

# Mercy Lab Requisition Form

**STAT**

|                |   |                                   |  |
|----------------|---|-----------------------------------|--|
| <b>BILL TO</b> | <input type="checkbox"/> MyAccount          | <input type="checkbox"/> Medicare | <input type="checkbox"/> Insurance     |
|                | <input type="checkbox"/> Patient (Self Pay) | <input type="checkbox"/> Medicaid | <input type="checkbox"/> Workers' Comp |

|                                   |                |   |                |                       |           |     |
|-----------------------------------|----------------|---|----------------|-----------------------|-----------|-----|
| <b>CLIENT ACCOUNT INFORMATION</b> | <b>PATIENT</b> | Patient Last Name   |                | Legal First Name      |           |     |
|                                   |                | Address   |                | City                  | State     | Zip |
|                                   |                | Home Phone  | DOB (MM/DD/YY) | Social Security #     | Sex       |     |
|                                   |                | <b>BILLING INFORMATION</b>                                  |                | <b>Contract Acct#</b> |           |     |
| <b>Primary Insurance</b>          |                | Insurance Name <small>Please attach a copy of card.</small> |                |                       |           |     |
|                                   |                | Address   |                | City                  | State Zip |     |

|                                     |   |                 |  |
|-------------------------------------|---|-----------------|--|
| <b>Physician Name</b>               | <b>Order Date</b>   | Subscriber Name | Relationship<br><input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent |
| Collection Date _____<br>Time _____ | <input type="checkbox"/> Fasting <input type="checkbox"/> Non-Fasting | Group Policy #  | Subscriber/Medicare/Medicaid #   |

|                          |                           |   |  |
|--------------------------|---------------------------|---|--|
| Standing Order Frequency | Standing Order Expiration | <b>Secondary Insurance</b>                                  |  |
|                          |                           | Insurance Name <small>Please attach a copy of card.</small> |  |

|                                  |     |         |  |      |       |     |
|----------------------------------|-----|---------|--|------|-------|-----|
| <b>Send Duplicate Report to:</b> |     | Address |  | City | State | Zip |
| Physician Name                   | Fax |         |  |      |       |     |

|  |  |                 |  |
|--|--|-----------------|--|
| <b>ICD-10 CODES (enter all that apply)</b> |  | Subscriber Name | Relationship<br><input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent |
|  |  | Group Policy #  | Subscriber/Medicare/Medicaid #   |
|  |  | Office Location | Contract #   |

Physician (or other individuals authorized by law) should only order tests that are medically necessary for the diagnosis and treatment of a patient, rather than for screening purposes. Tests highlighted in red are limited coverage tests which may require a signed Advanced Beneficiary Notice form. **Acknowledgment: Physician hereby acknowledges that Federal law requires physicians to maintain documentation of laboratory test orders in a patient's medical record and upon request by Mercy, physician shall provide a copy of such documentation to Mercy.**

