

**Pathology  
 Laboratories  
 (804) 828-PATH (7284)**

**ACCOUNT INFORMATION**

ATTACH ONE LABEL TO EACH SPECIMEN

MEDICAL RECORD NUMBER: **LAB USE ONLY** SSN: \_\_\_\_\_

PATIENT NAME: LAST, FIRST MI

ADDRESS: \_\_\_\_\_ APT #./ ROOM #: \_\_\_\_\_ DOB: \_\_\_/\_\_\_/\_\_\_ GENDER:  MALE  FEMALE

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ PHONE: \_\_\_\_\_ AGE: \_\_\_\_\_ YRS MOS \_\_\_\_\_ RACE:  BLACK  WHITE  OTHER

INSURANCE CO. NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

SUBSCRIBER NO.: \_\_\_\_\_ GROUP NO.: \_\_\_\_\_ SUBSCRIBER:  SELF  SPOUSE  OTHER POLICYHOLDER NAME \_\_\_\_\_

MEDICARE NO.: \_\_\_\_\_  PRIMARY  SECONDARY MEDICAID NO.: \_\_\_\_\_

**FOR OUTPATIENTS ONLY:** IS THERE A PLANNED HOSPITAL ADMISSION WITHIN THE NEXT THREE DAYS?  NO  YES, IF YES PROVIDE NAME OF HOSPITAL: \_\_\_\_\_  INPATIENT  OUTPATIENT

SPECIMEN DATE: \_\_\_\_\_ COLLECTION TIME: \_\_\_\_\_  AM  PM 24 HOUR UR TOTAL VOL: \_\_\_\_\_ ML INITIALS: \_\_\_\_\_ **PHYSICIAN:** \_\_\_\_\_

VCUHS ACCESSION # **LAB USE ONLY** IF REFERRAL OR PRE-AUTHORIZATION IS REQUIRED PLEASE ATTACH COPY OF INSURANCE CARD & REFERRAL.

REFERRAL # \_\_\_\_\_ PLEASE SEND COPY OF REPORT TO: \_\_\_\_\_

AUTHORIZATION \_\_\_\_\_ FACILITY: \_\_\_\_\_

PHYSICIAN: \_\_\_\_\_

**FREQUENTLY ORDERED TESTS, ORGAN OR DISEASE RELATED PANELS \*\*See back of form for test components of AMA approved Panels**

