

BRAZOSPORT REGIONAL HEALTH SYSTEM			
100 MEDICAL DRIVE		979-285-1108	
LAKE JACKSON, TEXAS 77566		FAX 979-297-3688	
CLIA NO.45D0497104		CAP NO. 212450-01-03	
PATIENT NAME: LAST FIRST MI			
D.O.B.		AGE:	SEX: M F
RESPONSIBLE PARTY :			
ADDRESS:			
CITY:		STATE:	ZIP:
<i>Note : When ordering tests for which Medicare or Medicaid reimbursement will be sought, physicians should only order tests that are medically necessary for the diagnosis or treatment of the patient.</i>			
PLEASE COMPLETE AT LEAST THE SHADED PORTIONS			
ICD-9 Codes MUST be included for each test.			

LABORATORY OUTPATIENT REQUISITION	
REMEMBER: 1. PROVIDE BILLING INFORMATION	
2. INCLUDE DIAGNOSIS CODE(S)	
3. MARK OR WRITE IN TEST(S)	
ORDER DATE:	SPECIMEN COLLECTION DATE:
	TIME: AM PM
REQUESTING PHYSICIAN:	Routine Urgent Stat
ADDITIONAL REPORTS TO:	
MEDICARE NO:	
MEDICAID/HMO NUMBER:	
COMMERCIAL INS. CO.	
INSURED:	POLICY #:
	GROUP #:

TEST	ICD-9
<b>PANELS</b>	
Basic Metabolic (BASIC)	
Electrolyte Panel (LYTES)	
Hepatic Function (LIVER)	
Lipid Panel (LIPID)	
Obstetric Panel (OB)	
Hepatitis, Acute (HEP)	

TEST	ICD-9
<b>CHEMISTRY</b>	
Albumin (ALB)	
Alkaline Phos (ALK)	
Bilirubin, direct (BILID)	
Bilirubin, total (BILIT)	
Calcium (CA)	
CO2	
Chloride (CL)	
Cholesterol (CHOL)	
Ck (CPK)	
Creatinine,serum (CREAT)	
Creatinine,urine (CREATU)	
Glucose (GLUC)	
GGT	
HDL Chol (HDL)	
LDH	
LDL, Direct Chol (LDL)	
Phosphorus (PHOS)	
Potassium (K)	
Protein, total (TP)	
SGOT (AST)	
SGPT (ALT)	
Sodium (NA)	
Triglycerides (TRIG)	
Urea Nitrogen (BUN)	
Uric Acid (URIC)	

TEST	ICD-9
<b>URINALYSIS</b>	
UA w/microscopic reflex (UA)	
UA with microscopic (UAM)	

TEST	ICD-9
<b>HEMATOLOGY/COAGULATION</b>	
CBC w/Diff (CBC)	
CBC w/o Diff (CBC2)	
Retic Count (RETIC)	
WBC	
Hemoglobin (HGB)	
Hematocrit (HCT)	
Platelet Count (PLATE)	
Sed Rate (SED)	
PT (includes INR)	
PTT	

TEST	ICD-9
<b>SPECIAL CHEMISTRY</b>	
Amylase (AMY)	
CEA	
Digoxin (DIG)	
Dilantin (PTN)	
Glucose Tol: ____HR	
2 Hr PP Glucose	
1hr Gluc Tol--OB (GTTOB)	
Hgb A1C (HA1C)	
Lithium (LI)	
Magnesium (MG)	
PSA, <input type="checkbox"/> DX or <input type="checkbox"/> SCR	
T3, Total (T3)	
T4, Total (T4)	
T3, Free (T3F)	
T4, Free (T4F)	
TSH	
Theophylline (THEO)	
Valproic Acid (VALP)	
CRP, High Sens (CRPHS)	
Iron "FE" (IRON)	
Iron Binding (IBC)	
Transferrin (TRANSF)	
A-Fetoprotein Tumor M (AFPT)	
B2 Microglobulin (B2M)	
Testosterone (TESTO)	
Microalbumin (MICALB)	
Microalb/Creat Ratio	

TEST	ICD-9
<b>MICROBIOLOGY</b>	
Urine Culture/Sens (UC)	
Throat or Nose Culture/Sens	
Stool Culture/Sens (SC)	
Culture: _____/Sens	
Anaerobic Cult/Sens (ANAER)	
Sputum Culture/Sens (SPC)	
Strep Gp B Cult/Sens (STCB)	
Strep Screen Gp A--Throat (STA)	
GC/Chlamydia Probe (DNA)	
Occult Bld <input type="checkbox"/> DX or <input type="checkbox"/> SCR	
Ova & Parasites (OP)	

TEST	ICD-9
<b>MISCELLANEOUS TESTS</b>	
ABO/RH	
Antibody Screen (ABS)	
Type and Screen (TS)	
Type & XM _____units (PCL)	
Monospot (MONO)	
Pregnancy,urine (PREGU)	
Pregnancy,serum (PREGS)	
HCG,Quantitative (HCGQ)	
Rheumatoid Factor (RA)	
C-Reactive Protein (CRP)	
ANA	
RPR	
Rubella (RUB)	
HIV Screen (HIV)	
Serum Protein Electrophoresis (SPE)	
Urine Protein Elect., 24hr (UPEP)	
Fecal Fat (FFAT)	
immunolectrophoresis (IE)	
<input type="checkbox"/> serum <input type="checkbox"/> andom urine <input type="checkbox"/> hr urine	

TEST	ICD-9
<b>OTHER TEST(S)</b>	