



LABORATORY SERVICES
 2700 W. Norfolk Avenue
 Norfolk, NE 68701
 (402) 644-7528
 Fax (402) 844-8138

LOCATION PATIENT IS TO BE SCHEDULED FOR:

- CDU Draw Center MOB-N
 Main Lab Radn/Onc MOBW

Please attach patient demographics including insurance information for specimens collected outside the facility.

TO SCHEDULE AN AN APPOINTMENT CALL:
Centralized Scheduling: 402-644-7121
Centralized Scheduling Fax: 800-371-4926

- CHEMISTRY**
- LYTEPN Electrolyte Panel
 HFP Hepatic Function Panel
 BMP Basic Metabolic Panel
 COMPN Comp Metabolic Panel
 RENAL Renal Function Panel
 LIPSC Lipid Screen
 ALB Albumin
 ALKP Alkaline Phosphatase
 SGPT ALT, SGPT
 AMON Ammonia
 AMY Amylase
 SGOT AST, SGOT
 BILID Bilirubin, Direct
 BILIT Bilirubin, Total
 PBNP BNP (Brain Natr. Peptide)
 BUN Urea Nitrogen, BUN
 CRPA C-Reactive Protein
 S4698 CA 19.9
 S29256 CA 125
 CA2729 CA 27.29
 CA Calcium
 ICA Ionized Calcium
 CCRP Cardio CRP
 CEA CEA
 CL Chloride
 CHOL Cholesterol, Total
 CR Creatinine
 CPK CK, Total
 CKMB CK, Isoenzymes
 CORT Cortisol
 ESTD Estradiol
 FER Ferritin
 FOL Folic Acid
 FSH FSH
 GGT GGT
 GLUC Glucose
 Glucose Tolerance ___Hrs.
 GTPREG Glucose Tolerance, OB
 PREG HCG, serum, Qual
 HCGTA HCG, serum, Quant
 HAIC Hemoglobin A1C
 HACUTE Hepatitis Panel, Acute w/Refl
 S499 Hepatitis B, Surf Ab, Qual
 S8475 Hepatitis B Surf Ab, Quant
 S498 Hep. B surf ag w/Refl conf.
 S8472 Hepatitis C Ab
 HIVAB HIV Screen w/Refl WB
 IRN Iron, Total
 TIBC Iron, Total, IBC
 LDH LDH
 LH LH
 LIPN Lipase
 MG Magnesium
 PHOS Phosphorus
 K Potassium
 PROG Progesterone
 S746 Prolactin

- TP Protein, Total
 PSAG PSA, Diagnostic
 PSAGM PSA, Screening
 S964 Rubeola, IgG Ab
 S802 Rubella, IgG Ab
 NA Sodium
 S873 Testosterone
 TRIG Triglycerides
 TROP Troponin
 TSH TSH
 RTSH TSH w/Reflex to Free T4
 FT4IM T-4 (Thyroxine), Free
 UAC Uric Acid
 B12 Vitamin B12

- TDM/TOXICOLOGY**
- DIG Digoxin
 LITH Lithium
 DILAN Phenytoin (Dilantin)
 GENP Gentamycin Peak
 GENT Gentamycin Trough
 TEG Carbamazepine (Tegretol)
 VALP Valproic Acid
 VANP Vancomycin Peak
 VANT Vancomycin Trough
 ALC Blood Alcohol
 TRIAM Urine Drug Screen

- HEMATOLOGY / COAG**
- HGB Hemoglobin
 HCT Hematocrit
 PLT Platelet Count
 WBC White Blood Count
 HP5P CBC AUTO DIFF
 HEM8 CBC, W/O DIFF
 PTMN Protime, W/INR
 Coumadin YES NO
 PTTS PTT, Activated
 ESR Sed Rate, Westergren
 RETIC Reticulocyte Count
 DIMER D-Dimer
 FIB Fibrinogen

OTHER

- UMACR UA, Complete
 URTC UA, If Pos. w/ Refl to Culture
 FFNN Fetal Fibronectin
MICROBIOLOGY / SEROLOGY
 RPRB RPR w/Reflex
 MONOT Mono Screen
 RSVO RSV
 FLUDNA Influenza A & B, DNA
 STOB Stool Occult Bld, Diagnostic
 OB3 Stool Occult Bld, Screening
 1 2 3 Specimens
 CANDG Giardia / Crypto Panel
 CRYPTO Cryptosporidium Screen
 GIARDE Giardia Screen
 ROTAO Rotavirus
 CDIF C.Difficile toxigeno DNA

BILL TO: CLIENT PATIENT AND/OR INSURANCE

PRINT PATIENT NAME (LAST, FIRST, MIDDLE)

PATIENT SOCIAL SECURITY NO. DATE OF BIRTH: M / M / D / D / YEAR SEX

ORDERING PHYSICIAN NAME: FIRST LAST

Medicare Limited Coverage Tests: Separate ABN enclosed?
 Highlighted tests may not be covered for the reported diagnosis or have prescribed frequency rules for coverage. Yes No

DIAGNOSIS CODE(S) FOR DIAGNOSIS, SYMPTOM OR COMPLAINT (MUST BE PROVIDED)

PHYSICIAN SIGNATURE:

For any patient of any payer (including Medicare and Medicaid) that has a medical necessity requirement, you should only order those tests which are medically necessary for the diagnosis and treatment of the patient.

SPECIMEN INFORMATION:

DATE COLLECTED TIME AM PM COLLECTED BY: FASTING
 : : _____ HRS FASTING

URINE TOTAL VOLUME HRS. OF COLLECTIONS FAX RESULTS TO:
 _____ mls _____ hrs. ()

SEND DUPLICATE REPORT TO:

PHYSICIAN NAME: _____

COMMENTS / INSTRUCTIONS TO LAB:

FOR LAB USE ONLY:

PLACE STICKER HERE

VERBAL ORDERS - LAB

ORDER:

PHYSICIAN:

DATE / TIME RECEIVED:

VORB / TORB:

SIGNATURE:

MICRO / CULTURES

URCO Urine, Midstream,* Indwelling Cath
 URCCO Urine, Quick Cath
 STECO Stool w/Shiga*
 STSCO Strep Screen, Group A
 RESCO Sputum*
 WDGO Wound, deep (anaerobic, aerobic)*
 SKINO Wound, Superficial*
 FUCZ Fungal*
 AFCZ Mycobacterium (TB)*
 BLCO Blood Culture*
 Other: _____
 Culture Site: _____
 Gram Stain

FOR LAB USE ONLY:

MR #

ACCT #

Blood:
 lav SST blue red
 other _____

Urine:
 grey jungle no preserv.

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