❑ **Fasting – Nothing to eat or drink for 10–12 hours prior to testing – ONLY WATER**

Patient Name: _____ DOB: _____

Sex: ❑ Female ❑ Male Primary Insurance: _____

ICD Codes: _____ Ins. #: _____

Diagnosis / Signs & Symptoms: _____ Secondary Insurance: _____

_____ Ins. #: _____

Physician / ARNP / PA Signature Required: _____ Date Signed: _____

Send copy of results to: _____ **Priority: ❑ STAT ❑ ROUTINE**

Specimen Collection: Time: ❑ am ❑ pm Date: **Phleb. Initials:**

ORGAN OR DISEASE PANELS	**INDIVIDUAL CHEMISTRIES (CONT'D)**	**IMMUNOLOGY (CONT'D)**	**MICROBIOLOGY**
❑ Basic Metabolic	❑ LDH	❑ Hep A Virus Total Ab	❑ ROUTINE Culture (Aerobic) & Gram Stain Specify Source:
❑ Comp. Metabolic	❑ Lead, Adult	❑ Hep A Antibody, IgM	
❑ Hepatic Function	❑ Lead, Pedi < 17 years	❑ Hep B Surface Antibody	❑ **BLOOD** Culture x2
❑ Hepatitis Screening Panel	❑ Lipase	❑ Hep B Surface Antigen	❑ Gram Stain (STAT)
❑ Renal Function	❑ Luteinizing Hormone (LH)	❑ Hep B Core Virus Total Ab	❑ Urine Culture
❑ Lipid Panel	❑ Magnesium	❑ Hep C Virus Total Ab	
	❑ 5' Nucleotidase	❑ HIV – Ag/Ab Combo	**RESPIRATORY**
INDIVIDUAL CHEMISTRIES	❑ Phosphorus	❑ HLA B–27	❑ Sputum (Gram Stain Included)
❑ Albumin	❑ Potassium	❑ HSV I, II, IgG/IgM	❑ Nasopharyngeal
❑ Alkaline Phosphatase	❑ Progesterone	❑ Lyme Total Antibodies	❑ Influenza A & B Antigens
❑ ALT (SGPT)	❑ Prolactin	❑ Lyme PCR on fluid	❑ Pertussis PCR & Culture* (State Kit)
❑ AST (SGOT)	❑ PSA	❑ MMRV Immunity Screen	❑ RSV Rapid Antigen
❑ Amylase	❑ PTH	❑ Monospot	
❑ Antithyroglobulin Ab.	❑ Serum Protein Electrophoresis	❑ RF (Rheum Factor)	**THROAT**
❑ Bilirubin, Total	❑ Sodium	❑ RPR	❑ Group A Strep Culture
❑ BNP	❑ Testosterone	❑ Rubella IgG	❑ Throat Culture
❑ BUN	❑ TIBC	❑ ENA	❑ Rapid Strep A Antigen, Culture if Neg
❑ CA 125	❑ T–Uptake		
❑ Calcium	❑ T3, Free	**THERAPEUTIC DRUG MONITORING**	**STOOL STUDIES**
❑ CEA	❑ T3, Total	❑ Carbamazepine (Tegretol)	❑ Stool Culture* (Carey Blair Transport)
❑ Chloride	❑ T4, Free	❑ Digoxin	❑ Clostridium difficile by PCR
❑ Cholesterol	❑ T4, Total	❑ Dilantin (Phenytoin)	❑ O&P Comprehensive* (Parapak or Ecofix)
❑ Cholesterol, HDL	❑ Bilirubin, Direct	❑ Gentamicin	❑ Cryptosporidium Antigen
❑ Cholesterol, LDL	❑ Thyroperoxidase (TPO) Ab	❑ Lithium	❑ Giardia Antigen
❑ CO2	❑ Total Protein	❑ Phenobarbital	❑ Fecal WBC
❑ C–Peptide	❑ Triglycerides	❑ Theophylline	❑ Occult Blood
❑ CPK	❑ TSH	❑ Valproic Acid	
❑ Creatinine	❑ Uric Acid	❑ Vancomycin	**GYN ORDERS**
❑ CRP, Cardiac	❑ Vitamin B12 / Folate		❑ Vaginal/Cervical Culture
❑ CRP, Inflammation	❑ 25–OH Vitamin D2 and D3	**HEMATOLOGY**	❑ Vaginal Strep Screen (Group B)
❑ Estradiol		❑ CBC with Diff	❑ Herpes Simplex Virus by PCR
❑ Ferritin		❑ CBC without Diff	❑ GC/Chlamydia by PCR
❑ Folate		❑ Hemoglobin/Hematocrit	❑ Wet Prep
❑ Follicle Stim. Hormone (FSH)		❑ Platelet Count	
❑ Gamma GT (GGT)		❑ Reticulocyte Count	**MISCELLANEOUS CULTURES**
❑ Glucose	**URINE**	❑ Sed Rate (ESR)	❑ **Anaerobic** Culture*
❑ Glucose, Maternity Load (__hr)	❑ Legionella antigen		❑ **AFB** Culture & Smear Specify Source: _____
❑ Glucose Tolerance 2 hr	❑ Microalbumin Creatinine	**BLOOD BANK**	
❑ HCG (Quantitative)	❑ Microalbumin, Urine randum	❑ Antibody Screen	❑ **Fungal/Yeast** Culture Specify Source: _____
❑ HCG (Qualitative)	❑ Protein/Creatinine Ratio, Urine	❑ Blood Group & Rh	
❑ HCGB (Tumor Marker)	❑ Strep, Pneumo Antigen	❑ Type & Screen	❑ KOH Prep Specify Source: _____
❑ Hemoglobin A1C	❑ Urinalysis	❑ Crossmatch _____ units	
❑ Homocysteine	❑ Urinalysis, Culture if indicated		❑ Viral Culture Specify Source: _____
❑ H. pylori IgG	❑ Urine Calcium Creatinine ratio	**COAGULATION**	
❑ IgE	❑ 24 Hour Urine Protein & Creatinine	❑ PT/INR	**ADDITIONAL TEST**
❑ IGF Binding Protein 1		❑ APTT	
❑ IGF Binding Protein 3	**IMMUNOLOGY**	❑ D–Dimer	
❑ Immunoglobulins IgG, IgA, IgM	❑ ANA (Titer if indicated)	❑ Fibrinogen	
❑ Insulin	❑ EBV – IgG	❑ Von Willebrand Factor	
❑ Iron	❑ EBV – IgM		
❑ Iron & TIBC	❑ EBV Panel – Comprehensive		

