

I certify that all tests ordered are medically necessary for the diagnosis indicated and treatment of the patient

Physician signature (required)

1 purple tube
1 gold/red tube
* label tubes with both SPN and DOB

* Collection Date / /
* Collection Time a.m. / p.m.
Fasting hrs.
Collected by

UMB STIK
Contact: Greg Huang
Phone: 914 420 6903
Fax: 410 685 3142

PATIENT NAME LAST FIRST ADDRESS CITY STATE ZIP PHONE
SS# SEX M F OTHER I.D.#

CONSULTANT COPY TO:
(Physician Name/Complete Address/Other Information)

SEND BILL TO: ACCOUNT PATIENT INSURANCE PLEASE ATTACH COPY OF CARD

GUARANTOR RELATIONSHIP INSURANCE #1 POLICY#/GRP#

DX #	ICD-10 CODE MANDATORY	DX #	ICD-10 CODE MANDATORY
1	T75.89XA	3	
2		4	

I authorize the release of any medical information to process a claim and request payment of any medical insurance benefits.

Patient/Responsible Party Signature Date

A.M.A. PANELS (All tests may be ordered individually)		Immunology	
<input type="checkbox"/> LYTES*	Electrolytes Panel (CO ₂ , Cl, Na, K)	G	Hepatitis Markers
<input type="checkbox"/> BMP*	Basic Metabolic Panel (CO ₂ , Cl, Creat, Glu, Na, K, Ca, BUN)	G	<input type="checkbox"/> HEP A Ab
<input type="checkbox"/> CMP*	Comprehensive Metabolic Panel (Alb, T. Bili, Ca, Cl, CO ₂ , Creat, Glu, Na, K, TP, Bun, Alk phos, AST, ALT)	G	<input type="checkbox"/> HBs Ag*
<input type="checkbox"/> HFP*	Hepatic Function Panel (Alb, T. Bili, D. Bili, Alk phos, AST, ALT, TP)	G	<input type="checkbox"/> HBs Ab*
<input type="checkbox"/> HEP*	Acute Hepatitis Panel (HepA IgM, HbcAb, HbsAg, HCV Ab)	SS	<input type="checkbox"/> HcAb*
<input type="checkbox"/> LIPID 3*	Lipid Panel (Chol, Trig, HDL, Calc'd. LDL)	G	<input type="checkbox"/> HEP C Ab
<input type="checkbox"/> RFP*	Renal Function Panel (Alb, Ca, CO ₂ , Cl, Creat, Glu, Phos, K, Na, BUN)	G	<input type="checkbox"/> RFX HCV RNA quant
			Immunology General
			<input type="checkbox"/> ANA
			<input type="checkbox"/> LYM CD4
			<input type="checkbox"/> HIV
			<input type="checkbox"/> MONO
			<input type="checkbox"/> RF*
			<input type="checkbox"/> RPR*
			<input type="checkbox"/> RUB G SCRIN
			<input type="checkbox"/> RUBEO G
			<input type="checkbox"/> VAR IGG

Virology	
<input type="checkbox"/>	Chlamydia
<input type="checkbox"/>	Chlamydia/Gonorrhea (probe)
<input type="checkbox"/>	C. difficile
<input type="checkbox"/>	Cytomegalovirus
<input type="checkbox"/>	Herpes simplex virus antigen or culture
<input type="checkbox"/>	Respiratory virus panel-PCR
<input type="checkbox"/>	Rotavirus antigen
<input type="checkbox"/>	Varicella zoster antigen
<input type="checkbox"/>	Other

