FOR LAB USE ONLY:

FIN:_____

Ascension Sacred Heart Bay

# Test Requisition

**BUSINESS or HOME HEALTH CARE AGENCY SUBMITTING ORDERS:**

**NAME:** _____

**ADDRESS:** _____

_____

**PHONE:** _____

**PATIENT'S NAME:** _____
Last First MI

ADDRESS: _____

PHONE: _____

SEX: ___ RACE: ___ **DOB:** ___/___/___ SSN: _____ - _____ - _____

Insurance Carrier: _____

Guarantor: _____ **DOB:** _____/_____/_____

Subscriber's Name: _____ Relationship: _____

Policy #: _____ Group #: _____

Insurance Authorization #: _____ Exp. Date: _____

**PROVIDER'S FULL NAME:** (Print first/last) _____

**PROVIDER SIGNATURE:** _____

**Copy to Provider:** _____ (Print first/last)

Provider's Phone #: _____ **Order Date:** _____

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

Form Completed By: _____

Date Collected: _____ Time Collected: _____ AM PM

☐ ***Ascension Sacred Heart Bay - Outpatient Services***
615 N Bonita Ave - Panama City, FL 32401 Phone: (850) 804-6240

☐ ***Ascension Sacred Heart Bay Lab Express - Panama City Beach***
11111 Panama City Beach Pkwy - Panama City Beach, FL 32407 Phone: (850) 804-3175

**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

☐ Routine ☐ Stat ☐ Fasting

| | CPT CODE | DIAGNOSIS CODE |
|---|---|---|
| ☐ Alkaline Phosphatase | 84075 | |
| ☐ Alanine Aminotransferase (ALT) | 84460 | |
| ☐ Ammonia Level (on ice) | 82140 | |
| ☐ Aspartate Aminotransferase (AST) | 84450 | |
| ☐ Beta hCG Qual (Urine) | 84703 | |
| ☐ Beta hCG Quant (Serum) | 84702 | |
| ☐ Bilirubin Direct | 82248 | |
| ☐ Bilirubin Total | 82247 | |
| ☐ BUN | 84520 | |
| ☐ Calcium Level Total | 82310 | |
| ☐ CBC Hemogram (CBC) | 85027 | |
| ☐ CBC w/Differential (CBCD) | 85025 | |
| ☐ Cholesterol High Density Lipid* | 83718 | |
| ☐ Cholesterol Total* | 82465 | |
| ☐ C Reactive Protein (CRP Quant) | 86140 | |
| ☐ Creatinine Level ☐ Serum 82565 ☐ Urine | 82570 | |
| ☐ Digoxin Level | 80162 | |
| ☐ Gamma Glutamyl Transferase (GGT) | 82977 | |
| ☐ Glucose Level | 82947 | |
| ☐ Hemoglobin A1C (Glycated) | 83036 | |
| ☐ HIV p24 Ag, HIV-1, 2 Ab Combo Screen | 87389 | |
| ☐ Iron Binding Capacity Total | 83550 | |
| ☐ Iron Level | 83540 | |
| ☐ Lactic Acid | 83605 | |
| ☐ LDL Direct (Calculated) | 83721 | |
| ☐ Magnesium Level | 83735 | |
| ☐ Microalbumin/Creatinine Ratio, Urine | 82403 | |
| ☐ NT – pro BNP | 83880 | |
| ☐ Parathyroid Hormone (PTH) | 83970 | |
| ☐ Partial Thromboplastin Time (PTT) | 85730 | |
| ☐ Phenytoin Level Total (Dilantin) | 80185 | |
| ☐ Phosphorus Level ☐ Serum 84100 ☐ Urine | 84105 | |
| ☐ Potassium Level | 84132 | |
| ☐ Protein Urine (Random) | 84156 | |
| ☐ Prothrombin Time (PT with INR) | 85610 | |
| ☐ Prostate Specific Antigen (PSA) | 84153 | |
| ☐ PSA Screen (Medicare) | G0103 | |
| ☐ Sedimentation Rate (ESR) | 85651 | |
| ☐ Sodium Level | 84295 | |
| ☐ T3 Free | 84481 | |
| ☐ T4 Total | 84436 | |
| ☐ Thyroxine Free (Free T4) | 84439 | |
| ☐ Triglycerides* | 84478 | |
| ☐ TSH with Reflex Free T4<br>Reflex will occur when TSH result is outside established normal range | 84443 / 84439 | |
| ☐ Thyroid Stimulating Hormone (TSH) | 84443 | |
| ☐ Urinalysis Reflex Microscopic<br>Urine Type: ☐ Clean Catch ☐ Cath ☐ In/Out | 81001 | |
| ☐ Urinalysis Reflex Culture, if indicated<br>Macroscopic w/Reflex. Microscopic will occur, if indicated | 81001 / 87086 | |
| ☐ Vancomycin ☐ Level ☐ Trough ☐ Peak | 80202 | |
| ☐ Vitamin B12 Level | 82607 | |
| ☐ Other _____ | | |

