



ORDERING PROVIDER INFORMATION:

LAST NAME (Print): _____

FIRST NAME (Print): _____

SIGNATURE: _____

FACILITY (Full Name): _____

ADDRESS: _____

PHONE: _____ FAX: _____

PAGER OR CELL: _____

COMMENTS: _____

PATIENT INFORMATION (FILL IN ALL AREAS):

MALE FEMALE DATE OF BIRTH: _____

PATIENT NAME: (LAST, FIRST) _____

KAISER MEDICAL RECORD ID # _____

NON- FASTING ASAP
 FASTING HOURS _____ ROUTINE

COLLECTION DATE / TIME / INITIALS: _____

ICD-9 DIAGNOSIS CODE: _____

MANDATORY - FILL OUT ALL AREAS ABOVE THIS LINE

<input checked="" type="checkbox"/>	URINALYSIS GRAY & MARBLE
<input type="checkbox"/>	81003, 81002, 87088 URINALYSIS (UA WITH MICRO, REFLEX TO CULTURE IF POSITIVE)
<input type="checkbox"/>	87086 URINE CULTURE <input type="checkbox"/> MIDSTREAM <input type="checkbox"/> CATH
<input checked="" type="checkbox"/>	HEMATOLOGY LAV
<input type="checkbox"/>	85025 CBC W/AUTO DIFF (MANUAL DIFF IF INDICATED BY CRITERIA)
<input type="checkbox"/>	85652 ESR - SED RATE
<input type="checkbox"/>	85014, 85018 HEMOGLOBIN & HEMATOCRIT
<input type="checkbox"/>	85046 RETICULOCYTE
<input checked="" type="checkbox"/>	COAGULATION BLUE
<input type="checkbox"/>	85610 PT PROTIME / INR
<input type="checkbox"/>	85730 PTT APTT
<input checked="" type="checkbox"/>	CHEMISTRY PROFILES SST
<input type="checkbox"/>	80048 BMP (LYTES, BUN, CREAT, GLU, CA)
<input type="checkbox"/>	80053 CMP (BMP, ALT, AST, ALKP, T Bili, ALB, & TP)
<input type="checkbox"/>	80074B HEPATITIS ACUTE PANEL (HBsAg, HBcAbIgM, HAVAbIgM, & HCV)
<input type="checkbox"/>	80076 HFP HEPATIC FUNCTION PANEL (ALB, AST, ALT, ALKP, TBIL, DBIL, TP)
<input type="checkbox"/>	83550, 83540 IRON PANEL (Fe, TIBC, % SAT)
<input type="checkbox"/>	80061 LIPID (CHOL, TRIG, HDL, CALC. LDL)
<input type="checkbox"/>	80051 LYTES (NA, K, CL, CO2)
<input type="checkbox"/>	80069 RENAL FUNCTION PANEL (LYTES, BUN, CR, GLU, CA, ALB, PHOS)
<input type="checkbox"/>	84443 THYP - THYROID FUNCTION PANEL (TSH performed and FT4 REFLEXED IF TSH >10 or FT4 & FT3 REFLEXED IF TSH <0.3)
<input checked="" type="checkbox"/>	CHEMISTRY SINGLE TESTS SST
<input type="checkbox"/>	84460 ALT (SGPT)
<input type="checkbox"/>	82150 AMYLASE
<input type="checkbox"/>	84450 AST (SGOT)
<input type="checkbox"/>	82247 BILIRUBIN, TOTAL- ADULT
<input type="checkbox"/>	83880 BNP (B-TYPE NATRIURETIC PEPTIDE) LAV
<input type="checkbox"/>	84520 BUN
<input type="checkbox"/>	82310 CALCIUM
<input type="checkbox"/>	82550 CPK
<input type="checkbox"/>	82565 CREATININE
<input type="checkbox"/>	82728 FERRITIN
<input type="checkbox"/>	82746 FOLATE RED
<input type="checkbox"/>	82947 GLUCOSE

