

Request for Outpatient Laboratory Services

**Information requested is mandatory*

- Watauga Medical Center**
336 Deerfield Road • Boone, NC 28607
Outpatient Lab (828) 266-2495
Outpatient Lab fax: (828) 262-4244
Main Lab: (828) 262-4150
Main Lab fax: (828) 262-4147
- Cannon Memorial Hospital**
434 Hospital Drive • Linville, NC 28646
Lab (828) 737-7500 • Fax: (828) 737-7501

*Patient Name: _____ *Sex: _____ *DOB: ____/____/____
 *Ordering Provider: _____
 Address of Provider: _____
 *City/State/Zip: _____
 Agency: _____ Agency Fax: _____
 *MD Phone: _____ *MD Fax: _____
 *Provider Signature: _____ *Order Date ____/____/____

*Collector: _____

*Date and Time of Collection: _____

Note: The ordering provider signature is required for all laboratory testing. In the event the provider signature is not available at the time of testing for home-based services and clinical nursing facility patients, laboratory testing may still be performed as long as the qualified individual completing the order signs in lieu of the provider and by signing accepts responsibility that the order was given by the healthcare provider. In these cases, it is then the responsibility of the ordering facility or service to provide proper documentation for physician/provider orders upon request and may request physician/provider signature by fax or electronic signature if necessary to meet timely billing requirements.

ICD-10-CM#	
Diagnosis Description	

PANELS		BLOOD BANK		24 Hour Urine Studies	
<input type="checkbox"/> BMP	Basic Metabolic Panel S/G	<input type="checkbox"/> ABO & Rh	P	<input type="checkbox"/> UCR24	Urine Creatinine
<input type="checkbox"/> CMP	Comp Metabolic Panel S/G	<input type="checkbox"/> Antibody Screen	P	<input type="checkbox"/> UPR24	Urine Protein
<input type="checkbox"/> LYTES	Electrolyte Panel S/G	<input type="checkbox"/> Direct Coombs	P	<input type="checkbox"/> UCRCL	Creat. Clearance (requires blood)
<input type="checkbox"/> LIPID	Lipid Panel S/G	<input type="checkbox"/> Type and Screen	P	<input type="checkbox"/>	Ht ____ Wt ____
<input type="checkbox"/> HFP	Hepatic Function Panel S/G	<input type="checkbox"/> Therapeutic Phlebotomy - Required information below:		CSF Studies	
<input type="checkbox"/> IRONP	Iron Panel S	Frequency: _____		<input type="checkbox"/> CXFLD	Fluid Culture Tube:
<input type="checkbox"/> THYPN	Thyroid Panel S	Volume to be Removed: _____		<input type="checkbox"/> CFGLU	CSF Glucose Tube:
<input type="checkbox"/> OBPAN	Obstetric Panel S + L + P	Lab Values to be Monitored: _____		<input type="checkbox"/> CFTP	CSF Total Protein Tube:
CHEMISTRY TEST		Perform if Hgb: _____		<input type="checkbox"/> CCELL	CSF Cell Count Tube:
<input type="checkbox"/> NTBNP	NT B-Natriuretic Peptide S/G	MICROBIOLOGY		<input type="checkbox"/> CSFST	CSF Studies
<input type="checkbox"/> BUN	BUN S/G	<input type="checkbox"/> CXURN	Culture, Urine	Body Fluid Studies	
<input type="checkbox"/> CREAT	Creatinine S/G	<input type="checkbox"/>	Culture, Routine (other)	Specimen Source:	
<input type="checkbox"/> CPK	CK S/G	Source: _____		<input type="checkbox"/> FGLU	Fluid Glucose
<input type="checkbox"/> MG	Magnesium S/G	<input type="checkbox"/> CXGRB	Grp B Strep screen	<input type="checkbox"/> FTP	Fluid Total Protein
<input type="checkbox"/> GLU	Glucose S/G	<input type="checkbox"/> CDIF	C. Difficile toxin	<input type="checkbox"/> FCELL	Cell Count, Fluid
<input type="checkbox"/> HCGQ	HCG Quantitative S	<input type="checkbox"/> RSV	RSV	<input type="checkbox"/> CXFLD	Fluid Culture
<input type="checkbox"/> K	Potassium S/G	<input type="checkbox"/> ROTAV	Rotavirus	URINALYSIS	
<input type="checkbox"/> PSAS	PSA Screening S	<input type="checkbox"/> ZG136	O&P	<input type="checkbox"/> UAC	Complete Urinalysis
<input type="checkbox"/> PSAD	PSA Diagnostic S	<input type="checkbox"/> DSTSCR	Strep Screen	<input type="checkbox"/> UA	Urinalysis
<input type="checkbox"/> TROPN	Troponin S/G	<input type="checkbox"/> CXBLD	Blood Culture x _____	TOXICOLOGY	
<input type="checkbox"/> CKMB	CKMB S/G	IMMUNOLOGY		<i>(Dose, Date & Time Required)</i>	
<input type="checkbox"/> T4	T, Free S	<input type="checkbox"/> ZG049	HIV Antibodies S	<input type="checkbox"/> DIGOX	Digoxin R
<input type="checkbox"/> TSH	TSH S/G	<input type="checkbox"/> MONO	Mono Test S	<input type="checkbox"/> PHENT	Dilantin R
<input type="checkbox"/> HGBA1	HgB A1C L	<input type="checkbox"/> HBSAB	Hepatitis B Surf. Ab S	<input type="checkbox"/> PHENO	Phenobarbital R
<input type="checkbox"/> B12	Vitamin B12 S	<input type="checkbox"/> HEPC	Hepatitis C Ab S	<input type="checkbox"/> CARB	Tegretol R
<input type="checkbox"/> FOLAT	Folate S	<input type="checkbox"/> ZG110	Hepatitis Acute Panel S	<input type="checkbox"/> THEOP	Theophylline R
<input type="checkbox"/> NH3	Ammonia (collect on ice, separate asap), G	<input type="checkbox"/> UPREG	HCG Qual. (Urine)	<input type="checkbox"/> VALPR	Valporic Acid R
<input type="checkbox"/> CA125	CA 125 S	<input type="checkbox"/> PREG	HCG Qual. (Serum) S	Miscellaneous Test	
<input type="checkbox"/> CEA	CEA S	HEMATOLOGY		<input type="checkbox"/> PTHI	Intact Parathyroid Hormone (on ice, separate asap) L
<input type="checkbox"/> Z0530	CA 27.29 S	<input type="checkbox"/> DIMR	D-Dimer B		
<input type="checkbox"/> Z0050	CA 19.9 S	<input type="checkbox"/> CBCND	CBC L		
<input type="checkbox"/> Z1195	Vitamin D S	<input type="checkbox"/> CBCWD	CBC with diff. L		
<input type="checkbox"/> CRPT	C-Reactive Protein S/G	<input type="checkbox"/> ESR	Sed Rate L		
<input type="checkbox"/> LIPAS	Lipase S/G	<input type="checkbox"/> PT	PT B		
<input type="checkbox"/> AST	AST S/G	<input type="checkbox"/> PTT	PTT B		
<input type="checkbox"/> ALT	ALT S/G	<input type="checkbox"/>			

****Tube****

S- SST (Tiger Top)	R - Plain Red
L - Lavender (EDTA)	B - Blue (Citrate)
G - Green (Heparin)	P - Pink (EDTA)

33503 - 12/11/2015

