DOB: ____/____/____ SSN: ____ - ____ - _____
SEX: M F PHONE #: (____) ____ - _____
ADDRESS: _____
Insurance Carrier: _____
Policy #: _____ **Group #:** _____
Guarantor: ☐ Self ☐ Other: _____
LAST FIRST MI
DOB: ___/___/____ **Relationship:** _____ Phone #: (___)___-_____
Insurance Authorization #: _____ Exp. Date: ____/___/____

PROVIDER'S FULL NAME: _____
Last First MI
PROVIDER'S SIGNATURE: _____
Copy to Provider: _____
Last First MI
Provider's Phone #: (____)_____-_____

☐ **Fax Report To:**	☐ **Critical Report To:**
Fax #:	Phone #:

❑ **Lab Express Apalachicola**
Inside AMG Sacred Heart - Apalachicola
55 Avenue East - Apalachicola, FL 32320
Wed ONLY - 8a—2p ET
Phone: (850) 229-5683 Fax: (850) 229-5682

❑ **Ascension Sacred Heart Gulf - OP Draw Station**
1st Floor, Main Hospital
3801 E Hwy 98 - Port St. Joe, FL 32456
Mon–Sun - 24hrs
Phone: (850) 229-5683 Fax: (850) 229-5682

❑ **Lab Express Wewahitchka**
Inside Gulf County Health Department Wewahitchka
807 Hwy 22 - Wewahitchka, FL 32465
Fri ONLY - 7a—1p CT
Phone: (850) 229-5683 Fax: (850) 229-5682

When ordering tests for which Medicare reimbursement will be sought, physicians (or other individuals authorized by law to order tests) should only order tests that are medically necessary for the diagnosis or treatment of a patient, rather than for screening purposes. In the event that Ascension Sacred Heart Laboratory cannot perform a test ordered, a Reference Lab will be utilized. The Reference Lab will bill directly for tests performed.

TEST NAME	CPT CODE	DIAGNOSIS CODE
❑ Routine ❑ Stat ❑ Fasting		
❑ Alkaline Phosphatase	84075	
❑ Bilirubin Direct	82248	
❑ Bilirubin Total	82247	
❑ Calcium Level Total	82310	
❑ Cholesterol Total*	82465	
❑ CBC Hemogram (CBC)	85027	
❑ CBC w/Differential (CBCD)	85025	
❑ C Reactive Protein (CRP Quant)	86140	
❑ Creatinine Level	82540	
❑ Digoxin Level	80162	
❑ Ferritin	82728	
❑ Glucose Level	82947	
❑ Hemoglobin A1C (Glycated)	83036	
❑ HIV p24 Ag, HIV-1, 2 Ab Combo Screen	87389	
❑ Iron Level	83540	
❑ Lactate Dehydrogenase (LDH)	83615	
❑ Lead, Blood (SEND OUT)	83655	
❑ Magnesium Level	83735	
❑ Microalbumin/Creatinine Ratio, Urine	82043	
❑ Partial Thromboplastin Time (PTT)	85730	
❑ Phenytoin Level Total (Dilantin)	80185	
❑ Potassium Level	84132	
❑ Prostate Specific Antigen (PSA)	84153	
❑ Prothrombin Time (PT with INR)	85610	
❑ PSA Screen (Medicare)	G0103	
❑ Sedimentation Rate (ESR)	85651	
❑ Sodium Level	84295	
❑ T4 Total	84436	
❑ Thyroid Stimulating Hormone (TSH)	84443 / 84439	
Reflex will occur when TSH result is outside established normal range		
❑ Thyroxine Free (Free T4)	84439	
❑ TIBC w/Transferrin•	83540 / 83550	
❑ Triglycerides*	84478	
❑ TSH with Reflex Free T4	84443	
❑ Uric Acid	84550	
❑ Urinalysis with Microscopic	81001	
Urine Type: ❑ Clean Catch ❑ Cath ❑ In/Out		
❑ Do Urinalysis w/Culture, if indicated	87086	
❑ Vitamin D 25 Hydroxy Level	82306	
❑ _____		
❑ _____		
❑ _____		

