



Clinical Laboratory, CLIA #44D071250
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Please register in Admitting Monday-Friday 6 a.m. - 9 p.m.
Saturday & Sunday 8 a.m. - 4 p.m.

Outpatient Laboratory Orders

Patient Name: Last First M.I. Sex: DOB:

STANDING ORDERS CENTRAL VENOUS CATHETER USE WITH HEPARIN FLUSH PROTOCOL

Insurance: Primary: Secondary:

Diagnosis/Reason for test:

Primary Care Physician: ICD10 Codes (enter all that apply)

FILL IN BOX COMPLETELY OR CIRCLE TESTS ORDERED

ALLERGY PANELS

- RAST Childhood Allergy Panel
RAST EGG component
RAST Food (10)
RAST Food (15)
RAST GI
RAST Milk component
RAST Peanut +Reflex w/component
RAST Resp (Zone5)
RAST SouthEast (environment)
RAST TreeNut w/component

- FSH (FOLLICU STIMULAT HORM
GGT (GGTP or GAMMA-GT)
GLUCOSE
HGB A1C (GLYCOHEMOGLOBIN)
IMMUNOGLOBULIN A (IgA)
IMMUNOGLOBULIN E (IgE)
IMMUNOGLOBULIN G (IgG)
IMMUNOGLOBULIN M (IgM)
IMMUNOGLOB G (IgG) SUBCLASS
INSULIN
IRON (FE)
TOT IRON BIND CAP (TIBC) %SAT
LEAD QUANT. WHOLE BLOOD
LUTEINIZING HORMONE (LH)
LIPASE
MAGNESIUM (MG)
PHOSPHORUS (PO4)
PREALBUMIN
PROLACTIN
PROTEIN
T4 FREE [FREETA4]
TESTOSTERONE TOTAL
THYROID PEROXIDASE AB (TPO)
TSH (THYROID STIMULAT HORM)
THYROGLOBULIN ANTIBODY
TRIGLYCERIDES
URIC ACID
Vitamin D 25 HYDROXY (TOTAL)

- PROT/CREAT RATIO URN RANDOM
MICROALBUMIN
Specify: Random or # of hrs:
URINE DRUG SCREEN [URNDRUGS]
HCG (URINE, QUALITATIVE)
CULTURE URINE ROUTINE

- RAPID STREP A ANTIGEN SCREEN
RSV ANTIGEN (RAPID)
MYCOPLASMA PNEUMONIAE DNA
GI PATHOGEN PANEL, PCR
RESPIRATORY PATHOGEN PANEL, PCR
MENINGITIS PANEL PCR
BORDETELLA PERTUSSIS DNA
HERPES Simplex Virus 1 & 2 DNA
STREP A DNA

CHEMISTRY PANELS

- ELECTROLYTE (LYTES) (NA,K,CO2,CL)
BMP (BASIC METABOLIC PANEL) (LYTES + BUN, CREAT, GLUC, CA)
CMP (COMP METABOLIC PANEL) (BMP + ALB, ALT, AST, ALKP, TBIL, TP)
HEPATIC FUNCTION [HFP] (ALB, PROT, ALKP, AST, ALT, DBIL, TBIL)
LIPID (CHOL, TRIG, HDL, LDL, VLDL, CHOL/HDL)
RENAL FUNCTION [RFP] (ALB, CA, CO2, CL, CREAT, GLUC, PHOS, K, NA, BUN)

HEMATOLOGY/COAG TESTS

- CBC WITH AUTOMATED DIFF
HH (HEMOGLOBIN & HEMATOCRIT)
PLATELET COUNT
RETICULOCYTE COUNT
ESR (SEDIMENTATION RATE)
BLOOD SMEAR FOR PATH REVIEW
PT/INR (PROTHROMBIN TIME)
aPTT (ACT PART THROMBO TIME)

STOOL TESTS

- CALPROTECTIN STOOL
CLOSTRIDIUM DIFF DNA
CRYPTOSPORIDIUM & GIARDIA Ag
HELICOBACTER PYLORI AG STOOL
OCCULT BLOOD (GUA)EC FECEC
OVA AND PARASITES (O&P) STOOL
O&P Specimens: x
STOOL ELASTASE
STOOL FAT QUALITATIVE
STOOL ROTAVIRUS Ag (RAPID)
CULTURE STOOL ROUTINE
STOOL LACTOFERRIN (LEUKOCYTES)

SEROLOGY TESTS

- ANA (ANTI-NUCLEAR ANTIBODY)
ANA PROFILE
ANTI-STREPTOLYSIN O (ASO) TITER
CMV IgG/IgM ANTIBODY TITER
EBV (EPSTEIN-BARR) AB PROFILE
HEPATITIS DIAGN PANEL (A,B,C)
HEPATITIS C ANTIBODY
HIV 1,2 AB W/ REFLEX
LYME DISEASE IgG/IgM AB CASCADE
RHEUMATOID FACTOR (RA)
RPR
TRANSGLUTAMINASE IgG & IgA Ab

CHEMISTRY TESTS

- ALT (SGPT)
AST (SGOT)
AMYLASE
BETA-HCG (SERUM, QUANTITAT)
BILIRUBIN DIRECT (DBIL)
BILIRUBIN NEONATAL (NBIL)
BILIRUBIN TOTAL (TBIL)
UREA NITROGEN (BUN)
COMPLEMENT C-3 (C3)
COMPLEMENT C-4 (C4)
CK (CREATININE KINASE)
CK-MB
CALCIUM (CA)
CHOLESTEROL
CORTISOL
CREATININE
C-RP (C-REACTIVE PROTEIN)
FERRITIN

URINE TESTS

- Specify: Random CC Cath
URINALYSIS ROUTINE (UA)
URINE MICROSCOPIC
CREATININE URINE
URINE CALCIUM CREAT RATIO
PROTEIN URINE

MICROBIOLOGY/INFECTIOUS DISEASE

- CULTURE ABSCESS ROUTINE
Source:
CULTURE BLOOD
CULTURE BORDETELLA PERTUSSIS
CULTURE CHLAMYDIA
CULTURE GC
GCCTDNAPCR
CULTURE EAR RIGHT LEFT
CULTURE EYE RIGHT LEFT
CULTURE FUNGUS
Source:
CULTURE NASOPHARYNGEAL
CULTURE REFERRAL AEROBIC ISOLATE
CULTURE REFERRAL URINE ISOLATE
CULTURE SPUTUM
CULTURE THROAT COMPLETE
CULTURE TRACHEAL ASPIRATE
CULTURE VIRAL COMPREHENSIVE
CULTURE WOUND
Source:
GRAM STAIN
Source:
KOH PREP
PINWORM PREP
INFLUENZA A/B/ ANTIGEN (RAPID)

Additional Tests:

- Blank lines for additional tests

Time of Collection:
Date of Collection:

Denotes tests that are sent to a reference lab for testing.

Notification to Physicians and Other Persons Legally Authorized to Order Tests for Which Reimbursement Will Be Sought: Medicare and other payers will pay only for tests that meet the Medicare coverage criteria and are reasonable and necessary to treat or diagnose an individual patient.

Date: Provider's Signature: