MUNSON HEALTHCARE

OUTPATIENT LABORATORY REQUISITION

LAB 20192 (6/24)

COLLECT TIME & DATE				
PATIENT LEGAL NAME (LAST, FIRST, MIDDLE INITIAL)				
BIRTH DATE	SEX ☐ M ☐ F	STAT ☐ Also ☑ Phone or Fax	☐ PHONE or ☐ FAX results to:	Provider Signature: _____ Date: _____ Copy report to:

DIAGNOSIS CODE

☐ Abn Blood Chemistry R79.9	☐ CHF, Diastolic: I50.32	☐ Elevated PSA: R97.20	☐ Hyperthyroidism: E05.90	☐ Prostate CA: C61	Other Diagnosis Codes
☐ Anemia, NOS: D64.9	☐ CHF, Systolic: I50.22	☐ Fatigue: R53.83	☐ Hypotension: I95.9	☐ SOB: R06.02	
☐ Arthritis, Chronic: M19.90	☐ Coumadin Therapy: Z79.01	☐ Fever: R50.9	☐ Long Term Med. Use: Z79.899	☐ UTI: N39.0	
☐ CAD: I25.10	☐ Diabetes Type 2, NOS: E11.9	☐ Heart Disease: I51.9	☐ Mixed Hyperlipidemia:E78.02	☐ Vitamin D Deficiency: E55.9	
☐ Chest Pain: R07.9	☐ Diarrhea: R19.7	☐ Hyperlipidemia: E78.5	☐ Obesity: E66.9	☐ Wheezing: R06.2	
☐ CKD Stage 3: N18.30	☐ Electrolyte Imbalance: E87.8	☐ Hypertension: I10	☐ PSA Screen: Z12.5		

URINE TESTS

☐ Creatinine Clearance 24 hour	24 UA
☐ Creatinine Serum Required	1B

Required: Height_____ Weight_____

- ☐ Microalbumin/Creatinine Ratio (random urine) (MACRR)
- ☐ Protein, random (QPRU)
- ☐ Protein/Creatinine Ratio (random urine) (UPC)
- ☐ Creatinine, random (CRR)
- ☐ Urinalysis, complete (UAM)
- ☐ Urinalysis, complete, **with Culture if indicated** (UIF)
- ☐ Urine Culture – includes Colony Count (URC) (Dx needed)
- ☐ Cytology, urine

MICROBIOLOGY TESTS

Source/Site:_____ ☐ Right ☐ Left

Susceptibility and organism ID reflex test perform when appropriate (addl. charge)

- ☐ Routine Culture, Aerobic (*includes Gram Stain)*
- ☐ AFB Culture and Smear
- ☐ Anaerobic Culture
- ☐ Fungus Culture ☐ Fungus Smear
- ☐ HSV 1 & 2 by PCR
- ☐ Influenzae A and B
- ☐ RSV (Resp. Sync. Virus)
- ☐ Sputum Culture

STD Testing by NAAT/PCR:
- ☐ Chlamydia ☐ GC ☐ Trich
- ☐ Staph aureus Culture, nasal
- ☐ Strep A Screen & Culture
- ☐ Strep A Culture Only
- ☐Strep B Culture (vag/rectal)
- ☐ Stool Culture
- ☐ Ova & Parasites Screen

- ☐ Giardia Antigen, Stool
- ☐ Clostridium difficile
- ☐ Fecal WBC
- ☐ Rotavirus
- ☐ Occult Blood
- ☐ Blood Culture
- ☐ H. pylori antigen, Stool
- ☐ Culture without Gram Stain

BLOOD TESTS

B = Barrier (Green or Gold), L = Lavender, LD = Dark Lavender, BL = Blue, PK = Pink, G = Gray, GL = Gold, R = Red

PANELS	
☐ Basic Metabolic Panel	1B
☐ Comprehensive Metabolic Panel	1B
☐ Electrolyte Panel	1B
☐ Hepatic/Liver Function Panel	1B
☐ Hepatitis Panel, Acute (Dx needed)	1GL
☐ Hepatitis Panel, Chronic	1GL
☐ Lipid Panel, **12 Hr Fast Preferred** (Dx needed)	1B
☐ Z79899 Long-term (current) drug therapy	
☐ Other: _____	
☐ Renal Function Panel	1B
☐ Region 7 Allergen Resp Panel	1GL
OTHER BLOOD TESTS	
☐ Albumin	1B
☐ Alkaline Phosphatase	1B
☐ Alpha Fetoprotein (AFP) (Dx needed)	1GL
☐ ALT	1B
☐ Amylase	1B
☐ ANA (incl Centromere Ab w/ reflex to titer)	1GL
☐ Antibody Screen (only)	1PK
☐ ASO titer	1GL
☐ AST	1B
☐ Bilirubin, Total	1B
☐ Bilirubin, Direct	1B
☐ BNP (B-Type Natriuretic Peptide)	1LD
☐ BUN	1B
☐ C-Reactive Protein (CRP)	1B
☐ C-Reactive Protein High Sensitive Cardiac	1B
☐ Calcium	1B
☐ Carcinoembryonic Antigen (CEA) (Dx needed)	1GL
☐ Cardiolipin (Phosholipid) Antibody	1GL
☐ CBC (includes Platelet Ct)	1L
☐ CBC with Diff & Platelet Ct	1L
☐ CBC with Diff & Platelet Ct & Path Consult	1L
☐ Chloride	1B
☐ Cholesterol, Total (Dx needed)	1B
☐ Cortisol AM (draw before 10am)	1B
☐ Cortisol PM (draw after 4pm)	1B
☐ Creatinine	1B
☐ Erythrocyte Sed Rate (ESR)	1L
☐ Estradiol	1B
☐ Ferritin (Dx needed)	1B
☐ Folate **6 Hr Fast Preferred**	1B

