NAME | NAME
NAME | NAME
NAME | NAME

PROVIDENCE Health & Services

Laboratory Services

☐ **STAT PRIORITY**
RESULTS DELIVERY: PHONE / FAX (circle one)
_____

PATIENT'S LEGAL NAME (LAST) REQUIRED	(FIRST)	(MI)	DATE OF BIRTH REQUIRED MO / DAY / YR	☐ M ☐ F	PT. SOC. SEC. NO. REQUESTED	PATIENT ID REQUESTED

DATE COLLECTED REQUIRED MO / DAY / YR	TIME COLLECTED REQUIRED :	☐ AM ☐ PM	☐ FASTING: HRS _____ ☐ NON-FASTING	CHARTABLE NOTES

ORDERING PRACTITIONER REQUIRED	PRACTITIONER SIGNATURE REQUESTED	BILLING PRACTITIONER OR PCP ☐ SEND REPORT	ADDITIONAL REPORTS TO: LAST, FIRST NAME & FAX # REQ. SECURE FAX NUMBER REQUIRED BY HIPAA
	X		

BILL TO: ☐ INSURANCE ☐ PATIENT ☐ PHY/OFFICE ☐ CONTRACT _____ REQUESTED

INSURANCE CO. NAME & NETWORK INFORMATION	UNINSURED ☐ YES ☐ NO

BILLING INFO

RESPONSIBLE PARTY NAME (LAST, FIRST, MIDDLE) IF DIFFERENT FROM PATIENT			INSURED / SUBSCRIBER NAME		DATE OF BIRTH
ADDRESS		HOME PHONE	MEMBER / POLICY / ID #		GROUP #
CITY	STATE	ZIP / WORK PHONE	INSURANCE PLAN ADDRESS	CITY	STATE / ZIP

ICD-10 CODE: ICD-10 CODE(S) / DESCRIPTIVE DIAGNOSIS REQUIRED

LAST DOSE OF THERAPEUTIC DRUGS ORDERED:
DATE: _____ TIME: _____

GYN CYTOLOGY
☐ SUREPATH PAP ☐ THINPREP PAP ☐ HPV ONLY ☐ PAP WITH CHLAMYDIA
☐ PAP WITH HPV ☐ PAP WITH CT/GC ☐ PAP COMPLETE WITH CT/GC/HPV
SOURCE: ☐ VAGINAL ☐ CERV / ENDO

HPV REFLEX OPTIONS: ☐ IF ASCUS ☐ IF AGCUS ☐ IF LSIL

☐ **SCREENING***
ICD-10 CODE REQUIRED
☐ **DIAGNOSTIC**
ICD-10 CODE REQUIRED

LMP____/____/____
☐ PREGNANT ☐ POST PARTUM
☐ RADIATION ☐ HYSTERECTOMY ☐ CX PRESENT ☐ CX ABSENT
☐ HORMONE / BCP ☐ POST MENOPAUSAL ☐ IUD ☐ ABN BLEEDING
PREV. ABNORMAL PAP(S) DATE: _____ DX: _____

CYTOLOGY / PATHOLOGY
☐ CYTOLOGY (NON GYN) ☐ FNA: SOURCE: _____
☐ ANAL PAP ☐ SLIDE ONLY
☐ SURGICAL PATHOLOGY COMPLETE:
SPECIMEN SOURCE
A. _____ B. _____
C. _____ D. _____
CLINICAL HISTORY REQUIRED

Lithium Heparin (LG) SST (SS) Lav (L) Lt. Blue (B) Pink (P) Gray (GY) White (W) VTM (V) Urine (U) Aptima (A) Culture (C) Other

