MUNSON HEALTHCARE

OUTPATIENT LABORATORY REQUISITION

Provider Name/Address:

Form 0764 01/25

COLLECT DATE	COLLECT TIME		
PATIENT LEGAL NAME - LAST	FIRST	MIDDLE INITIAL	
BIRTHDATE	SEX ☐ M ☐ F	STAT ☐ **Also Check Phone or Fax**	☐ PHONE **OR** ☐ FAX Results to: _____

Provider Signature: _____ Date: _____

Copy Report To: _____

DIAGNOSIS CODE

☐ Abnormal Blood Chemistry: R79.9	☐ CHF, Diastolic: I50.32	☐ Elevated PSA: R97.20	☐ Hyperthyroidism: E05.90	☐ Prostate CA: C61	☐ Other Diagnosis
☐ 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 UA
☐ Creatinine Serum Required 1B

Required: Height: _____ Weight: _____
☐ Albumin/Creatinine Ratio Urine *(MACRR)*
☐ Protein Urine
☐ Protein/Creatinine Ratio Urine *(UPC)*
☐ Creatinine Urine
☐ Urinalysis with Microscopic *(UAMI)*
☐ Urinalysis with Culture if Indicated *(UACS)*
☐ Urine Culture
☐ Pathology Non-Gyn Request
☐ Pregnancy Test Urine *(UPREG)*

MICROBIOLOGY

Source/Site: _____ ☐ **Right** ☐ **Left**

Susceptibility and organism ID reflex test performed when appropriate *(additional charge)*

☐ Routine Culture, Aerobic
☐ AFB Culture and Smear
☐ Anaerobic Culture *(C Anaerobic)*
☐ Fungus Culture *(C Fungal)*
☐ Fungus Smear *(KOH Prep)*
☐ Herpes Simplex Antibody IgG
☐ Influenza A/B PCR
☐ RSV PCR
☐ SARS CoV2 RNA PCR (COVID)
☐ Respiratory Culture *(C Respiratory)*
☐ Group B Strep by PCR Vag/Rectal *(vag/rectal)*
☐ Giardia Antigen, Feces *(MGIAR)*
☐ C. Diff Toxin and Antigen
☐ Fecal Lactoferrin
☐ GI Panel Bacterial
☐ GI Panel Viral
☐ GI Panel immunocompromised
☐ GI Panel Parasites
☐ Occult Blood Stool Diagnostic *(Lab)*
☐ H. pylori Antigen, Stool
☐ Vaginitis Microbial ID Panel
☐ Other: _____

STD Testing by NAAT/PCR: ☐ Chlamydia Trachomatis ☐ Neisseria Gonorrhoeae ☐ Trichomonas Vaginalis

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 *(BMP)* 1B
☐ Comprehensive Metabolic Panel *(CMP)* 1B
☐ Electrolyte Panel *(Lytes)* 1B
☐ Hepatic/Liver Function Panel *(HFP) (Liver Function Test)* 1B
☐ Acute Hepatitis Panel 1GL
☐ Lipid Panel *(LPF)* 1B

Other: _____
☐ Renal Function Panel *(RFP)* 1B
☐ Resp Prof Region 7 Northern Midwest (MI, MN, WI) 1GL

OTHER BLOOD TESTS

☐ Albumin Level 1B
☐ Alkaline Phosphatase *(AFP)* 1B
☐ Alpha Fetoprotein Tumor Marker *(AFP Tumor Marker)* 1GL
☐ ALT 1B
☐ Amylase Level *(AML)* 1B
☐ Antinuclear Antibody *(ANA)* 1GL
☐ Antistrep-O Titer, Serum *(MASO)* 1GL
☐ AST 1B
☐ Bilirubin Total *(BILT)* 1B
☐ Bilirubin Direct *(BILD)* 1B
☐ BNP 1LD
☐ BUN 1B
☐ C-Reactive Protein *(CRP)* 1B
☐ C-Reactive Protein High Sensitivity 1B
☐ Calcium Level Total 1B
☐ CEA 1GL
☐ Phospholipid (Cardiolipin) Abs, IgG/M, Serum *(MCLPMG)* 1GL
☐ CBC w/o Diff *(Hemogram) (CBCN)* 1L
☐ CBC w/ Diff *(CBCA)* 1L
☐ CBC w/ Diff *(CBCA) Smear Exam by Pathologist* 1L
☐ Chloride Level 1B
☐ Cholesterol, Total 1B
☐ Cortisol AM 1B
☐ Cortisol PM 1B
☐ Creatinine *(SCREA)* 1B
☐ Erythrocyte Sedimentation Rate *(ESR)* 1L
☐ Estradiol Level 1B
☐ Ferritin *(FERR)* 1B
☐ Folate Level *(FOL)* 1B
☐ Free T4 *Level (FT4)* 1B
☐ FSH Level 1B
☐ GGT 1B
☐ Gestational Diabetes Screen *(Glucose)* ..... 1G or 1B
☐ Glucose Fasting ..... 1G or 1B
☐ Glucose Random ..... 1G or 1B

