

**For Routine Draws Fax To: 260-266-1589**  
**All Fields Must Be Completed**

**LEAD LABEL**

Ordering Physician  
Printed Name: \_\_\_\_\_  
Completed By: \_\_\_\_\_  
Date Written: \_\_\_\_\_

Patient Legal Last Name		Patient Legal First Name		Middle Initial
Patient Soc Sec #	Room/Bed	Sex	Date of Birth	
Medicare Number	Medicaid Number	Other Insurance		
Date Collected	Time Collected	Comments: Lab Use Only: _____VP TFN_____	<input type="checkbox"/> <b>STAT</b> <input type="checkbox"/> <b>URGENT</b>	
Drawn By:				

Due to Medicare regulations, all lab tests must be medically necessary and the appropriate **DIAGNOSIS CODE** for each test must be included.


CODE	NAME	FREQUENCY	START DATE	CODE	NAME	FREQUENCY	START DATE
<input type="checkbox"/> ALB	ALBUMIN			<input type="checkbox"/> PHENB	PHENOBARB		
<input type="checkbox"/> ALT	ALT (SGPT)			<input type="checkbox"/> PALB	PREALBUMIN		
<input type="checkbox"/> AMY	AMYLASE			<input type="checkbox"/> PHENY	PHENYTOIN/DILANTIN		
<input type="checkbox"/> PTT	<b>APTT</b>			<input type="checkbox"/> K	POTASSIUM		
<input type="checkbox"/> AST	AST (SGOT)			<input type="checkbox"/> PT	<b>PROTIME</b>		
<input type="checkbox"/> BMP	BASIC MET PANEL			<input type="checkbox"/> PSA	<b>PSA</b>		
<input type="checkbox"/> BUN	BUN			<input type="checkbox"/> TP	PROTEIN		
<input type="checkbox"/> CA	CALCIUM			<input type="checkbox"/> T4	<b>T4, TOTAL</b>		
<input type="checkbox"/> CEA	<b>CEA</b>			<input type="checkbox"/> THYP	<b>THYROID PROFILE</b>		
<input type="checkbox"/> CBCWD	<b>CBCAutoDiff</b>			<input type="checkbox"/> TSH	<b>TSH</b>		
<input type="checkbox"/> CBCND	<b>CBC No Diff</b>			<input type="checkbox"/> VALP	VALPORIC ACID/ DEPAKOTE		
<input type="checkbox"/> CHOL	<b>CHOLESTEROL</b>			*****WRITE IN TESTS*****			
<input type="checkbox"/> CMP	COMP MET PANEL			<input type="checkbox"/>			
<input type="checkbox"/> CREAT	CREATININE			<input type="checkbox"/>			
<input type="checkbox"/> DIG	<b>DIGOXIN</b>			<input type="checkbox"/>			
<input type="checkbox"/> LYTES	ELECTROLYTES			<input type="checkbox"/>			
<input type="checkbox"/> FER	<b>FERRITIN</b>			<input type="checkbox"/>			
<input type="checkbox"/> GLU	GLUCOSE			*****DISCONTINUED*****			
<input type="checkbox"/> GLYCO	<b>GLYCO HGB (A1C)</b>						
<input type="checkbox"/> HH	<b>HGB &amp; HCT</b>						
<input type="checkbox"/> IRONP	<b>IRON/TIBC</b>						
<input type="checkbox"/> LIPID	<b>LIPID PROFILE</b>						
<input type="checkbox"/> LIVER	<b>LIVER PROFILE</b>						
<input type="checkbox"/> MG	<b>MAGNESIUM</b>						
				Reason Discontinued: <input type="checkbox"/> Discharged <input type="checkbox"/> RHC			
				Copy of Report To:			

CODE NAME	DX	CODE NAME	DX	CODE NAME	DX
*****MICROBIOLOGY*****		<input type="checkbox"/> CXMRS	MRSA SCREEN (NASAL) _____	<b>STOOL:</b>	
SOURCE: _____		<input type="checkbox"/> CXBLD	BLOOD CULTURE _____	<input type="checkbox"/> CXSTO	STOOL CULTURE _____
<input type="checkbox"/> CXAER	AEROBIC/MISC CULT _____	<input type="checkbox"/> OCBL1	<b>OCCULT BLOOD</b> _____	*COLLECT IN CAREY BLAIR SWAB	
<input type="checkbox"/> CXANA	ANAEROBIC & AEROBIC (MISC.) CULTURE _____	<input type="checkbox"/> OCBS1	<b>OCCULT BLOOD SCREEN</b> _____	<input type="checkbox"/> CDIFF	C DIFF, RAW STOOL _____
<input type="checkbox"/> CXRES	RESPIRATORY CX _____	<input type="checkbox"/> UA	URINALYSIS _____	*REFRIGERATE STOOL >4 HRS	
<input type="checkbox"/> CXURN	<b>URINE CULTURE</b> _____	<input type="checkbox"/> UACI	UA, <b>C&amp;S IF INDICATED</b> _____	<input type="checkbox"/> OVAP	PARASITOLOGY _____
		<input type="checkbox"/> UAMC2	UA W/MICROSCOPIC AND <b>C&amp;S IF INDICATED</b> _____	*REFRIGERATE WHITE VIAL	
				24 Hour Urine Vol. _____ ml	

\*\*NOTE: REFLEX TESTING WILL BE PERFORMED AND CHARGED WHEN INDICATED.

\*\*NOTE: CPT CODES FOR TESTS CAN BE FOUND IN THE PHL TEST DIRECTORY AT <http://lab.parkview.com>.

\*\*NOTE: BOLDDED TESTS REQUIRE A MEDICARE APPROVED DIAGNOSIS OR SIGNED ABN.