PANELS			ALPHA LIST CONT'D			ALPHA LIST CONT'D		
43374	BASIC METABOLIC PANEL	LG / SS	43072	CK (CPK)	LG / SS	43405	PSA, REFLEXIVE*	SS
43375	COMP METABOLIC PANEL	LG / SS	43073	CKMB	SS	46512	PT (PROTHROMBIN TIME)*	B
43100	ELECTROLYTE PANEL	LG / SS	43089	CREATININE	LG / SS	46513	PTT*	B
44700	HEPATITIS PANEL A, B, C ACUTE*	SS	43096	DIGOXIN*	LG / SS	44613	TREPONEMAL ANTIBODY	SS
43169	LIPID PANEL*	SS	43107	ESTRADIOL	LG / SS	43300	T4, FREE*	LG / SS
43168	LIPID PANEL REFLEX DIRECT LDL*	LG / SS	43110	FERRITIN*	LG / SS	43276	TSH*	LG / SS
43376	LIVER (HEPATIC) FUNCTION PANEL	LG / SS	41361	FOLATE	SS	43406	TSH, REFLEX TO FT4*	LG / SS
43413	OBSTETRIC PANEL	SS / L / P	43114	FSH	SS	43324	TROPONIN	LG / SS
43377	RENAL PANEL	LG / SS	43123	GLUCOSE, FASTING*	GY	43280	URIC ACID	LG / SS
91308	THYROID PANEL (TSH & FT4)*	LG / SS	43121	GLUCOSE, RANDOM*	GY	45523	UA WITH MICROSCOPIC	U
HEMATOLOGY			45512	HCG, QUAL (PREG)	SS	45525	UA DIPSTICK*	U
91613	CBC+AUTO DIFF*	L	45513	HCG, QUAL (PREG)	U	45527	UA MICROSCOPIC EXAM	U
43302	HEMOGLOBIN A1C*	L	43139	HCG, QUANT*	SS	91532	UA DIP RFX MICROSCOPIC*	U
46000	HEMOGRAM W/ PLATELETS (ABC)*	L	43070	HDL CHOLESTEROL*	LG / SS	91531	UA WITH MICROSCOPIC RFX C-S*	U
46026	HCT*	L	92271	HSV 1 & 2 IgG ANTIBODY	SS	43472	VITAMIN D, 25-HYDROXY*	SS
46028	HGB*	L	43147	HEP B SURFACE ANTIBODY	SS	**MICRO/VIROLOGY**		
46043	RETICULOCYTE COUNT	L	43148	HEP B SURFACE ANTIGEN*	SS	REQUIRED		
46072	SED RATE	L	44554	HEP C ANTIBODY (HCV)	SS	SOURCE _____		
ALPHA LIST			44552	HEP C QUAL (PCR)	W / SS	DATE / TIME COLLECTED _____		
	ABO (GROUP)	P	44652	HEP C QUANT (PCR)	W / SS			
	RH TYPE	P	48529	HIV 1/2 ANTIBODY* AG (4TH GEN)	SS		ROUTINE CULTURE	C
43018	AMYLASE	LG / SS	43154	IRON* SS	SS	91580	URINE CULTURE*	U
44507	ANA SCREEN	SS	91305	IRON + IRON BINDING CAPACITY*	SS	91578	OVA AND PARASITES	KIT
44704	ANA, REFLEX QUANT	SS	43411	LDL, DIRECT*	LG / SS	45062	FECAL LEUKOCYTE	STOOL
	ANTIBODY SCREEN	P	43165	LH	LG / SS	45238	C-DIFFICILE (PCR)	STOOL
43289	B12	SS	43172	LITHIUM	L / SS	92112	AFB CULTURE	C
43026	BILIRUBIN, DIRECT	LG / SS	43176	MAGNESIUM*	LG / SS	91574	FUNGUS CULTURE	C
43027	BILIRUBIN, TOTAL	LG / SS	44590	MONO TEST	LG / SS	45119	STREP GRP A AG RELX CULTURE	SWAB
43279	BUN	LG / SS	43214	PHENYTOIN / DILANTIN	LG / SS	92120	HERPES SIMPLEX, VIRUS (PCR)	V
43051	CEA*	SS	43226	POTASSIUM	LG / SS	44729	GC, APTIMA (GEN PROBE)	A/U
44533	C-REACTIVE PROTEIN	LG / SS	43238	PROLACTIN	LG / SS	44728	CHLAMYDIA, APTIMA (GEN PROBE)	A/U
43433	C-REACTIVE PROTEIN (HS CRP)	LG / SS	43244	PSA, DIAGNOSTIC*	SS	48551	STOOL PATHOGENS	KIT
43031	CALCIUM IONIZED (VENOUS)	SS	92486	PSA, TOTAL & FREE	SS			
43039	CALCIUM TOTAL	LG / SS	44007	PSA, SCREENING*	SS			

ADDITIONAL REQUESTS

*Tests with an asterisk indicate they are subject to Medicare Medical Necessity rules. A separate ABN form is required when ICD10 code is not covered.

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