

Please attach a copy of the registration **FACESHEET** and **INSURANCE Card(s)** to this form

| | | | |
|---|----------------------|----------------------|-------------------------|
| Location | Collect Date: | Collect Time: | MEDICAL RECORD # |
| Ordering Physician NAME REQUIRED (Please Print) | | NAME: | |
| Ordering Physician SIGNATURE REQUIRED | | DOB: | |
| Attending Physician NAME (if different than ordering) | | GENDER: | |
| Routine | Phone: | Pager: | |
| Stat | | | |

NOTE: All tests should be MEDICALLY NECESSARY, as supported by the medical record, for diagnosis or treatment, NOT FOR SCREENING
OUTPATIENT requests require Clinical Indications for tests: PLEASE INCLUDE ICD10 CODE(S) FOR SIGN, SYMPTOM, OR DEFINITIVE DIAGNOSIS
@ Indicates Limited Payment Coverage Test

| CHEMISTRY | | ICD10 | HEMATOLOGY | | ICD10 | THERAPUTIC DRUG TESTING | | ICD10 |
|---------------------------------|--|--------------|--|--|--------------|-----------------------------------|---|--------------|
| <input type="checkbox"/> NAB | SODIUM | | <input type="checkbox"/> CBCP | @ CBC and PLATELETS | | <input type="checkbox"/> CARB | CARBAMAZEPINE | |
| <input type="checkbox"/> KKB | POTASSIUM | | <input type="checkbox"/> CBCDP | @ CBC, DIFF, and PLATELETS | | <input type="checkbox"/> DIG | @ DIGOXIN | |
| <input type="checkbox"/> CL | CHLORIDE | | <input type="checkbox"/> HCT | @ HEMATOCRIT | | <input type="checkbox"/> LI | LITHIUM | |
| <input type="checkbox"/> CO2 | CO2 | | <input type="checkbox"/> HGB | @ HEMOGLOBIN | | <input type="checkbox"/> PHNO | PHENOBARBITOL | |
| <input type="checkbox"/> BUN | BUN | | <input type="checkbox"/> PLAT | @ PLATELET | | <input type="checkbox"/> PTN | PHENYTOIN | |
| <input type="checkbox"/> CREA | CREATININE | | <input type="checkbox"/> WBC | @ WBC COUNT | | <input type="checkbox"/> THEO | THEOPHYLLINE | |
| <input type="checkbox"/> GLUC | @ GLUCOSE | | <input type="checkbox"/> RET | RETIC COUNT | | <input type="checkbox"/> VPA | VALPROIC ACID | |
| <input type="checkbox"/> CA | CALCIUM | | <input type="checkbox"/> ESR | WESTERGREN SED RATE | | HEPATITIS TESTING | | ICD10 |
| <input type="checkbox"/> ALP | ALK. PHOSPHATASE | | <input type="checkbox"/> A1CB | @ GLYCATED HEMOGLOBIN | | <input type="checkbox"/> HEP1 | ACUTE Hepatitis: HBSAG, HBCBG, HBCBM, HAABM, HCAB | |
| <input type="checkbox"/> ALTB | ALT | | <input type="checkbox"/> B12 | VITAMIN B12 | | <input type="checkbox"/> HEP2 | IMMUNE STATUS--Hepatitis: HBCBG, HBSAB, HCAB | |
| <input type="checkbox"/> ASTB | AST | | <input type="checkbox"/> FERI | @ FERRITIN | | <input type="checkbox"/> HEP3B | CHRONIC Hepatitis: HBSAG, HBSAB, HBCBG, HCAB, HBEG, HBEB | |
| <input type="checkbox"/> LDB | LDH | | <input type="checkbox"/> FOLS | FOLATE, SERUM | | <input type="checkbox"/> HAABG | HEPATITIS A AB TOTAL | |
| <input type="checkbox"/> GGTB | @ GGT | | <input type="checkbox"/> IRBC | @ IRON, TIBC, TRAN, saturation | | <input type="checkbox"/> HAABM | HEPATITIS A AB IgM | |
| <input type="checkbox"/> BILDB | BILIRUBIN, DIRECT | | <input type="checkbox"/> IRONB | @ IRON | | <input type="checkbox"/> HBCBG | HEPATITIS B CORE TOTAL | |
| <input type="checkbox"/> BILTB | BILIRUBIN, TOTAL | | <input type="checkbox"/> TRANB | @ TIBC & TRANSFERRIN | | <input type="checkbox"/> HBCBM | HEPATITIS B Core IgM | |
| <input type="checkbox"/> ALB | ALBUMIN | | IMMUNOLOGY | | ICD10 | | | |
| <input type="checkbox"/> AMYB | AMYLASE | | <input type="checkbox"/> ANAS | ANA MULTIPLEX SCREEN | | <input type="checkbox"/> HBSAB | HEPATITIS B SURFACE AB | |
| <input type="checkbox"/> BNP | B-TYPE NATRIURETIC PEPTIDE | | <input type="checkbox"/> ANASR | ANA MULTIPLEX SCREEN W/REFLEX, IF POSITIVE WILL INCLUDE: (ORDER SINGLE FOR KNOWN PATIENTS) <input type="checkbox"/> DSDNA, <input type="checkbox"/> SMITH, <input type="checkbox"/> SM/RNP, <input type="checkbox"/> RNP, <input type="checkbox"/> SS-A/RO, <input type="checkbox"/> SS-B/LA, <input type="checkbox"/> JO-1, <input type="checkbox"/> SCL-70, <input type="checkbox"/> CHROMATIN, <input type="checkbox"/> CENTROMERE B, <input type="checkbox"/> RIBOSOMAL P | | <input type="checkbox"/> HBSAG | HEPATITIS B SURFACE AG with neutralization confirmation if pos | |
