

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:

Provider's (Print first/last)

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	CPT CODE	DIAGNOSIS CODE	MICROBIOLOGY CULTURES	CPT CODE	DIAGNOSIS CODE
☐ Routine ☐ Stat ☐ Fasting			Specimen Description:		
☐ Alkaline Phosphatase	84075	_____	☐ Acid Fast Bacilli Culture w/AFB Smear	87116 / 87206 / 87015	_____
☐ Alanine Aminotransferase (ALT)	84460	_____	☐ Blood Culture	87040	_____
☐ Ammonia Level (on ice)	82140	_____	☐ Bronchoscopy Culture w/Smear	87070 / 87015 / 87205	_____
☐ Aspartate Aminotransferase (AST)	84450	_____	☐ Ear Culture w/Smear Aerobic	87070 / 87205	_____
☐ Beta hCG Qual (Urine)	84703	_____	☐ Eye Culture w/Smear Aerobic	87070 / 87205	_____
☐ Beta hCG Quant (Serum)	84702	_____	☐ Fluid Culture w/Anaerobes & Smear	87070 / 87205 / 87075	_____
☐ Bilirubin Direct	82248	_____	☐ Fungus Culture w/Smear	87102 / 87205	_____
☐ Bilirubin Total	82247	_____	☐ Genital Culture w/Smear	87070 / 87205	_____
☐ BUN	84520	_____	☐ Respiratory Culture w/Smear	87070 / 87205	_____
☐ Calcium Level Total	82310	_____	☐ Skin Culture w/Smear	87070 / 87205	_____
☐ CBC Hemogram (CBC)	85027	_____	☐ Stool Culture	87045 / 87046	_____
☐ CBC w/Differential (CBCD)	85025	_____	☐ Throat Culture	87070	_____
☐ Cholesterol High Density Lipid*	83718	_____	☐ Tissue Culture w/Anaerobes & Smear	87080 / 87176 / 87206 / 87076	_____
☐ Cholesterol Total*	82465	_____	☐ Urine Culture ☐ Clean catch ☐ In/Out Cath ☐ Foley	87086	_____
☐ C Reactive Protein (CRP Quant)	86140	_____	☐ Vibrio Stool Culture	87046	_____
☐ Creatinine Level ☐ Serum 82565 ☐ Urine	82570	_____	☐ Wound Culture w/Smear	87075 / 87070 / 87205	_____
☐ Digoxin Level	80162	_____	☐ Wound Culture w/Anaerobes & Smear	87075 / 87070 / 87205	_____
☐ Gamma Glutamyl Transferase (GGT)	82977	_____	☐ Yersinia Stool Culture	87046	_____
☐ Glucose Level	82947	_____	MICROBIOLOGY OTHER		
☐ Hemoglobin A1C (Glycated)	83036	_____	☐ 2019 Coronavirus SARS-CoV-2 FL	87635	_____
☐ HIV p24 Ag, HIV-1, 2 Ab Combo Screen	87389	_____	☐ Chlamydia trachomatis by NAAT	87491	_____
☐ Iron Binding Capacity Total	83550	_____	☐ Clostridioides difficile Ag + Tox Screen	87324	_____
☐ Iron Level	83540	_____	☐ Fecal Blood Test by IC	82274	_____
☐ Lactic Acid	83605	_____	☐ Group A Streptococcus by NAAT (Throat)	87651	_____
☐ LDL Direct (Calculated)	83721	_____	☐ Group B Streptococcus by NAAT (Vaginal/Rectal)	87653	_____
☐ Magnesium Level	83735	_____	☐ HSV 1 & 2 by NAAT	87529	_____
☐ Microalbumin/Creatinine Ratio, Urine	82403	_____	☐ Influenza A, B by NAAT	87502	_____
☐ NT - pro BNP	83880	_____	☐ Neisseria gonorrhoeae by NAAT	87591	_____
☐ Parathyroid Hormone (PTH)	83970	_____	☐ Occult Blood Gastric Fluid	82271 / 83986	_____
☐ Partial Thromboplastin Time (PTT)	85730	_____	☐ Occult Blood, Stool Non Neoplasm Screen x1	82272	_____
☐ Phenytoin Level Total (Dilantin)	80185	_____	☐ Occult Blood, Stool x3 Neoplasm Screen	82270	_____
