

STAMP CLINIC NAME HERE

THE PATHOLOGY LABORATORY

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Mon -Fri 6:30 am - 5:30pm • Sat 8:00am - 11:00am



REQUIRED INFO

BILL TO:

PATIENT/PAY

DOCTOR/CLIENT

INSURANCE

MEDICARE

MEDICAID

MEDICARE PATIENTS MUST READ AND SIGN REVERSE

FIRST LAST

PATIENT NAME _____ AGE _____ D.O.B. _____ SEX _____

ADDRESS _____ PHONE # _____ SSN # _____

CITY, STATE, ZIP _____ PHYSICIAN _____ CHART # _____

MEDICARE#: _____ MEDICAID#: _____

DATE / TIME SPECIMEN COLLECTED _____

SPECIMEN: SERUM BLOOD URINE PLASMA OTHER _____

REQUIRED ICD-10 DIAGNOSIS CODES

MEDICARE

If tests marked with */+ are ordered
REVERSE MUST BE COMPLETED

MICROBIOLOGY: SOURCE OF SPECIMEN:	ORGANISM SUSPECTED
___ AFB CULTURE/STAIN	___ 8466P SPUTUM CULTURE/
___ FUNGUS CULTURE	___ GRAM STAIN
___ 8230 ANAEROBIC CULTURE	___ 8450 BLOOD CULTURE
___ 8456 GRAM STAIN	___ 8010 *URINE CULTURE
___ 8020 CULTURE/AEROBIC/ROUTINE	___ 8240 GC CULTURE
___ 8015P CULTURE (FLUID/EXUDATE)	___ 8280 VAGINAL STREP MOLECULAR
	___ ALLERGIC TO PENICILLIN Y OR N
	___ 8290 HERPES CULTURE
	___ 8333 CHLAMYDIA
	___ 8335 GC
	___ 8400 GC & CHLAMYDIA
	___ 8193 AFFIRM
	___ 8506 GIARDIA/
	___ CRYPTOSPORIDIUM AG
	___ 8507 INFLUENZA A&B
	___ 8191 KOH
	___ 8276 STREP SCREEN (RAPID)
	___ 4092 CRYSTAL ANALYSIS
	___ 8462P COMP. STOOL CULTURE
	___ 8460** STOOL OCCULT BLOOD
	___ 8458 STOOL OCP
	___ 8285 FECAL LACTOFERRIN (WBC)
	___ 8337 CLOSTRIDIUM DIFF MOLECULAR
	___ 8503 GIARDIA ANTIGEN
	___ 8194 TRICH (APTIMA)

URINE CHEMISTRY: TV:	ML HEIGHT	WEIGHT	SPECIAL CHEMISTRY:
___ 3755P CREATININE CLEARANCE	___ 3144 RANDOM CREATININE		___ 9334 ALLERGY ENVIRONMENTAL PANEL
___ 3754 24 HR CREATININE	___ 3212 RANDOM PROTEIN		___ 9333 ALLERGY FOOD PANEL
___ 3794 24 HR PROTEIN	___ 3901 RANDOM MICROALBUMIN		___ 3860 ACCUTANE PROFILE
	___ 3300 RANDOM PROTEIN/ CREATININE RATIO		___ 9386 RESPIRATORY/ENVIRONMENTAL ALLERGY
	___ 3902 RANDOM MICROALB/CREATININE RATIO		___ 9385 FOOD ALLERGY
			___ 3984 EARLY CHILDHOOD ALLERGY
			___ 9399 MOLD ALLERGY
			___ 9207 CELIAC PROFILE

