 ***Laboratory Requisition***

Laboratory Services | 320 Pomfret Street

Putnam, CT 06260 | CLIA #07D0095139

**DATE:** \_\_\_\_\_\_\_\_\_\_\_**TIME:** \_\_\_\_\_\_\_\_

**PATIENT INFO**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sex: M F**

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Policy Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Group: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Fasting  Non-fasting

Routine  STAT

**Primary Insurance: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Secondary Insurance: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Policy Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Policy Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Group: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Group: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**COPY OF REPORT TO:**

**ORDERING PHYSICIAN:**

**DIAGNOSIS (ICD10):**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **PANELS** | | | | | |
|  | Basic Metabolic Panel (**C8N/F**) 80048 |  | Comp Metabolic Panel (**C14N/F**) 80053 |  | Electrolyte Panel (**LYTE**) 80051 |
|  | Liver (Hepatic) Panel (**HEPF**) 80076 |  | Renal Panel (**RENF**) 80069 |  | Tick Borne Disease Panel, Non-Lyme **(QTIKNL)**  87468, 87469, 87478, 87484 |
|  | Lipid Panel w/calculated LDL (**HDLP**)reflex direct LDL if Trig > 400 80061 |  | Hepatitis Panel (**QHEP5**)  86708, 86704, 86706, 87340, 86803 |  | Tick Borne Disease Panel with Lyme **(QTICKA)**  87468, 87469, 87478, 87484, 87801 |
| **CHEMISTRY** | | **CHEM (CONT)** | | **URINE** | |
|  | Alkaline Phosphatase (**ALK**) 84075 |  | Testosterone, Total (**TES**) 84403 |  | Microalbumin, Random (**MAR**) 82043 |
|  | Amylase (**AMY**) 82150 |  | Troponin (**TROPT**)84484 |  | Urinalysis (**UA**) 81001 |
|  | Albumin (**ALB**) 82040 |  | TSH (**TSH**) 84443 |  | Urinalysis w/reflex C+S (**CICU**)  81001 |
|  | ALT(**SGPT**) 84460 |  | Uric Acid (**URIC**) 84550 |  | Urine Drug Screen (**DRUG**) 80307 |
|  | AST (**SGOT**)84450 |  | Vitamin B12 (**VB12**) 82607 |  | Urine Culture (**URCT**) 87088 |
|  | BUN (**BUN**) 84520 |  | Vitamin D (**QVID25**) 82306 |  | Protein, 24 Hr Urine (**UPRQ**)84156 |
|  | Calcium (**CA**) 82310 | **THERAPEUTIC DRUG LEVELS** | |  | Protein/ Creatinine Ratio (**UPRCR**)84156, 82570 |
|  | CEA (**CEA**) 82378 |  | Digoxin (**DIG**) 80162 |  | Creatinine Clearance, 24 Hr Urine (**CRCL**)82575 |
|  | CPK (**CPK**) 82550 |  | Dilantin (**DIL**) 80185 |  | Legionella, Urine (**QLEGA**) 87449 |
|  | Creatinine (**CREA**) 82565 |  | Lithium (**LITH**) 80178 | **STOOL EXAM** | |
|  | CRP, Cardiac (**HCRP**)86141 |  | Phenobarbital (**Quest 708**)80184 |  | C Diff w/reflex (**CDFS**)87449, 87324 |
|  | CRP, Inflammation (**CRP**) 86140 |  | Tegretol (**TEG**)80156 |  | Giardia/Crypto Ag (**CGAG**)87328, 87329 |
|  | Ferritin (**FERR**) 82728 |  | Valproic Acid (**VALP**) 80164 |  | Occult Blood *QTY*:\_\_\_\_\_\_\_ 82270 |
|  | Folate (F**OL**) 82746 | **HEMATOLOGY/COAG** | |  | Rotavirus (**ROT**) 86759 |
|  | FSH (**FSH**) 83001 |  | CBC + Auto Diff (**CBC**) 85025 |  | Stool Culture (**STLC**) 87045, 87046, 87427, 83630 |
|  | GGTP (**GGTP**) 82977 |  | CBC (**HGM**) 85027 | **GENITAL EXAM** | |
|  | Glucose, Fasting (**FBS**) 82947 |  | d-Dimer (**DDI**) 85379 |  | Affirm(**AFRM**)87660, 87510, 87480 |
|  | Glucose, Random (**GLUR**) 82947 |  | Fibrinogen (**FIBR**) 85384 |  | Chlamydia/GC (**CLGC**) 87591, 87491  ***Source***:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | Glycohemoglobin w/EAG (**A1C**) 83036 |  | Hemoglobin (**HGB**) 85018 |
|  | HCG, Quant, Pregnancy (**HCGB**) 84702 |  | Hematocrit (**HCT**)85014 |  | Strep B Vag/Rectal Screen (**GBSS**) 87081  ***Source***:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | IgA (**IGA**) 82784 |  | HGB + HCT (**HH**) 85014, 85018 |
|  | IgG (**IGG**) 82784 |  | Platelet Count (**PLT**) 85049 |  | Genital Culture (**GENC**) 87071, 87205  ***Source***:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | IgM (**IGM**) 82784 |  | PT/INR (**PT**) 85610 |
|  | Ionized Calcium (**Quest 306**)82330 |  | PTT (**PTT**) 85730 | **MICROBIOLOGY** | |
|  | Iron/TIBC (**IRON**) 83540, 83550 |  | Retic Count (**RETC**) 85045 |  | Blood Culture QTY:\_\_\_\_ 87070 |
|  | LDH (**LDH**) 83615 |  | Sed Rate (**ESR**) 85651 |  | Sputum Culture (**RESP**)87071, 87205 |
|  | Lipase (**LIPA**) 83690 |  | WBC (**WBC**) 85048 |  | Strep Screen, Throat (**SBHS**)87081 |
|  | LH (**LH**) 83002 | **SEROLOGY/IMMUNOLOGY** | |  | Wound Culture (**WDC**) 87070, 87205  ***Source***:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | Magnesium (**MG**) 83735 |  | Hep A Total w/reflex IgM (**QHAAR**) 86708 |
|  | NT- proBNP (**PBNP**) 83880 |  | Hep Bs Ab (**QHBSQ**) 86317 |  | Influenza A+B (**FAB**) 87400 x2 |
|  | Osmolality, Serum (**OSMS**) 83930 |  | Hep Bs Ag (**QHBSA**) 87340 |  | SARS-CoV-2 (COVID-19) (**RCV19**) 87635  **@** Gram Stain and Sensitivity charge ifindicated  **#** Requires practitioner collection  **REFLEX TESTS – may incur additional charge** |
|  | Phosphorus (**PHOS**) 84100 |  | Hep C Ab w/reflex RNA Quant (**QHACV**) 86803 | **ADDITIONAL TESTING** | |
|  | Potassium, Serum (**K**) 84132 |  | HIV w/reflex (**QHIV4G**) 87389 | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Authorizing Provider Signature**  **@** Gram Stain and Sensitivity charge ifindicated  **#** Requires practitioner collection  **REFLEX TESTS – may incur additional charge** | |
|  | Prolactin (**PROL**) 84146 |  | HSV 1/2 IgG w/refl (**Quest 17169**)86695, 86696 |
|  | PSA, Diagnostic (**PSA**) 84153 |  | Lyme Serology w/ refl (**Quest 6646**) 86618 |
|  | PSA, Screening (**PSAS**) G0103 |  | Measles, Immune Status (**QMEAG**) 86765 |
|  | RA Factor, Quant (**RAQ**) 86431 |  | Mumps Ab, IgG Immunity (**QMUMG**) 86735 |
|  | T3 Uptake (**T3**) 84479 |  | Mono Screen (**MONT**) 86308 |
|  | T4 (**T4**) 84436 |  | RPR w/reflex FTA (**RPR**) 86592 |
|  | T4, Free (**T4F**) 84439 |  | Rubella Screen (**Quest 802**) 86762 |
|  | Testosterone, Free & Tot. (**QTESFT**)84402, 84403 |  | Varicella, Immune Status (**QFZVG**) 86787 |