<input type="checkbox"/>	84703 HCG (SERUM, QUALITATIVE)
<input type="checkbox"/>	84702 HCG (SERUM, QUANTITATIVE)
<input type="checkbox"/>	83036 HEMOGLOBIN A1C LAV
<input type="checkbox"/>	83690 LIPASE
<input type="checkbox"/>	83735 MAGNESIUM
<input type="checkbox"/>	84100 PHOSPHORUS
<input type="checkbox"/>	84132 POTASSIUM
<input type="checkbox"/>	84153 PSA
<input type="checkbox"/>	83970, 82310, 82565, 84100 SST & LAV PTH INTACT - FASTING PREFERRED
<input type="checkbox"/>	86592 RPR (SYPHILLIS SCREEN)
<input type="checkbox"/>	83930 SERUM OSMOLALITY
<input type="checkbox"/>	84165 SERUM PROT ELECTROPHORESIS
<input type="checkbox"/>	84295 SODIUM
<input type="checkbox"/>	84443 TSH
<input type="checkbox"/>	84550 URIC ACID
<input type="checkbox"/>	82746, 82607 VITAMIN B12, FOLATE
<input type="checkbox"/>	82607 VITAMIN B12
<input type="checkbox"/>	82306 25-HYDROXY VITAMIN D, TOTAL
<input checked="" type="checkbox"/>	THERAPEUTIC DRUGS SST
DATE AND TIME OF LAST DOSE: _____	
<input type="checkbox"/>	80156 CARBAMAZEPINE (TEGRETOL)
<input type="checkbox"/>	80162 DIGOXIN
<input type="checkbox"/>	80178 LITHIUM
<input type="checkbox"/>	80185 PHENYTOIN (DILANTIN) RED
<input type="checkbox"/>	80164 VALPROIC ACID (DEPAKOTE)
<input type="checkbox"/>	80202 VANCOMYCIN <input type="checkbox"/> PEAK <input type="checkbox"/> TROUGH
<input checked="" type="checkbox"/>	24 HOUR URINE TESTS
24 HOUR URINE VOLUME: _____ mL	
<input type="checkbox"/>	82340 CALCIUM
<input type="checkbox"/>	82575 CREATININE CLEARANCE W/ SERUM
<input type="checkbox"/>	84156 TOTAL URINE PROTEIN
<input checked="" type="checkbox"/>	RANDOM URINE TESTS (STERILE CUP)
<input type="checkbox"/>	82570, 84156 PRCCR (PROT/CREAT RATIO)
<input type="checkbox"/>	81025 HCG (URINE, QUALITATIVE)
<input type="checkbox"/>	82043, 82570 MICROALBUMIN, RANDOM URINE (RMA)
<input type="checkbox"/>	84166 URINE PROTEIN ELECTROPHORESIS

<input checked="" type="checkbox"/>	MICROBIOLOGY CULTURES
SOURCE (Required) _____	
<input type="checkbox"/>	87116, 87206 AFB CULTURE
<input type="checkbox"/>	87040 BLOOD CULTURE (SITE _____)
<input type="checkbox"/>	87075, 87070, 87205 BODY FLUID CULTURE
<input type="checkbox"/>	87324 CDIFF TOXIN (A & B)
<input type="checkbox"/>	87070 EAR CULTURE
<input type="checkbox"/>	87070 EYE CULTURE
<input type="checkbox"/>	87102 FUNGAL CULTURE
<input type="checkbox"/>	87070 GENITAL CULTURE
<input type="checkbox"/>	87650 GROUP A STREP SCREEN
<input type="checkbox"/>	87081 GROUP B STREP SCREEN (PREGNANCY)
<input type="checkbox"/>	87254 HERPES SIMPLEX CULTURE
<input type="checkbox"/>	87081 MRSA SCREEN
<input type="checkbox"/>	87177, 87328 OVA & PARASITE EXAM
<input type="checkbox"/>	87070 SPUTUM CULTURE
<input type="checkbox"/>	87045, 87329, 87427 STOOL CULTURE (INCLUDES GIARDIA, SHIGATOXIN & BACTERIAL)
<input type="checkbox"/>	87205 STOOL FOR WBC
<input type="checkbox"/>	87070, 87205 WOUND CULTURE (SUPERFICIAL)
<input type="checkbox"/>	87070, 87205 WOUND CULTURE (DEEP)
OTHER TESTS:	