| X | OE #  | TEST NAME   | CON | Dx Code | X     | OE #  | TEST NAME                                       | CON | Dx Code | X | OE #  | TEST NAME                         | CON   | Dx Code |
|---|-------|---|-----|---------|-------|---|---|-----|---------|---|---|-----------------------------------|---|---------|
|   | 6007  | BASIC Metabolic **  | S   |         |       | 6009  | HEPATIC Function (Liver) **                     | S   |         |   | 5162  | T4 Total                          | S   |         |
|   | 7007  | CBC with platelet   | L   |         |       | 55051   | HEPATITIS, Acute ** (See back of form)          | S   |         |   | 5457  | T3 Total (Triiodothyronine)       | S   |         |
|   | 7014  | CBC with auto diff & platelet   | L   |         |       | 53284   | LIPID Profile **                                | S   |         |   | 58863   | T4 Direct, (Thyroxine Free)       | S   |         |
|   | 6011  | COMPREHENSIVE Metabolic **  | S   |         |       |   | RENAL Function ** (See back of form)            | S   |         |   | 5163  | Transferrin (IBC equivalent)      | S   |         |
|   | 6004  | ELECTROLYTES **   | S   |         |       |   | Obstetric (Prenatal) ** 2 tubes each of S and L | L   |         |   | 5299  | Triglycerides                     | S   |         |
|   | 6141  | Alkaline Phosphatase  | S   |         | 52810 | HCV Quantitative (PCR) Submit Frozen Plasma   | L*  |     |         |   | 6177  | Uric Acid                         | S   |         |
|   | 6142  | ALT (SGPT)  | S   |         | 5154  | Hb A1C (glycosylated)   | L   |     |         |   | 57200   | Urinalysis (Reflex Micro)         | UY  |         |
|   | 6100  | Amylase, Serum  | S   |         | 55047 | Hepatitis A Ab, IgM   | S   |     |         |   | 3220  | Valproic Acid (Depakote)          | S   |         |
|   | 55031 | ANA (Antinuclear Ab)  | S   |         | 1624  | Hepatitis A Ab, Total   | S   |     |         |   | <b>MICROBIOLOGY (Includes Sensitivities if indicated)</b> |                                   |   |         |
|   | 6145  | AST (SGOT)  | S   |         | 1602  | Hepatitis B Core Ab, IgM  | S   |     |         |   | 8433  | AFB Culture & Smear (Respiratory) | SC  |         |
|   | 5132  | B - 12, Vitamin   | S   |         | 55049 | Hepatitis B Core Ab, Total  | S   |     |         |   |   | 8446                              | Blood Culture: Site _____   | BCB     |
|   | 6158  | Bilirubin, Direct (Conjugated)  | S   |         | 1603  | Hepatitis B Surface Ab  | S   |     |         |   |   |                                   | Bordetella (PCR)  | SC      |
|   | 6151  | Bilirubin Total   | S   |         | 55050 | Hepatitis B Surface Ag  | S   |     |         |   |   | 8124                              | Strep A Throat Culture  | SW      |
|   |       | Blood Type (ABO & Rh) & Antibody Screen   | Pk  |         | 1612  | Hepatitis C Antibody  | S   |     |         |   |   | 8237                              | Body Fluid Cult: Source _____   | SC      |
|   | 6135  | BUN   | S   |         | 55300 | Hemoglobin Fract/Quant  | L   |     |         |   |   | 8151                              | Chlamydia (DNA Amp)   | P       |
|   | 5123  | CA 125  | S   |         | 1113  | HIV 1 & 2 Ab (submit separate tube)   | S   |     |         |   |   | 8138                              | GC (DNA Amp)  | P       |
|   | 6103  | Calcium, Serum  | S   |         | 52812 | HIV Quantitative (PCR) Submit Frozen Plasma   | L*  |     |         |   |   | 8218                              | C. Diff Toxin Ag, Liquid Stool  | SC      |
|   | 3018  | Carbamazepine (Tegretol)  | S   |         | 52862 | HSV in CSF (PCR)  | SC  |     |         |   |   | 8130                              | Eye Culture: Site _____   | SW      |
|   | 5103  | CEA   | S   |         |       | Immunoglobulins A, G, M, or E Quantitative  | S   |     |         |   |   | 8127                              | Ear Culture: Site _____   | SW      |
|   | 5221  | Cholesterol   | S   |         |       | <input type="checkbox"/> 5104 G <input type="checkbox"/> 5105 A <input type="checkbox"/> 5107 M <input type="checkbox"/> 5111 E | S   |     |         |   |   |                                   | Fungal Culture: Source _____  | SC      |
|   | 5244  | CK MB Mass  | S   |         | 6165  | Iron  | S   |     |         |   |   | 8136                              | Genital Culture (Males Only)  | SW      |