**PANEL COMPONENTS**

(Order on Front)

**Electrolytes:**

Sodium

Potassium

Chloride

Bicarbonate

Anion Gap

**Lipid Panel:**

Cholesterol

Triglyceride

HDL

LDL (calculated)

VLDL(calculated)

reflex to dLDL if Trig >400

**Liver Panel:**

Total Bilirubin

Conj. Bilirubin

AST

ALT

Alkaline Phosphatase

Albumin

Total Protein

**Comprehensive Metabolic Panel:**

Glucose

BUN

Creatinine

Calcium

Electrolytes

GFR

Total Bilirubin

AST

ALT

Alkaline Phosphatase

Albumin

Total Protein

**Tick Borne Disease Panel, Non-Lyme:**

*B. miyamotoi* PCR

*M. babesia* PCR

*A. phagocytophilium* PCR

*E. chaffeensis* PCR

**Tick Borne Disease Panel with Lyme:**

*B. miyamotoi* PCR

*M. babesia* PCR

*A. phagocytophilium* PCR

*E. chaffeensis* PCR

*Borrelia* species PCR

**Basic Metabolic Panel:**

Glucose

BUN

Creatinine

Calcium

Electrolytes

GFR

**Renal Panel:**

Glucose

BUN

Creatinine

Calcium

Electrolytes

Albumin

Phosphorus

**Hepatitis Panel:**

Hepatitis A Ab Total with reflex to IgM

Hepatitis Bs Ag

Hepatitis Bs Ab

Hepatitis Bc Ab

Hepatitis C Ab w/reflex to quant PCR

|  |
| --- |
| **REFLEX TESTS – will incur additional charge** |
| **UA w/reflex C+S**: If <55 yrs, Culture ordered if WBC >3, Leukocyte Esterase Pos, or Nitrite Pos. **\*\* Requires Culture DX Code \*\***  If =>55 yrs, Culture ordered if WBC > 20/hpf. **\*\* Requires Culture DX Code \*\***  **Gram Stain and Sensitivity** (if indicated) |
|  |

**DRAW STATION LOCATIONS AND HOURS**

|  |  |  |
| --- | --- | --- |
| **Day Kimball Hospital** | **Danielson Draw Station** | **Plainfield Draw Station** |
| 320 Pomfret Street | 55 Green Hollow Road | 12 Lathrop Road |
| Putnam, CT 06260 | Danielson, CT 06239 | Plainfield, CT 06374 |
| 860-963-6357 | 860-779-0066 | 860-457-9180 |
| **M-F 6 am – 8 pm** | **M-F 7 am – 3 pm** | **M-F 7 am - 3 pm** |
| **Sat-Sun 7 am – 12 pm** | *Closed for lunch 11:55 am-12:30 pm* | *Closed for lunch 11:25 am-12:00 pm* |