GLUCOSE TOLERANCE

☐ GTT 1 Hr ..... 1G or 1B
☐ GTT 2 Hr ..... 1G or 1B
☐ GTT 3 Hr ..... 1G or 1B
☐ Type and Screen *(AMB)* 1PK
☐ Beta-HCG Quantitative *(HCGQ)* 1B
☐ Cholesterol HDL 1B
☐ Hemoglobin and Hematocrit *(HH)* 1L
☐ Hemoglobin A1c *(HA1c)* 1L
☐ Hepatitis A Antibody IgM 1GL
☐ Hepatitis B Core Antibody IgM 1GL
☐ Hepatitis B Surface Antibody 1GL
☐ Hepatitis B Surface Antigen *(HBSAG)* 1GL
☐ Hepatitis C Ab IgG *(HCV)* 1GL
☐ HIV 1/2 Antigen and Antibody *(CHIV)* ..... 1full LD
☐ Iron Level *(IRN)* 1B
☐ IIron Binding Capacity *(TIBC)* 1B
☐ Lactate Dehydrogenase *(SLDH)* 1B
☐ Lead, Venous, with Demographics, Blood *(MPBDV)* 1L
☐ LDL Direct 1B
☐ Luteinizing Hormone 1B
☐ Lipase Level *(LIPL)* 1B
☐ Magnesium Level *(SMG)* 1B
☐ Mononucleosis Screen ..... 1L or 1GL
☐ Phosphorus Level *(PO4)* 1B
☐ Platelet Count *(PLTC)* 1L
☐ Potassium Level *(KS)* 1B
☐ Pregnancy Test Serum *(SPREG)* 1GL
☐ Pregnancy Test, Serum Auto *(SPREGA)* 1GL
☐ Prolactin Level 1B
☐ PSA Annual Screen *(SPSA)* 1GL
  ☐ Z125 Mal. neoplasm screen, no family hx
  ☐ Other: _____
☐ PSA Diagnostic *(DPSA)* 1GL
☐ PSA Total & Free *(TFPSA)* 1GL
☐ PT *(PTINR)* 1BL
  ☐ Z7901 Long-term use anticogulant
  ☐ Other: _____
☐ Rheumatoid Factor 1GL
☐ Sodium Level 1B
☐ Syphilis Antibodies *(SYPA)* 1GL
☐ Testosterone, Total and Free, Serum *(MTGRP)* 1R
☐ Testosterone Level Total 1GL

THYROID TESTING

☐ T3 Free *(MTGRP)* 1GL
☐ T3 Total 1GL
☐ Free T4 Level *(FT4)* 1B
☐ Free T4, Med Check 1B
☐ Thyroid Peroxidase Antibodies *(TPO)* 1B
☐ TSH 1B
☐ TSH with Reflex to FT4 ..... 1B
☐ Thyroid Function Cascade *(TFC)* 1B
☐ Protein Total 1B
☐ PTH 1B
☐ Transferrin 1B
☐ Triglycerides 1B
☐ Uric Acid *(URCA)* 1B
☐ Vitamin B12 Level *(B12)* 1B
☐ Vitamin D 25 Hydroxy Level *(VITD)* 1GL

OTHER TEST REQUESTED

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

THERAPEUTIC DRUG LEVELS

Last Dose Taken: Date: _____ Time: _____

☐ Digoxin Level 1B
☐ Lamotrigine, Serum *(MLAMO)* 1GL
☐ Levetiracetam Level *(Keppra Level)* 1R
☐ Lithium Level 1GL
☐ Phenobarbital Level 1B
☐ Phenytoin Level Total 1B
☐ Carbamazepine Level 1B
☐ Valproic Acid Level 1B

***** Specimens must be labeled with 2 identifiers; patient legal name (Last, First) & date of birth and must match the laboratory requisition. If patient has had a recent name change please include a copy of their legal identification card for Medical Record update. Please include a copy of the patients current insurance for billing.***