| PANELS AND PROFILES   | TEST NAME   | TEST NAME  | TEST NAME  | CULTURE:  |
|---|---|--|--|---|
| 1227 <input type="checkbox"/> EBV Antibody Panel              | 101 <input type="checkbox"/> HDL  | 171 <input type="checkbox"/> PSA Total and Free                        | 206 <input type="checkbox"/> Rheumatoid Factor   | Source _____<br><i>ID and susceptibilities performed at add'l charge.</i> |
| 523 <input type="checkbox"/> Estradiol                        | 142 <input type="checkbox"/> HCG QNT  | 108 <input type="checkbox"/> PTH, Intact                               | 236 <input type="checkbox"/> Strep Group A Culture   |   |
| 68 <input type="checkbox"/> Ferritin                          | 144 <input type="checkbox"/> HCG Urine QUAL   | 325 <input type="checkbox"/> PTT                                       | 239 <input type="checkbox"/> Urine Cult <input type="checkbox"/> Voided <input type="checkbox"/> Other |   |
| 15 <input type="checkbox"/> Basic Metabolic Panel             | 90 <input type="checkbox"/> Hemoglobin A1C  | 296 <input type="checkbox"/> Reticulocyte Count                        | <b>MISCELLANEOUS / MOLECULAR</b>   |   |
| 17 <input type="checkbox"/> Comp Metabolic Panel              | 1315 <input type="checkbox"/> Hepatitis A IgM   | 206 <input type="checkbox"/> Rheumatoid Factor                         | 2248 <input type="checkbox"/> BV/Vaginitis Basic Panel   |   |
| 16 <input type="checkbox"/> Electrolyte Panel                 | 3122 <input type="checkbox"/> Hepatitis B Surface AB                                  | 494 <input type="checkbox"/> RPR (w/reflex confirmation)               | 1043 <input type="checkbox"/> C difficile Toxin Assay  |   |
| 1877 <input type="checkbox"/> Hepatitis Panel Acute (reflex)  | 1690 <input type="checkbox"/> Hepatitis B Surface AG                                  | 1528 <input type="checkbox"/> Rubella IgG, Total                       | 1021 <input type="checkbox"/> Chlamydia/GC PCR, Genital  |   |
| 18 <input type="checkbox"/> Lipid Panel                       | 1322 <input type="checkbox"/> Hepatitis B Core AB IgM                                 | 322 <input type="checkbox"/> Sed Rate (ESR)                            | 2308 <input type="checkbox"/> Chlamydia/GC PCR, Urine  |   |
| 2463 <input type="checkbox"/> Lipid Panel w/Reflex LDL Direct | 1329 <input type="checkbox"/> Hepatitis C AB (w/Reflex)                               | 122 <input type="checkbox"/> Sodium                                    | 1040 <input type="checkbox"/> Giardia/Cryptosporidium, Stool   |   |
| 20 <input type="checkbox"/> Liver (Hepatic) Function          | 1939 <input type="checkbox"/> Herpes IgG AB Type 1 and 2                              | 137 <input type="checkbox"/> T3, Free                                  | 3251 <input type="checkbox"/> GI Pathogen PCR Panel  |   |
| 279 <input type="checkbox"/> Prenatal Panel                   | 2600 <input type="checkbox"/> HIV DETECTION w/reflex confirm                          | 127 <input type="checkbox"/> T4, Free                                  | 1763 <input type="checkbox"/> Herpes Simplex type 1 & 2 PCR  |   |
| 19 <input type="checkbox"/> Renal Panel                       | 73 <input type="checkbox"/> IgA, Quantitative Total                                   | 124 <input type="checkbox"/> Testosterone, Total                       | 1051 <input type="checkbox"/> Influenza A and B Antigen  |   |
|   | 166 <input type="checkbox"/> Immunoglobulin, Quant Total                              | 2089 <input type="checkbox"/> Testosterone, Total and Free             | 3511 <input type="checkbox"/> Influenza A and B PCR  |   |
|   | 527 <input type="checkbox"/> Insulin, Fasting   | 129 <input type="checkbox"/> TSH Screen (Not Reflexed)                 | 1026 <input type="checkbox"/> Mycoplasma/Ureaplasma  |   |
|   | 1372 <input type="checkbox"/> Iron w/TIBC   | 2411 <input type="checkbox"/> TSH (Reflex FT4 / FT3)                   | 1994 <input type="checkbox"/> Respiratory Pathogen PCR panel   |   |
|   | 96 <input type="checkbox"/> LD  | 134 <input type="checkbox"/> Triglycerides                             | 1050 <input type="checkbox"/> RSV Antigen  |   |
|   | 98 <input type="checkbox"/> Lead  | 276 <input type="checkbox"/> Type and Scrn w/Reflex ID                 | 3637 <input type="checkbox"/> RSV PCR  |   |
|   | 87 <input type="checkbox"/> LH (Luteinizing Hormone, Total)                           | 2384 <input type="checkbox"/> Type & Scrn Prenatal w/Rflx ID and Titer | 223 <input type="checkbox"/> Stool Culture   |   |
|   | 99 <input type="checkbox"/> Lipase  | 141 <input type="checkbox"/> Uric Acid                                 | 502 <input type="checkbox"/> Strep Group B Prenatal  |   |
|   | 103 <input type="checkbox"/> Magnesium  | 347 <input type="checkbox"/> Urinalysis (Reflex Microscopic)           | 3592 <input type="checkbox"/> Vaginitis/Vaginitis Panel Plus   |   |
|   | <b>MATERNAL SERUM SCREENING TESTS</b><br>(Check test desired. Complete form on back.) |  | 2006 <input type="checkbox"/> Urinalysis (Microscopic Only)  | 254 <input type="checkbox"/> Viral Detection, non resp                    |
|   | 1070 <input type="checkbox"/> Maternal Screen 1 (AFP)                                 | 67 <input type="checkbox"/> Vitamin B12 Level                          | 2038 <input type="checkbox"/> Urinalysis (Reflex to Culture)   | 3139 <input type="checkbox"/> Viral Detection, Resp                       |
|   | 1956 <input type="checkbox"/> Maternal Quad Screen                                    | 535 <input type="checkbox"/> Vitamin D25 Hydroxy                       |  |   |