***Transport Media Requirements**

Wentworth–Douglass Hospital

LABORATORY

REQUEST FOR LABORATORY SERVICES

LB0120

7010–03MR

Rev. 02/02/16

PROFILE/PANEL COMPONENTS AND CPT CODES

BASIC METABOLIC PANEL — 80048

Glucose	82947	Potassium	84132
BUN	84520	Chloride	82435
Creatinine	82565	Carbon Dioxide	82374
Sodium	84295	Calcium	82310

COMPREHENSIVE METABOLIC PANEL — 80053

Albumin	82040	Creatinine	82565
Alkaline Phosphatase	84075	Glucose	82947
Bilirubin, Direct	82247	Potassium	84132
BUN	84520	Protein, Total	84155
Calcium	82310	Sodium	84295
Carbon Dioxide	82374	SGOT	84450
Chloride	82435	SGPT	84460

TYPE & SCREEN PANEL

Blood Grouping	86900
Rh Typing	86901
Antibody Screen	86850

LIPID PANEL

Total Chol	82465
HDL	83718
LDL	Calculated N/A
Trigs	84478

HEPATIC FUNCTION PANEL — 80076

Albumin	82040	SGOT	84450
Alkaline Phosphatase	84075	SGPT	84460
Bilirubin, Direct	82248	Protein, Total	84155
Bilirubin, Total	82247		

RENAL FUNCTION PANEL — 80069

Albumin	82040	Creatinine	82565
BUN	84520	Glucose	82947
Calcium	84295	Phosphorous	84100
Carbon Dioxide (CO_2)	82374	Potassium	84132
		Sodium	84295

HEPATITIS SCREEN PROFILE

Hepatitis A Ab, Total	86708	Hepatitis Bc Ab, Total	86704
Hepatitis Bs Ag	87340	Hepatitis C Ab	86803
Hepatitis Bs Ab	86706		