

Laboratory Outpatient Order Form				Verbal Order – Lab Use Only	
Patient		DOB:		Date/Time	
				Receiver	
Diagnosis / ICD-10				Ordering Provider	
Provider's Signature		Date / Time		Special Instructions	<input type="checkbox"/> Call Results <input type="checkbox"/> Give Results to Patient
<input type="checkbox"/> Call Results <input type="checkbox"/> Give Results to Patient				Verified	

Organ and Disease Panels / Medicare Approved Panels			ICD-10
<input type="checkbox"/> Basic Metabolic Panel	Includes:	NA, K, Cl, CO ₂ , Crea, Gluc, BUN, & Ca	
<input type="checkbox"/> Comp. Met. Panel	Includes:	Alb, TBili, Ca, Na, K, Cl, CO ₂ , Crea, Gluc, Alk Phos. AST, ALT, BUN, TP	
<input type="checkbox"/> Electrolyte Panel	Includes:	Na, K, Cl, CO ₂	
<input type="checkbox"/> Renal Function Panel	Includes:	Alb, Ca, Na, K, Cl, CO ₂ , Crea, BUN, Glu, Phos	
<input type="checkbox"/> Lipid Panel	Includes:	Chol, HDL, Trig, calculated LDL, VLDL & Cardiac Risk Factor	
<input type="checkbox"/> Hepatic Function Panel	Includes:	Alb, Tbili, DBili, Alk Phos, ALT, AST, TP	
<input type="checkbox"/> Acute Hepatitis Panel	Includes:	Hep A Ab, Hep B Core Ab, Hep B Surface Ag, and Hep C Ab	
<input type="checkbox"/> Obstetric Panel	Includes:	CBC, Hep B Surface Ag, Rubella, RPR, HIV, ABO/Rh, & Antibody Screen	
<input type="checkbox"/> Statin Panel	Includes:	Lipid panel, CK, AST, ALT, Alk Phos, Total Bili, GGT	

Individual Tests		
Chemistry ICD-10		
Glucose		
BUN		
Creatinine		
Calcium		
Cholesterol		
Magnesium		
AST		
ALT		
Phosphorus		
Potassium		
PSA-Diagnostic		
PSA Screening		
Date of last PSA :		
Uric Acid		
Ammonia		
Lactate		
C-RP- non-cardio		
Folate		
Vitamin B12		
Ferritin		
Iron		
TIBC / % Sat		
Cardiac Testing ICD-10		
CK		
CK-MB		
Troponin T		
BNP		
Thyroid Testing ICD-10		
TSH		
(Free T4 if <0.27 or >4.20)		
Free T4		
Urine Chem/Urine Testing ICD-10		
24hr Creatinine Clearance		
Height: Weight:		
24 hr Total Protein		
Urine Dip/C&S if >8 WBC's		
Urine Culture		
Hematology / Coag ICD-10		
CBC with Diff		
CBC		
ESR		

Hemoglobin		
Hematocrit		
Platelet Count		
PT/INR		
APTT		
D-dimer		
Retic		
Therapeutic Drug Testing ICD-10		
Digoxin		
Gentamicin - Peak/Trgh		
Vancomycin - Peak/Trgh		
Microbiology ICD-10		
Gram Stain		
Aerobic Culture		
Source:		
Anaerobic Culture		
Blood Culture		
GC Culture		
Strep Culture		
Colstridium Difficile Toxin A&B		
Ova & Parasites		
Giardia Ag		
Stool WBC		
Stool Culture		
GC / Chlamydia GenProbe		
Wet Prep		
Vaginitis Panel		
Mycoplasma		
Strep pneumo Antigen		
Diabetic Testing ICD-10		
Hbg A1C		
Random Microalbumin		

Immunology/Serology ICD-10		
Influenza A&B Ag		
Mono Test		
Rapid Strep		
hGC Serum / Urine		
RSV Ag		
HIV		
Send out testing ICD-10		
Homocysteine		
Lithium (STAT to WMC; Routine to Mayo)		
Prenatal Testing ICD-10		
B-hCG: Qualitative		
B-hCG: Quantitative		
OB Panel (See Above)		
GC / Chlamydia		
Urine Culture		
Triple / Quad Screen		
Due Date:		
Weight:		
Group B Strep Screen		
Rh Immune Globulin		
PIH Panel		
Glucose 1 hr pg		
Other testing ICD-10		
Rapid COVID Antigen		

Tests in which Medicare / Medicaid reimbursement is sought, Physicians should order only medically necessary tests for diagnosis or treatment of the patient.

Memorial Hospital of Converse County Laboratory Out-Pt Order Form (PO)	Patient Information Label 5000dup / R / 08-10 (LD)
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