MICROBIOLOGY CULTURES	CPT CODE	DIAGNOSIS CODE
Specimen Description: _____		
❑ Acid Fast Bacilli Culture w/AFB Smear	87116 / 87206 / 87015	
❑ Bronchoscopy Culture w/Smear	87070 / 87015 / 87205	
❑ Ear Culture w/Smear Aerobic	87070 / 87205	
❑ Eye Culture w/Smear Aerobic	87070 / 87205	
❑ Fluid Culture w/Anaerobes & Smear	87070 / 87205 / 87015 / 87075	
❑ Fungus Culture w/Smear	87102 / 87205	
❑ Genital Culture w/Smear	87070 / 87205	
❑ Respiratory Culture w/Smear	87070 / 87205	
❑ Skin Culture w/Smear	87070 / 87205	
❑ Stool Culture	87045 / 87046	
❑ Throat Culture	87070	
❑ Tissue Culture w/Anaerobes & Smear	87070 / 87176 / 87205 / 87075	
❑ Urine Culture ❑ Clean Catch ❑ In/Out Cath ❑ Foley	87086	
❑ Wound Culture w/Smear	87070 / 87205	
❑ Wound Culture w/Anaerobes & Smear	87075 / 87070 / 87205	
MICROBIOLOGY OTHER		
❑ 2019 Coronavirus SARS-CoV-2 FL	87635	
❑ *Chlamydia trachomatis by NAAT*	87491	
❑ *Clostridioides difficile by NAAT*	87493	
❑ Fecal Blood Test by IC	82274	
❑ Group A Streptococcus by NAAT (Throat)	87651	
❑ Group B Streptococcus by NAAT (Vaginal/Rectal)	87653	
❑ HIV Quantitative by NAAT (Viral Load)	87536	
❑ HSV 1 & 2 by NAAT	87529	
❑ Influenza A,B by NAAT	87502	
❑ *Neisseria gonorrhoeae by NAAT*	87591	
❑ Occult Blood Gastric Fluid	82271 / 83986	
❑ Occult Blood, Stool Non Neoplasm Screen x1	82272	
❑ Occult Blood, Stool x3 Neoplasm Screen	82270	
❑ RPR Qual by Latex Agglutination	86592	
❑ *Trichomonas vaginalis by NAAT*	87661	

❑ BASIC METABOLIC PANEL (BMP) Sodium, Potassium, Chloride, CO2, BUN, Glucose, Creatinine, Calcium, Osmolality•, AGAP•, Bun/Creat Ratio•	80048	
❑ COMPREHENSIVE METABOLIC PANEL (CMP) Sodium, Potassium, Chloride, CO2, BUN, Glucose, Creatinine, Total Protein, Calcium, Albumin, Bili Total, AST, Alk Phos, ALT, AG Ratio•, Osmolality•, AGAP•, Bun/Creat Ratio•	80053	
❑ ELECTROLYTE PANEL Sodium, Potassium, Chloride, CO2, AGAP•	80051	
❑ HEPATIC FUNCTION PANEL Total Protein, Albumin, Bili Total, AST, Alk Phos, Bili Direct, ALT, Bili Indirect, AG Ratio•	80076	
❑ HEPATITIS PANEL Hep A IgM, Hep B Core Ab, Hep B Core IgM, Hep Bs Ag, Hep C Ab	80074	
❑ LIPID PANEL* Trig, Chol, HDL C, LDL C Calc•, Chol/HDL, Non-HDL Chol, VLDL Chol	80061	
❑ RENAL FUNCTION PANEL Sodium, Potassium, Chloride, CO2, BUN, Glucose, Creatinine, Calcium, Albumin, Phosphorus, Osmolality•, AGAP•, Bun/Creat Ratio•	80069	

*Fasting Specimen Required • Calculation

For a complete listing see the Ascension Sacred Heart Laboratory Online Test Menu

CLIA # 10D2001681

Total Tests Ordered: ____