

Northfield Hospital Laboratory Reference Lab Requisition

PATIENT'S LEGAL NAME; LAST NAME FIRST						DATE OF BIRTH		SEX			
PATIENT'S ADDRESS						CITY		STATE		ZIP	
HOME PHONE			OTHER PHONE			SOCIAL SECURITY #			EMPLOYER		
GUARANTOR'S LEGAL NAME; LAST NAME FIRST						HOME PHONE					
GUARANTOR'S ADDRESS						CITY		STATE		ZIP	
HOME PHONE			SOCIAL SECURITY #			RELATIONSHIP TO PATIENT					

- REQUESTOR:
- Carleton Wellness Center
 - St. Olaf Health Center
 - Northfield Care Center
 - Bluebird
 - Cardinal
 - Northfield Urgent Care
 - Parkview
 - Three Links Care Center

BILL TO: CLIENT INSURANCE/MEDICARE/MEDICAID RESPONSIBLE PARTY

PRIMARY INSURANCE NAME:			INSURANCE SUBSCRIBER (PERSON WHO CARRIES THE INSURANCE)								
POLICY #			DATE OF BIRTH			SOCIAL SECURITY #					
ORDERING PROVIDER						PRIMARY PROVIDER					
<input type="checkbox"/> CALL <input type="checkbox"/> FAX RESULTS TO _____						DIAGNOSIS: (Prefer ICD-10 code)					
COLLECTED BY: _____ DATE: _____ TIME: _____						Medical Necessity Statement: Tests ordered on Medicare patients must follow HCFA rules regarding medical necessity and FDA approval guidelines, and must include diagnosis symptom, or reason for testing as indicated in the medical record. If testing does not come under Medicare guidelines for payment, a "signed" Advance Beneficiary Notice must be included.					
<input type="checkbox"/> FASTING <input type="checkbox"/> NON-FASTING <input type="checkbox"/> PRE-OP <input type="checkbox"/> STAT											