| <input type="checkbox"/> CHOL | @ CHOLESTEROL | | <input type="checkbox"/> ENAB | ENA: SSA, SSB, Smith AB, RNP | | <input type="checkbox"/> HCAB | HEPATITIS C AB (with confirmation if positive) | |
| <input type="checkbox"/> CKB | CREATINE KINASE | | <input type="checkbox"/> ANCAB | ANCA (titer / pattern if pos), PR3, MPO | | Toxicology Testing | | ICD10 |
| <input type="checkbox"/> HFP | @ HEPATIC FUNCT: (ALB, BILI - total & direct, ALP, ALT, AST, TP) | | <input type="checkbox"/> ANCA | ANCA (titer & pattern if pos) | | 10 Drug DAU Immunoassay Screen | | |
| <input type="checkbox"/> HPAB | H. PYLORI AB | | <input type="checkbox"/> PR3AB | PROTEINASE 3 AB | | Meconium Drug Screen | | |
| <input type="checkbox"/> HDL | @ HDL (includes total Chol) | | <input type="checkbox"/> MPO | MYELOPEROXIDASE AB | | Umbilical Cord Tissue Toxicology | | |
| <input type="checkbox"/> HDLT | @ HDL, CHOL, TRIG, calc LDL | | <input type="checkbox"/> CRP | C-REACTIVE PROTEIN | | | | |
| <input type="checkbox"/> HDLTB | @ HDL, CHOL, TRIG, meas. LDL | | <input type="checkbox"/> RF | RHEUMATOID FACTOR | | | | |
| <input type="checkbox"/> IPB | INORGANIC PHOSPHORUS | | <input type="checkbox"/> CEA | @ CEA | | <input type="checkbox"/> OCBDF | @DIAGNOSTIC OCCULT BLD FECAL | |
| <input type="checkbox"/> ICA | @ IONIZED CALCIUM | | <input type="checkbox"/> EPSA | @ PSA SCREEN | | <input type="checkbox"/> FIOB | @SCREENING OCCULT BLD FECAL | |
| <input type="checkbox"/> LDLB | @ DIRECT MEASURED LDL | | <input type="checkbox"/> PSATM | @ PSA DIAGNOSTIC TUMOR MRKR. | | Occult Blood, Fecal Immunological | | |
| <input type="checkbox"/> LIPA | LIPASE | | MONOCLONAL PROTEIN IMM .FIX. WITH INTERPRETATION; SPECIFY: <input type="checkbox"/> QMPRO SERUM <input type="checkbox"/> UMPROP URINE May include: SPE, QIMM, MPRO, IMFIX, TP, FLC | | | | | |
| <input type="checkbox"/> MGB | @ MAGNESIUM | | <input type="checkbox"/> IGA | IgA | | | | |
| <input type="checkbox"/> MONO | MONO TEST | | <input type="checkbox"/> IGG | IgG | | | | |
| <input type="checkbox"/> SPEB | PROTEIN ELECTROPHORESIS with interpretation | | <input type="checkbox"/> IGM | IgM | | | | |
| <input type="checkbox"/> BHCG | SERUM PREGNANCY TEST | | | | | | | |
| <input type="checkbox"/> TP | TOTAL PROTEIN | | | | | | | |
| <input type="checkbox"/> TRIG | @ TRIGLYCERIDES | | | | | | | |
| <input type="checkbox"/> URICB | URIC ACID | | | | | | | |
| <input type="checkbox"/> UHCG | URINE PREGNANCY TEST | | | | | | | |
| THYROID TESTING | | ICD10 | | | | | | |
| <input type="checkbox"/> TSH | @ TSH - 3rd GENERATION | | <input type="checkbox"/> HIV | @ HIV-1/HIV-2; Confirm if positive | | | | |
| <input type="checkbox"/> FT4 | @ FREE T4 (THYROXINE) | | <input type="checkbox"/> RPR | @ RPR (with titer, FTA if positive) | | | | |
| <input type="checkbox"/> FT3 | @ FREE TOTAL T3 | | <input type="checkbox"/> FTA | @ Send out test | | | | |
| <input type="checkbox"/> THYBAT | THYROGLOBULIN AB & AG | | <input type="checkbox"/> RUBAG | RUBELLA IGG Immune Status | | | | |
| URINALYSIS | | ICD10 | <input type="checkbox"/> RUBOIS | RUBEOLA Immune Status | | | | |
| <input type="checkbox"/> UAS | URINALYSIS - Dipstick Only | | <input type="checkbox"/> VZIS | VARICELLA Immune Status (V. zoster) | | | | |
| <input type="checkbox"/> UAR | URINALYSIS - reflex to microscopic | | | | | | | |
| <input type="checkbox"/> URIN | URINALYSIS with microscopic | | | | | | | |
| COAGULATION | | ICD10 | COAGULATION | | ICD10 | | | |
| <input type="checkbox"/> PTI | @ PROTINE/INR | | <input type="checkbox"/> LAWU | LUPUS ANTICOAGULANT: PT, INR,LA Sensitive PTT + mix study, TT, TTCOR, DRVVT, STACLT, Path Interpretation | | | | |
| <input type="checkbox"/> PTT | @ PTT | | <input type="checkbox"/> PLAB | ANTICARDIOLIPIN IGG AND IGM AB | | | | |
| <input type="checkbox"/> FIB | FIBRINOGEN | | | | | | | |

THE OHIO STATE UNIVERSITY MEDICAL CENTER
UNIVERSITY HOSPITALS & CLINICS
OUTPATIENT LABORATORY REQUISITION

(addressograph)