☐ FSH (Foll. Stim. Hormone)	1B
☐ Gamma Glutamyl Transferase (GGT) (Dx needed)	1B
☐ Glucose – Fasting (Dx needed)	1G or 1B
☐ Glucose – Random (Dx needed)	1G or 1B
Glucose Tolerance	
☐ Gestational 100 g, 3 hr – **Fast 12 Hr** (fasting, 1, 2, & 3 hr specimens)	1G or 1B
☐ Non-Gestational 75g, 2 hr – **Fast 12 Hr** (fasting & 2 hr specimens)	1G or 1B
☐ Gestational Diabetes Screen (50g)	1G or 1B
☐ Group, Type & Antibody Screen	1PK
☐ HCG Quantitative (Dx needed)	1B
☐ HDL Cholesterol – **12 Hr Fast Preferred** (Dx needed)	1B
☐ Hemoglobin & Hematocrit	1L
☐ Hemoglobin A1c (Dx needed)	1L
☐ Hepatitis A Antibody (IgM)	1GL
☐ Hepatitis Bcore Antibody (total IgM/IgG)	1GL
☐ Hepatitis Bcore Antibody (IgM only)	1GL
☐ Hepatitis B surface Antibody	1GL
☐ Hepatitis B surface Antigen	1GL
☐ HIV 1 & 2 Antigen & Antibody (Dx needed)	1 full LD
☐ Iron	1B
☐ Iron Binding Capacity (includes Iron) (Dx needed)	1B
☐ LD (Lactate Dehydrogenase)	1B
☐ Lead (to Mayo Lab)	1L
☐ LDL Cholesterol, measured – **12 Hr Fast Preferred**	1B
☐ LH (Luteinizing Hormone)	1B
☐ Lipase	1B
☐ Magnesium	1B
☐ Mononucleosis Screen	1L or 1GL
☐ Phosphorus	1B
☐ Platelet Count	1L
☐ Potassium (K+)	1B
☐ Pregnancy, Serum	1GL
☐ Prolactin	1B
☐ PSA Annual Screen (Dx needed)	1GL
☐ Z125 Mal. Neoplasm screen, no family hx	
☐ Other:	
☐ PSA Diagnostic (Dx needed)	1GL
☐ PSA Total & Free	1GL
☐ PT/INR (Prothrombin Time) (Dx needed)	1BL
☐ Z7901 Long-term use anticoagulant	
☐ Other:	

☐ PTT (Partial Thromboplastic) (Dx needed)	1BL
☐ RA Screen (titer performed if positive)	1GL
☐ Rubella Screen	1GL
☐ Sodium (NA+)	1B
☐ Syphilis Serology	1GL
☐ Testosterone, Total & Free (Dx needed)	1R
☐ Testosterone, Total	1GL
☐ T3, Free	1GL
☐ T3, Total	1GL
☐ Free T4 (Dx needed)	1B
☐ Free T4, Med Check (Dx needed)	1B
☐ Thyroperoxidase Antibody (TPO Ab)	1B
☐ TSH, Sensitive, Med Check (Dx needed)	1B
☐ Total Protein	1B
☐ Transferrin (Dx needed)	1B
☐ Uric Acid	1B
☐ Vitamin B12	1B
☐ Vitamin D: 25-OH, Total (D2 + D3) (VITD) (Dx needed)	1GL
THERAPEUTIC DRUG LEVELS	
Last Dose Taken: Date: Time:	
☐ Digoxin (**6hrs after dose)** (Dx needed)	1B
☐ Lamotrigine (Lamictal)	1GL
☐ Levetiracetam (Keppra)(LEVT)	1R
☐ Lithium	1GL
☐ Phenobarbitol	1B
☐ Phenytoin (Dilantin)	1B
☐ Tegretol (Carbamazepine)	1B
☐ Valproic Acid (Depakote)	1B

OTHER TESTS REQUESTED:

Note: Specimens must be labeled to match requisition with patient legal name last, first and 2nd identifier date of birth to meet regulatory standards for testing. For billing purposes, send patient insurance & demographic information. Orders can be faxed to 231-935-3203 and patients directed to www.munsonhealthcare.org/services/laboratory/locations-lab-services for a list of collection locations & hours.