|   | 5234  | CK Total  | S   |         | 5225  | LDL Cholesterol, Direct (not calc)  | S   |     |         |   |   | 8145                              | Strep Group B by DNA Amp, Vaginal/Rect.   | SW      |
|   | 56427 | Creatinine Clearance (Submit 24 hour urine & serum)<br>Ht: _____ in. Wt: _____ lbs. |     |         | 3721  | Lead  | L   |     |         |   |   | 8000                              | Gram Stain: Source _____  | SM      |
|   | 6117  | Creatinine, Serum   | S   |         | 3700  | Lithium   | GR  |     |         |   |   | 8050                              | Gram Stain for Bacterial Vaginosis  | SM      |
|   | 53311 | Desipramine (Imipramine)  | S   |         | 5201  | LH (Luteinizing Hormone)  | S   |     |         |   |   |                                   | HSV by DNA: Source _____  | VTM     |
|   | 3600  | Digoxin (Lanoxin)   | S   |         | 55056 | Lyme Disease Total Ab   | S   |     |         |   |   | 54030                             | Influenza A & B Ag  | SC      |
|   | 5204  | Estradiol   | S   |         | 6180  | Magnesium   | S   |     |         |   |   | 8701                              | Ova & Parasites Examination   | O/P     |
|   | 7056  | ESR Sed Rate (Westergren)   | L   |         | 5255  | Myoglobin, Serum  | S   |     |         |   |   | 8101                              | Respiratory Culture   | SC      |
|   | 5106  | Ferritin  | S   |         | 3014  | Phenobarbital   | S   |     |         |   |   | 55071                             | RSV Antigen   | SC      |
|   | 7355  | Fibrinogen (Submit Frozen Plasma)   | LB* |         | 3020  | Phenytoin (Dilantin)  | S   |     |         |   |   | 8200                              | Trichomonas Culture   | TP      |
|   | 5135  | Folate (Folic Acid)   | S   |         | 6129  | Potassium   | S   |     |         |   |   | 8300                              | Urine Culture <input type="checkbox"/> Clean Catch <input type="checkbox"/> Cath        | UC      |
|   | 5202  | FSH (Follicle Stimulating Hormone)  | S   |         | 5131  | Prolactin   | S   |     |         |   |   |                                   | Viral Culture: Source _____   | VTM     |
|   | 5239  | GGT (Gamma Glutamyl Transferase)  | S   |         | 55064 | Protein Electrophoresis, Serum (SPE)  | S   |     |         |   |   | 8550                              | Wound, Culture Superficial: Site _____  | SW      |
|   | 6162  | Glucose, Fasting  | G   |         | 55070 | Protein Electrophoresis, 24 HR Urine  | U   |     |         |   |   | 8500                              | Wound, Culture Deep: <input type="checkbox"/> Abscess <input type="checkbox"/> Aspirate | SC      |
|   | 6120  | Glucose, Random non-fasting   | G   |         |       | PSA: <input type="checkbox"/> 5199 Screen <input type="checkbox"/> 5198 Diagnostic  | LB  |     |         |   |   | <b>Additional Tests:</b>          |   |         |
|   | 6190  | Glucose, 1 HR (Gestational)   | G   |         | 7365  | Protimie (PT) (inc. INR) Therapy <input type="checkbox"/> Yes <input type="checkbox"/> No                                       | S   |     |         |   |   |                                   |   |         |
|   | 6187  | Glucose, 2 HR   | G   |         | 6129  | If Yes indicate: _____  | LB  |     |         |   |   |                                   |   |         |
|   | 6803  | Glucose Tolerance Test 3 hr   | G   |         | 7360  | PTT Activated (APTT) Submit Frozen* Plasma  | LB*   |     |         |   |   |                                   |   |         |
|   | 5110  | HCG Qual, Serum   | S   |         | 57056 | Reticulocyte Count  | L   |     |         |   |   |                                   |   |         |
|   | 5112  | HCG Quant, Serum  | S   |         | 5217  | Rheumatoid Factor   | S   |     |         |   |   |                                   |   |         |
|   | 57202 | HCG, Urine Pregnancy Screen   | UC  |         | 1133  | RPR   | S   |     |         |   |   |                                   |   |         |
|   |       |   |     |         | 55074 | Rubella IgG Screen  | S   |     |         |   |   |                                   |   |         |
|   |       |   |     |         | 5114  | TSH   | S   |     |         |   |   |                                   |   |         |

