

VCU Department of Pathology

<p>ACCOUNT INFORMATION</p>	<p>Physician: _____</p> <p>Please Send Additional Reports To: _____</p>
<p>Last Name: _____ MI: _____</p> <p>First: _____</p> <p>DOB: ___/___/___ SSN: _____ MRN: _____</p> <p>Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female RACE: <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Other</p> <p>Address: _____</p> <p>City: _____ State: _____ Zip: _____</p> <p>Phone No: (____) _____ - _____</p>	<p>Insurance Co Name: _____</p> <p>Address: _____</p> <p>Subscriber No: _____ Group No: _____</p> <p>Subscriber No: <input type="checkbox"/> SELF <input type="checkbox"/> SPOUSE <input type="checkbox"/> OTHER <input type="checkbox"/> Policy Holder _____</p> <p>Medicare No: _____ <input type="checkbox"/> Primary <input type="checkbox"/> Secondary</p> <p>Medicaid No: _____</p>

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 Collection Date: _____ Collection Time: _____ AM PM Initials: _____ 24 HR Urine Total Volume: _____ ML

Diagnosis Code(s): _____

Additional Test(s): _____

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

X	OE #	TEST NAME	CON	X	OE #	TEST NAME	CON	X	OE #	TEST NAME	CON
	6007	BASIC Metabolic **	S		5112	HCG Quant, Serum	S		7360	PTT Activated (APTT) Submit Frozen* Plasma	LB*
	7007	CBC with platelet	L		57202	HCG, Urine Pregnancy Screen	UC		57056	Reticulocyte Count	L
	7014	CBC with auto diff & platelet	L		6009	HEPATIC Function (Liver) **	S		5217	Rheumatoid Factor	S
	6011	COMPREHENSIVE Metabolic **	S		55051	HEPATITIS, Acute ** (See back of form)	S		1133	RPR	S
	6004	ELECTROLYTES **	S		55284	LIPID Profile **	S		55074	Rubella IgG Screen	S
	6141	Alkaline Phosphatase	S			RENAL Function ** (See back of form)	S		5114	TSH	S
	6142	ALT (SGPT)	S			Obstetric (Prenatal)** (See back of form)			5162	T4 Total	S
	6100	Amylase, Serum	S		52810	HCV Quantitative (PCR) Viral Load	PK		5457	T3 Total (Triiodothyronine)	S
	55031	ANA (Antinuclear Ab)	S		5154	Hb A1C (glycosylated)	L		58863	T4 Direct, (Thyroxine Free)	S
	6145	AST (SGOT)	S		55047	Hepatitis A Ab, IgM	S		5163	Transferrin (TIBC equivalent)	S
	5132	B - 12, Vitamin	S		1624	Hepatitis A Ab, Total	S		5299	Triglycerides	S
	6158	Bilirubin, Direct (Conjugated)	S		1602	Hepatitis B Core Ab, IgM	S		6177	Uric Acid	S
	6151	Bilirubin Total	S		55049	Hepatitis B Core Ab, Total	S		57200	Urinalysis (Reflex Microscopic)	UY
		Blood Type (ABO & Rh) & Antibody Screen	PK		1603	Hepatitis B Surface Ab	S		57198	Urinalysis Reflex Culture	Y&G
	5237	BNP	L		55050	Hepatitis B Surface Ag	S		3220	Valproic Acid (Depakote)	S
	6135	BUN	S		1612	Hepatitis C Antibody	S		5610	Vit D 25-OH	S
	5123	CA 125	S		55300	Hemoglobin Fract/Quant	L				
	6103	Calcium, Serum	S		1113	HIV I & 2 Ab (submit 2 dedicated tubes)	S		8433	AFB Culture & Smear (Respiratory)	SC
	3018	Carbamazepine (Tegretol)	S		52812	HIV Quantitative (PCR) Viral Load	PK			AFB Culture & Smear: Other Source _____	SC