## MICROBIOLOGY CULTURES

**Specimen Description:** _____

| | CPT CODE | DIAGNOSIS CODE |
|---|---|---|
| ☐ Acid Fast Bacilli Culture w/AFB Smear | 87116 / 87206 / 87015 | |
| ☐ Blood Culture | 87040 | |
| ☐ 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 | 87080 / 87176 / 87206 / 87076 | |
| ☐ Urine Culture ☐ Clean catch ☐ In/Out Cath ☐ Foley | 87086 | |
| ☐ Vibrio Stool Culture | 87046 | |
| ☐ Wound Culture w/Smear | 87075 / 87070 / 87205 | |
| ☐ Wound Culture w/Anaerobes & Smear | 87075 / 87070 / 87205 | |
| ☐ Yersinia Stool Culture | 87046 | |

**MICROBIOLOGY OTHER**

| | | |
|---|---|---|
| ☐ 2019 Coronavirus SARS-CoV-2 FL | 87635 | |
| ☐ *Chlamydia trachomatis by NAAT* | 87491 | |
| ☐ Clostridioides difficile Ag + Tox Screen | 87324 | |
| ☐ Fecal Blood Test by IC | 82274 | |
| ☐ Group A Streptococcus by NAAT (Throat) | 87651 | |
| ☐ Group B Streptococcus by NAAT (Vaginal/Rectal) | 87653 | |
| ☐ 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 | |
| ☐ RSV by NAAT | 87798 | |
| ☐ *Trichomonas vaginalis by NAAT* | 87661 | |
| ☐ Other _____ | | |

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

* Fasting Specimen Required • Calculation

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

**CLIA # 10D0270460**

Total Tests Ordered: ____

FOR LAB USE ONLY:

FIN:_____

Ascension Sacred Heart Bay

# Test Requisition

**BUSINESS or HOME HEALTH CARE AGENCY SUBMITTING ORDERS:**

**NAME:** _____

**ADDRESS:** _____

_____

**PHONE:** _____

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Last First MI

ADDRESS: _____

PHONE: _____

SEX: ___ RACE: ___ **DOB:** ___/___/___ SSN: _____ - _____ - _____

Insurance Carrier: _____

Guarantor: _____ **DOB:** _____/_____/_____

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Policy #: _____ Group #: _____

Insurance Authorization #: _____ Exp. Date: _____

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**PROVIDER SIGNATURE:** _____

**Copy to Provider:** _____ (Print first/last)

Provider's Phone #: _____ **Order Date:** _____

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| ☐ Beta hCG Quant (Serum) | 84702 | |
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| | | |
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| ☐ RENAL FUNCTION PANEL<br>Sodium, Potassium, Chloride, CO2, BUN, Glucose, Creatinine, Calcium, Albumin, Phosphorus, • Osmolality, • AGAP, • Bun/Creat Ratio | • 80069 | |
| ☐ Other _____ | | |

* Fasting Specimen Required • Calculation

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

**CLIA # 10D0270460**

Total Tests Ordered: ____