CHEMISTRY / IMMUNOLOGY / TDM PANELS		CEA	CEA	LDH	LDH	HEMATOLOGY / COAGULATION & BLOOD BANK		MICROBIOLOGY & MOLECULAR	
ABG	Blood Gas, Arterial	CHOL	Cholesterol	LH	LH	DAT	Direct Coombs	**Culture Source:	
BMP	Basic Metabolic Panel	CO ₂	CO ₂	LIP	Lipase	DDQ	D-Dimer		
CKMB	Comprehensive Metabolic Panel	CKMB	Creatine Kinase	LITHIUM	Lithium	FIB	Fibrinogen	CUAFB	AFB Culture**
LYTES	Electrolyte Panel	CKMB	CPK MB	MG	Magnesium	HGB	Hemoglobin	CUAERO	Aerobic Culture**
HEPACU	Hepatitis Panel, Acute	CRP	C-Ractive Protein	UMALBG	Microalbumin, Urine	CBCND	Hemogram/Pit/No Diff	CUANA	Anaerobic culture**
KIDNEY	Kidney Function Panel	CREAT	Creatinine	MONO	Mononucleosis Screen	CBC	Hemogram/Diff/Pit	CUAEROANA	Aerobic/Anaerobic/GS**
LIPID	Lipid Panel	DEPAK	Depakote Total & Free	MYOGLC	Myoglobin	MORPH	Morphology/ Pathology	CUBLD	Blood Culture
LIVER	Liver Function Panel	DIG	Digoxin	PTH-INT	Parathormone (PTH)w/CA	PLT	Platelet Count	CUBF	Body Fluid Culture**
VBG	Venous Blood Gas	DILN	Dilantin, Total	PHOS	Phosphorus	PTINR	PT/ INR	CHLGCA	Chlamydia/ GC DNA Amp
SINGLE TESTS		URDRUG	Drug Screen, Urine	K	Potassium	PTT	PTT	CDIFFEP	C Difficile DNA Probe
A1C	Hemoglobin A1C	DRGSCR	Drug Screen, Umbilical Cord	PCT	Procalcitonin	RETICS	Reticulocyte Count	PSARS	COVID PCR
ACET	Acetaminophen	ETOH	ETOH	PROLAC	Prolactin	ESR	Sedimentation Rate (ESR)	PSARSFLU	COVID, Influenza PCR
MAFP	AFP, Maternal Screen	FER	Ferritin	IFESPEP	Monoconal Protein Study	TYPE	Type ABO Rh	PSARSFLURS	COVID, Influenza, RSV PCR
AFPTUM	AFP, Tumor Marker	FFN	Fetal Fibronectin	IFEFLC	Monoconal Protein Panel	TS	Type & Screen	SARSAG	COVID Antigen
ALB	Albumin	FOLATE	Folate	IFEQGEI	Immuno Electrophoresis, Se	WBC	WBC	CUF	Fungal Culture**
ALP	Alkaline Phosphatase	FT4	Free T4	PSAD	PSA Diagnostic	URINE TESTING		GS	Gram Stain
ALT	ALT (SGPT)	FSH	FHS	PSAS	PSA Screen	___Catheter ___Clean Catch ___Voided		CUGEN	Genital Culture**
AMY	Amylase	GEN	Gentamicin	RA	RA Factor	Collection Time: _____		CUHSV	Herpes Culture**
AMM	Ammonia	GGT	GGT	RPRPAN	RPR Reflex	UA	Urinalysis	FLUAB	Influenza Ag
ANA	ANA (FANA)	GIAEIA	Giardia Ag	RUBEIGG	Rubella, IgG	JHCG	UCG, Urine	KOHV	KOH Wet Prep
ASO	ASO	GIPARPCR	GI Parasite Panel	RUBIGG	Rubeola, IgG	UCA	Calcium, Urine 24 hr.	MISCC	Miscellaneous Culture**
AST	AST (SGOT)	GIPCR	GI Pathogens Panel PCR	SAL	Salicylates	24 hr. volume:		RSVRAP	RSV
BCRMAJ	BCR-ABL Major p210	GLU	Glucose	NA	Sodium	UIFE	Immunofixation, Urine Rand	SPUTUM	Sputum Culture
BCRRFX	BCR-ABL Qual Reflex	HCGSERQ	HCG, Qualitative	TUP	T Uptake	UTP24H	Protein, Urine 24 hr.	CUSTOC	Stool Culture
BHCGTM	Beta HCG, Tumor Marker	HCG	HCG, Quantitative	TT4	Total T4 (Thyroxine)	24 hr volume:		STREPA	Strep A DNA Probe
BILID	Bilirubin, Direct	HDL	HDL	TEGRE	Tegretol	CRCL	Creatinine Clearance	STREPBI	Strep B DNA Probe
BILINEO	Bilirubin, Neonatal	HBSAB	Hep B Surface Ab	THEOPH	Theophylline			CUT	Throat Culture
BILIT	Bilirubin, Total	HBSAG	Hep B Surface Ag	TP	Total Protein	24 hr volume:		CUJU	Urine Culture
BUN	BUN	HCVAB	Hep C Ab	TRNSF	Transferrin	Ht: _____ Wt: _____		CUWC	Wound Culture**
CA2729	CA27.29	HIVCOM	HIV 1/2/P24 Screen	TRIG	Triglycerides	SPECIMEN COLLECTION			
CA125	CA 125	HOMOQI	Homocysteine	TROP	Troponin I	VENI	Blood Sample Collection		
CA153BF	CS 15-3	HPAGST	H. Pylori Ag, Stool	TSH	TSH				
CA	Calcium	CAION	Ionized Calcium	B12	Vitamin B12	MISCELLANEOUS			
STONE	Calculi Analysis	FE	Iron	VITD	Vitamin D 25 OH				
CALPRFEC	Calprotectin, Fecal	FEP	Iron & TIBC	URIC	Uric Acid				
CARBHG	Carboxyhemoglobin	LAC	Lactate						