Chemistry	
<input type="checkbox"/>	ALB
<input type="checkbox"/>	ALK PHOS*
<input type="checkbox"/>	ALT*
<input type="checkbox"/>	AMYLASE*
<input type="checkbox"/>	AST*
<input type="checkbox"/>	BILI T*
<input type="checkbox"/>	BUN*
<input type="checkbox"/>	CA*
<input type="checkbox"/>	CHOL*
<input type="checkbox"/>	CL*
<input type="checkbox"/>	CO ₂ *
<input type="checkbox"/>	CK
<input type="checkbox"/>	CT*
<input type="checkbox"/>	FERRITIN*
<input type="checkbox"/>	FOLATE
<input type="checkbox"/>	FSH
<input type="checkbox"/>	GGT*
<input type="checkbox"/>	GLU*
<input type="checkbox"/>	GT1*
<input type="checkbox"/>	GT3*
<input type="checkbox"/>	HGB*
<input type="checkbox"/>	HCG QLT
<input type="checkbox"/>	HCG QNT*
<input type="checkbox"/>	HDL*
<input type="checkbox"/>	IRON
<input type="checkbox"/>	K*
<input type="checkbox"/>	LDH
<input type="checkbox"/>	LEAD
<input type="checkbox"/>	LH
<input type="checkbox"/>	LIPASE
<input type="checkbox"/>	MG
<input type="checkbox"/>	NA
<input type="checkbox"/>	PSA*
<input type="checkbox"/>	TP*
<input type="checkbox"/>	TRIG
<input type="checkbox"/>	TSH
<input type="checkbox"/>	T4, Free
<input type="checkbox"/>	VITB12

Molecular Diagnostics	
<input type="checkbox"/>	Hepatitis C virus Quant PCR HCVP
<input type="checkbox"/>	HIVRNA HIV-1 Viral Load
<input type="checkbox"/>	HIV GENO HIV-1 Genotype
<input type="checkbox"/>	ToxoDNA Toxoplasma gondii PCR
<input type="checkbox"/>	CMV Quant Cytomegalovirus PCR

Microbiology	
<input type="checkbox"/>	Aerobic Culture
<input type="checkbox"/>	Anaerobic Culture
<input type="checkbox"/>	Fungus Culture
<input type="checkbox"/>	Genital Culture
<input type="checkbox"/>	Group B Strep
<input type="checkbox"/>	Mycobacteria Culture & Stain
<input type="checkbox"/>	Stool Culture
<input type="checkbox"/>	Strep Screen
<input type="checkbox"/>	Throat Culture
<input type="checkbox"/>	Urine Culture
<input type="checkbox"/>	Other

Drug Monitoring/Toxicology	
<input type="checkbox"/>	CARB
<input type="checkbox"/>	DIG
<input type="checkbox"/>	DILA
<input type="checkbox"/>	OBSB
<input type="checkbox"/>	OBSU
<input type="checkbox"/>	RTOXU

UNIQUE IDENTIFICATION NUMBER (required for HIV and CD4 testing):
 SS# last 4 digits Birthdate (MO-DAY-YR) Race
 Gender Zip Code
 1=male, 2=female
 Physician must obtain patient's permission to use patient's partial SSN
 Race: 1=White 2=African American (not Hispanic) 3=Hispanic
 4=Asian/Pacific Islander 5=American Indian/Alaska Indian
 9=Not specified

Immunohematology	
<input type="checkbox"/>	ABO Type
<input type="checkbox"/>	Rh Type
<input type="checkbox"/>	Antibody Screen (ID if positive)

Hematology	
<input type="checkbox"/>	CBC*
<input type="checkbox"/>	CBC/DIFF*
<input type="checkbox"/>	ESR WEST*
<input type="checkbox"/>	HCT*
<input type="checkbox"/>	HGB*
<input type="checkbox"/>	HGB ELECTR
<input type="checkbox"/>	PT*
<input type="checkbox"/>	PTT*
<input type="checkbox"/>	RETIC
<input type="checkbox"/>	Sickle SCR
<input type="checkbox"/>	DIFF

Other Tests

STAT HIV Ag/Ab (With Callback)
 x 914 420 6903

Hepatitis B Surface Antigen

Hepatitis C Antibody

Specimens submitted: R=red top, L=lavender, B=blue, U=urine, Pink=Pink, GY=gray, SS=gel barrier, G=Lithium Green, RB = Royal Blue

Urine	
<input type="checkbox"/>	UR CHEM MI
<input type="checkbox"/>	urine hCG qual UMMC
<input type="checkbox"/>	Urine pregnancy

The Codes, Panel, and ABN structuring are based on our current understanding of MEDICARE, ICD-10, and CPT rules in effect at the time this order form was printed and may change without notice.