**ADDITIONAL TESTS:**



| <b>PANELS/<br/>PROFILES</b> | Electrolytes<br>16 | Basic<br>Metabolic<br>15 | Comprehensive<br>Metabolic<br>17 | Liver<br>(Hepatic)<br>Function<br>20 | Renal<br>Function<br>19 | Lipid<br>18 | Hepatitis<br>Panel Acute<br>1877 | Prenatal<br>Panel<br>279 |
|-----------------------------|--------------------|--------------------------|----------------------------------|--------------------------------------|-------------------------|-------------|----------------------------------|--------------------------|
| Sodium                      | X                  | X                        | X                                |                                      | X                       |             |                                  |                          |
| Potassium                   | X                  | X                        | X                                |                                      | X                       |             |                                  |                          |
| Chloride                    | X                  | X                        | X                                |                                      | X                       |             |                                  |                          |
| CO2                         | X                  | X                        | X                                |                                      | X                       |             |                                  |                          |
| BUN                         |                    | X                        | X                                |                                      | X                       |             |                                  |                          |
| Glucose                     |                    | X                        | X                                |                                      | X                       |             |                                  |                          |
| Creatinine                  |                    | X                        | X                                |                                      | X                       |             |                                  |                          |
| Albumin                     |                    |                          | X                                | X                                    | X                       |             |                                  |                          |
| Alkaline Phos.              |                    |                          | X                                | X                                    |                         |             |                                  |                          |
| Bilirubin Total             |                    |                          | X                                | X                                    |                         |             |                                  |                          |
| Bilirubin Direct            |                    |                          |                                  | X                                    |                         |             |                                  |                          |
| Calcium                     |                    | X                        | X                                |                                      | X                       |             |                                  |                          |
| Phosphorus, Inorg.          |                    |                          |                                  |                                      | X                       |             |                                  |                          |
| Protein                     |                    |                          | X                                | X                                    |                         |             |                                  |                          |
| AST (SGPT)                  |                    |                          | X                                | X                                    |                         |             |                                  |                          |
| ALT (SGOT)                  |                    |                          | X                                | X                                    |                         |             |                                  |                          |
| Cholesterol                 |                    |                          |                                  |                                      |                         | X           |                                  |                          |
| HDL Cholesterol             |                    |                          |                                  |                                      |                         | X           |                                  |                          |
| Triglycerides               |                    |                          |                                  |                                      |                         | X           |                                  |                          |
| LDL                         |                    |                          |                                  |                                      |                         | X           |                                  |                          |
| Hepatitis A Ab, IgM         |                    |                          |                                  |                                      |                         |             | X                                |                          |
| Hepatitis B Surf AG         |                    |                          |                                  |                                      |                         |             | X                                | X                        |
| Hepatitis B core Ab, IgG    |                    |                          |                                  |                                      |                         |             | X                                |                          |
| Hepatitis C Ab              |                    |                          |                                  |                                      |                         |             | X                                |                          |
| CBC w/diff & Plts           |                    |                          |                                  |                                      |                         |             |                                  | X                        |
| HIV 1/2 Ab with confirm     |                    |                          |                                  |                                      |                         |             |                                  | X                        |
| Rubella antibody IgG        |                    |                          |                                  |                                      |                         |             |                                  | X                        |
| RPR                         |                    |                          |                                  |                                      |                         |             |                                  | X                        |
| ABO and Rh                  |                    |                          |                                  |                                      |                         |             |                                  | X                        |
| Antibody Screen             |                    |                          |                                  |                                      |                         |             |                                  | X                        |

**MATERNAL SERUM SCREENING TESTS (Indicate test desired on front of requisition.)**

**Specimen Type: Plain Red Top**

**Patient Data Form (All information must be complete and accurate.)**

1. Race: Caucasian Asian Hispanic African American
2. Insulin Dependent Diabetic? NO YES
3. Current Weight in Pounds: \_\_\_\_\_
4. Fetuses in this Pregnancy: \_\_\_\_\_
5. Initial Screening Repeat Screening
6. History of NTD in Family: NO YES  
If YES, Relationship to Patient: \_\_\_\_\_

**Gestational Calc Method:**

7. LMP: \_\_\_\_\_
8. 8 EDD: \_\_\_\_\_
9. Date of Last Ultrasound: \_\_\_\_\_  
(U/S Gestational Age: \_\_\_\_\_ Wks \_\_\_\_\_ Days)
10. History of Down Syndrome in Family: NO YES
11. Donor Egg: NO YES  
Age at Egg Retrieval: \_\_\_\_\_

Additional Comments: \_\_\_\_\_