___ 3716 BASIC METABOLIC PANEL CALCIUM, CHLORIDE, CO2, CREATININE, GLUCOSE, POTASSIUM, SODIUM, BUN	___ 3551 ALCOHOL URINE	___ 3124 *GGTP	___ 3302 SEX HORMONE BINDING GLOBULIN
___ 3736 COMPREHENSIVE METABOLIC PANEL ALBUMIN, ALKALINE PHOSPHATASE, ALT, AST, BILIRUBIN TOTAL, CALCIUM, CHLORIDE, CO2, CREATININE, GLUCOSE, POTASSIUM, PROTEIN TOTAL, SODIUM, BUN	___ 3552 ALCOHOL BLOOD	___ 3020 *GLUCOSE	___ 4120 SICKLE CELL SCREEN
___ 3768 ELECTROLYTE PANEL SODIUM, POTASSIUM, CHLORIDE, CO2	___ 3030 ALKALINE PHOS.	___ 3110 1HRPP	___ 3065 SODIUM
___ 3722 HEPATIC FUNCTION PANEL ALBUMIN, ALKALINE PHOSPHATASE, ALT, AST, BILIRUBIN TOTAL, BILIRUBIN DIRECT, PROTEIN TOTAL	___ 3042 ALBUMIN	___ 3112 2HRPP	___ 3081 *T3 TOTAL
___ 3785 *LIPID PANEL TRIGLYCERIDES, CHOLESTEROL, HDL, LDL, LDL/HDL RATIO	___ 2024 *ALPHA FETOPROTEIN	___ 3770 2 HR GLUC. TOL.	___ 2004 *T3 FREE
___ 3737 RENAL FUNCTION PANEL ALBUMIN, CALCIUM, CHLORIDE, CO2, CREATININE, GLUCOSE, PHOSPHORUS, POTASSIUM, SODIUM, BUN	___ 3028 ALT	___ 3772 3 HR GLUC. TOL.	___ 2048 TESTOSTERONE TOTAL
___ 3870 MAX PROFILE	___ 3116 AMMONIA	___ 3774 4 HR GLUC. TOL.	___ 3303 FREE TESTOSTERONE
___ 3873 MAX PROFILE + TSH	___ 3117 AMYLASE	___ 3776 5 HR GLUC. TOL.	___ 3308 FREE AND TOTAL TESTOSTERONE
___ 3824 *THYROID PANEL (T3, T4, T7)	___ 8600 ANA ONLY W/TITER	___ 6019 HELICOBACTER (SERUM)	___ 1102 TEGRETOL
___ 3825P *THYROID PANEL II (T3, T4, T7, TSH)	___ 8603 ANA WITH REFLEX TO PROFILE	___ 2028 HCG QUAL. <input type="checkbox"/> 2038 *HCG QUANT.	___ 3052 *TRIGLYCERIDES
___ 8730P*ACUTE HEPATITIS PANEL (ABC) Hepatitis A Antibody(HAAb)-IGM Hepatitis B Core, Antibody(HcbAb)-IGM Hepatitis B Surface Antigen (HbsAg) Hepatitis C Antibody	___ 8407 ANA PROFILE	___ 4215 *HGB & HCT	___ 2050 *TSH
___ 8640 HEPATITIS C (HCV)	___ 1672 ANTIBODY SCREEN	___ 3054 *HDL	___ 3076 **T3 UPTAKE
___ 8725P HEPATITIS B EXPOSURE & HIV (Hbs Ag/Ab, Hbc Ab IgM, HCV, HIV 1/2 Ab)	___ APOLIPOPROTEIN (a)	___ 8236 HERPES SELECT 1&2 IGG	___ 3078 **T4
___ 8620 HBSAB (HEP B SURFACE ANTIBODY)	___ 6034 ASO	___ HERPES I&11 IGM	___ 3075 *T4 (FREE)
___ 8520 HBSAG (HEP B SURFACE AG)	___ 3026 AST	___ 1730 HGB ELECTROPHORESIS	___ 3038 URIC ACID
___ OB PROFILE	___ 3560 *BNP	___ 3010 *HGB A1C	___ 5200 *URINALYSIS COMPLETE
___ 1602 OB LAB / HIV / NO URINE	___ 2052 *B12	___ *HIV	___ 5200R REFLEX URINE TO CULTURE IF (+)
___ 1605 OB LAB/HIV	___ 2160 *B12 / FOLATE	___ *HOMOCYSTEINE	___ 5203 *URINE DIP ONLY
___ 1601 28 WK OB PANEL 1	___ 3044 BILIRUBIN, TOTAL	___ 2161 INSULIN	___ 5204 URINE MICRO ONLY
___ 3812 Pre-eclampsia	___ 3046 BILIRUBIN, DIRECT	___ 2176 INSULIN 3 HR TOLERANCE	___ 5205 *URINE DIP REFLEX TO MICRO/ REFLEX TO CULTURE
	___ CA-15.3	___ 2164 INSULIN 4 HR TOLERANCE	___ 5084 PREGNANCY URINE (QUAL)