☐ Phosphorus Level ☐ Serum 84100 ☐ Urine	84105	_____	☐ RSV by NAAT	87798	_____
☐ Potassium Level	84132	_____	☐ Trichomonas vaginalis by NAAT	87661	_____
☐ Protein Urine (Random)	84156	_____	☐ Other _____		
☐ Prothrombin Time (PT with INR)	85610	_____			
☐ Prostate Specific Antigen (PSA)	84153	_____			
☐ PSA Screen (Medicare)	G0103	_____			
☐ Sedimentation Rate (ESR)	85651	_____	☐ BASIC METABOLIC PANEL (BMP)	80048	_____
☐ Sodium Level	84295	_____	Sodium, Potassium, Chloride, CO2, BUN, Glucose, Creatinine, Calcium, • Osmolality, • AGAP, • Bun/Creat Ratio		
☐ T3 Free	84481	_____	☐ COMPREHENSIVE METABOLIC PANEL (CMP)	80053	_____
☐ T4 Total	84436	_____	Sodium, Potassium, Chloride, CO2, BUN, Glucose, Creatinine, Total Protein, Calcium, Albumin, Bili Total, AST, Alk Phos, ALT, • AG Ratio, Osmolality, • AGAP, • Bun/Creat Ratio		
☐ Thyroxine Free (Free T4)	84439	_____	☐ ELECTROLYTE PANEL Sodium, Potassium, Chloride, CO2, • AGAP	80051	_____
☐ Triglycerides*	84478	_____	☐ HEPATIC FUNCTION PANEL	80076	_____
☐ TSH with Reflex Free T4	84443 / 84439	_____	Total Protein, Albumin, Bili Total, AST, Alk Phos, Bili Direct, ALT, Bili Indirect, • AG Ratio		
Reflex will occur when TSH result is outside established normal range			☐ HEPATITIS PANEL	80074	_____
☐ Thyroid Stimulating Hormone (TSH)	84443	_____	Hep A IgM, Hep B Core Ab, Hep B Core IgM, Hep Bs Ag, Hep C Ab		
☐ Urinalysis Reflex Microscopic	81001	_____	☐ LIPID PANEL*	80061	_____
Urine Type: ☐ Clean Catch ☐ Cath ☐ In/Out			Trig, Chol, HDL C, • LDL C Calc, Chol/HDL, Non-HDL Chol, VLDL Chol		
☐ Urinalysis Reflex Culture, if indicated	81001 / 87086	_____	☐ RENAL FUNCTION PANEL	80069	_____
Macroscopic w/Reflex. Microscopic will occur, if indicated			Sodium, Potassium, Chloride, CO2, BUN, Glucose, Creatinine, Calcium, Albumin, Phosphorus, • Osmolality, • AGAP, • Bun/Creat Ratio		
☐ Vancomycin ☐ Level ☐ Trough ☐ Peak	80202	_____	☐ Other _____		
☐ Vitamin B12 Level	82607	_____			
☐ Other _____					

* Fasting Specimen Required • Calculation

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

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**DIAGNOSIS
CODE**

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Macroscopic w/Reflex. Microscopic will occur, if indicated		
☐ Vancomycin ☐ Level ☐ Trough ☐ Peak	80202	_____
☐ Vitamin B12 Level	82607	_____
☐ Other		_____

MICROBIOLOGY CULTURES

CPT CODE

**DIAGNOSIS
CODE**

Specimen Description:

☐ 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	_____
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☐ 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

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Hep A IgM, Hep B Core Ab, Hep B Core IgM, Hep Bs Ag, Hep C Ab		
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Trig, Chol, HDL C, • LDL C Calc, Chol/HDL, Non-HDL Chol, VLDL Chol		
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☐ Other		_____

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