	5103	CEA	S			HSV 1/2 IgG reflex type specific IgG	S		8050	Bacterial Vaginosis Gram Stain	SM
	5221	Cholesterol	S			HSV 1/2 IgM	S		8446	Blood Culture: Site _____	CB
	5244	CK MB Mass	S			Immunoglobulins A, G, M, or E Quantitative <input type="checkbox"/> 5104 G <input type="checkbox"/> 5105 A <input type="checkbox"/> 5107 M <input type="checkbox"/> 5111 E	S		8237	Body Fluid Cult: Source _____	SC
	5234	CK Total	S			Iron	S		8151	Chlamydia (DNA Amp)	P
	56427	Creatinine Clearance (Submit 24 hour urine & serum) Ht: _____ in. Wt: _____ lbs.			6165	LDL Cholesterol, Direct (not calc)	S		8138	GC (DNA Amp)	P
	6117	Creatinine, Serum	S		5225	Lead	L		8444	Cryptosporidium FA	PP
	5108	C Reactive Protein	S		3721	Lithium	GR		8220	C. Diff by Amplification	SC
		DAU7	UC		3700	LH (Luteinizing Hormone)	S		8130	Eye Culture: Site _____	SW
	53311	Desipramine (Imipramine)	R		5201	Lyme Disease AB reflex WB (Room Temp)	S		8127	Ear Culture: Site _____	SW
	3600	Digoxin (Lanoxin)	S		58102	Magnesium	S			Fungus Culture: Source _____	SC
	5204	Estradiol	S		6180	Myoglobin, Serum	S		8136	Genital Culture (Males Only)	SW
	7056	ESR Sed Rate (Westergren)	L		5255	Phenobarbital	S		54025	Giardia FA	PP
	5106	Ferritin	S		3014	Phenytoin (Dilantin)	S		8145	Strep Group B by DNA Amp. Vaginal/Rect.	SW
	7355	Fibrinogen (Submit Frozen Plasma)	LB*		3020	Phosphorus	S		8000	Gram Stain: Source _____	SM
	5135	Folate (Folic Acid)	S		6171	Potassium	S		1152	HSV Culture	UTM
	5202	FSH (Follicle Stimulating Hormone)	S		6129	Pre Albumin	S		55073	Influenza A & B Direct Testing	SC
	5239	GGT (Gamma Glutamyl Transferase)	S		5161	Prolactin	S		8101	Respiratory Culture	SC
	6162	Glucose, Fasting	G		5131	Protein Electrophoresis, Serum (SPE)	S			Respiratory Pathogen Direct Testing	UTM
	6120	Glucose, Random non-fasting	G		55064	Protein Electrophoresis, 24 HR Urine	U		8124	Strep A Throat Culture	SW
	6187	Glucose, 2 HR	G		55070	PSA Diagnostic	S		8200	Trichomonas Culture	TP
	6803	Glucose Tolerance Test 3 hr	G		5198	PSA Screen	S		8300	Urine Culture <input type="checkbox"/> Clean Catch <input type="checkbox"/> Cath	UC
	57034	Hematocrit	L		5199	Protine (PT) (inc. INR) Therapy <input type="checkbox"/> Yes <input type="checkbox"/> No	LB			Virus Culture: Source _____	UTM
	57032	Hemoglobin	L		7365	Wound, Culture Superficial: Site _____			8550	Wound, Culture Deep: <input type="checkbox"/> Abscess <input type="checkbox"/> Aspirate	SC

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

CONTAINERS RECEIVED LAB USE ONLY	RED	SST	TRANSFER	FROZEN *	GRAY	GREEN	LT BLUE	PINK	LAV	STER CONT	SWAB	VIR SWAB	PROBE	SMEAR	UC STERILE	URINE (U)			BLD. CULT. BTL.	TRICH. POUCH
	R	S		*	G	GR	LB	PK	L	SC	SW	UTM	P	SM	24 HR UR	UY	UG	UC	ACD	BCB
RECEIVED BY FIRST INITIAL, LAST NAME															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