**ALL SHADED AREA INFORMATION MUST BE COMPLETED. PLEASE REFER TO MEDICAL NECESSITY GUIDE FOR TESTS THAT MAY REQUIRE AN ABN.**

| CONTAINERS RECEIVED<br>LAB USE ONLY     | RED | SST | TRANSFER | FROZEN* | GRAY | GREEN | LT BLUE | PINK | LAV | STER CONT | SWAB | VIR SWAB | PROBE | SMEAR | UC STERILE | URINE (U) | O&P KIT | BLD. CULT. BTL. | TRICH. POUCH |     |    |
|---|-----|-----|----------|---------|------|-------|---------|------|-----|-----------|------|----------|-------|-------|------------|-----------|---------|-----------------|--------------|-----|----|
| RECEIVED BY<br>FIRST INITIAL, LAST NAME | R   | S   |          | *       | G    | GR    | LB      | PK   | L   | SC        | SW   | VTM      | P     | SM    | 24 HR UR   | UY        | UG      | UC              | O/P          | BCB | TP |
|   |     |     |          |         |      |       |         |      |     |           |      |          |       |       | 24 HRS ALQ |           |         |                 |              |     |    |

## Components AMA Approved Panels

### 6007 BASIC Metabolic (BMP) \*\* (80048)

BUN  
Calcium  
Carbon Dioxide (Bicarbonate)  
Chloride  
Creatinine  
Glucose  
Potassium  
Sodium

### 7007 CBC w Platelet \*\* (85027)

WBC  
RBC  
Hgb  
Hct  
MCV  
MCH  
MCHC  
CHCM  
RDW  
HDW  
Platelets  
MPV

### 7014 CBC w Auto diff & Platelet \*\* (85025)

WBC  
RBC  
Hgb  
Hct  
MCV  
MCH  
MCHC  
CHCM  
RDW  
HDW  
Platelets  
MPV  
% granulocytes  
% lymphocytes  
% monocytes  
% eosinophils  
% basophils  
# granulocytes  
# lymphocytes  
# monocytes  
# eosinophils  
# basophils

### 6011 COMPREHENSIVE Metabolic Panel \*\* (80053)

Albumin  
Alkaline Phosphatase  
ALT (SGPT)  
AST (SGOT)  
Bilirubin, Total  
BUN  
Calcium  
Carbon Dioxide (Bicarbonate)  
Chloride  
Creatinine  
Glucose  
Potassium  
Protein, Total  
Sodium

### 6004 ELECTROLYTE Panel \*\* (80051)

Carbon Dioxide (Bicarbonate)  
Chloride  
Potassium  
Sodium

### 6009 HEPATIC Function Panel \*\* (80076)

Albumin  
Alkaline Phosphatase  
ALT (SGPT)  
AST (SGOT)  
Bilirubin, Total  
Bilirubin, Direct  
Protein, Total

### 55051 HEPATITIS, Acute Panel \*\* (80074)

55047 Hepatitis A AB, IgM  
1602 Hepatitis B Core AB, IgM  
55050 Hepatitis B Surface AG  
1612 Hepatitis C Antibody

### 55284 LIPID Profile \*\* (80061)

Cholesterol Total, Serum  
HDL Cholesterol  
Triglycerides  
Calculated LDL

### OBSTETRIC Panel \*\* (Prenatal) (80055)

7014 CBC with auto diff & platelet  
55074 Rubella IgG Screen  
1133 RPR  
51010 Blood Type (ABO & Rh) \*  
51100 Antibody Screen \*  
55050 Hepatitis B Surface AG

\* Label tube with Name, Date & Time, DOB (Date of Birth)  
or SSN (Social Security Number) and Initial

### RENAL Function Panel \*\* (80069)

6138 Albumin  
6135 BUN  
6103 Calcium  
6111 Carbon Dioxide (Bicarbonate)  
6138 Chloride  
6117 Creatinine  
6120 Glucose  
6171 Phosphorus  
6129 Potassium  
6126 Sodium