	___ CA-19.9	___ 2162 INSULIN 5 HR TOLERANCE	___ 1105 VANCOMYCIN PEAK
	___ 1668 BLOOD GRP/TYPE	___ 1740A IFE WITH IMMUNO	___ 8700 *VITAMIN D 25 HYDROXY
	___ 3022 BUN	___ 2026 IGE	___ *VITAMIN B6 SENDOUT
	___ 2020 *-CA125	___ 3778 IMMUNOGLOBULINS (G,A,M)	___ 1112 VANCOMYCIN TROUGH
	___ 3223 C3	___ 3126 *IRON <input type="checkbox"/> 3128 TIBC	___ OTHER TEST OR CLINICAL RELEVANT INFORMATION: _____
	___ 3224 C4	___ 3798 IRON/TIBC	___ DRUG SCREENS (URINE)
	___ 3301 CCP	___ 3032 LDH	___ 3763 MEDICAL DS
	___ 3034 CALCIUM	___ 2040 LH	___ 3762 *DRUG SCREEN 8 PANEL
	___ CARBAMAZEPINE	___ 3118 LIPASE	___ 3764 *DRUG SCREEN 8 PANEL/ ALCOHOL
	___ CARDIO IQ LIPOPROTEIN A	___ 3132 *MAGNESIUM	___ 363 DOT DRUG
	___ CARDIO IQ ADVANCED LIPIT	___ 6020 MONO SPOT	___ *DRUG SCREEN 8 OR 10 PANEL WITH OR WITHOUT ALCOHOL
	___ *CARNITINE SENDOUT	___ 1735R PEP REFLEX TO IFE	___ 9007 PRESCRIPTION MANAGEMENT PROFILE
	___ *CBC WITH AUTO DIFF	___ 4033 *PLATELET COUNT	___ 9008 PRESCRIPTION INDIVIDUAL DRUG
	___ *CBC WITH HEMOGRAM ONLY	___ 4097 PLATLET COUNT W/IPF	___ 9004 *SYNTHETIC TRC
	___ *-CEA	___ 3036 PHOSPHORUS	___ 9005 KRATOM
	___ CHLORIDE	___ 3068 POTASSIUM	___ OTHER _____
	___ *CHOLESTEROL	___ 3041 *PREALBUMIN	
	___ CO2	___ 2046 PROGESTERONE	
	___ CORTISOL	___ 2042 PROLACTIN	
	___ CORTISOL AM	___ 1735 PROTEIN ELECTROPHORESIS (PEP)	
	___ CORTISOL PM	___ 3040 PROTEIN TOTAL	
	___ CPK	___ 7100 *PROTIME, INR (PT)	
	___ *CRP HIGHLY SENSITIVE	___ 2041 PTH INTACT	
	___ CRP QUANT	___ 7028 *PTT	
	___ CREATININE	___ 2022 **PSA MC SCREENING	
	___ 1104 DEPAKENE	___ 2021 **PSA MC DIAGNOSTIC	
	___ 2059 DHEAS	___ 3993 *RA QUANT	
	___ *DIGOXIN	___ 6024 RA QUAL	
	___ DILANTIN	___ 4095 RETIC PANEL	
	___ *DIRECT LDL	___ RETIC COUNT ABSOLUTE	
	___ ESTRADIOL	___ RETIC, IRF, RET, HE	
	___ ESTROGEN	___ RETIC COUNT	
	___ *FERRITIN	___ 4094 RPR	
	___ *FOLIC ACID	___ 6028 RUBELLA IGG	
	___ FSH	___ 1674 SED. RATE	
	___ GENTAMYCIN PEAK		

I assign all rights, title and interest and authorize direct payment to The Pathology Laboratory of any insurance benefits for the laboratory testing.

Patient or Authorized Person's Signature

Date HALO-- Lab Req