Pomerene Hospital Laboratory Services

981 Wooster Rd
Millersburg, OH 44654
Lab Phone : (330) 674-1584 Ext 4120
Lab Fax: (330) 674-2416

PATIENT INFORMATION (PLEASE PRINT)				ORDERING PHYSICIAN CONTACT
Last Name	First	MI	Race ☐White / Caucasian ☐Black/African American ☐Hispanic or Latino ☐Asian ☐American Indian or Alaska Native	Physicians Name
Address	Birth Date	Sex □ M □F		Physician Signature
City	SS#			Physician NPI #
State	Zip	Phone		Physician Phone
Hospital/Physician Office Patient ID #	Accession #			Physician Email

Any physician who orders a test which may be determined to be medically unnecessary by the government may be subject to civil penalties as determined by that government agency. Appropriate ICD-10 diagnosis coding must be provided to document the necessity of testing requested. Diagnosis must also be substantiated in the patient's permanent medical record.

☐Call critical results to phone#:( )_____

☐Fax report to#: ( ) _____

INSURANCE BILLING INFORMATION (Required - Please Attach Copy of Card or Print)

Bill To: ☐ Hospice ☐ Medicaid ☐ Medicare ☐ Self-Pay ☐ Skilled Nursing ☐ VA ☐ Other Insurance (Complete Below)

Primary: ☐Medicare ☐Medicaid ☐Other_____ ☐Self ☐Spouse ☐Child

Subscribers Last Name:	First Name:	MI
Beneficiary/ Member #	Group #	
Claims Address	City	State / Zip

Secondary: ☐No ☐Yes (if yes, attach) **ABN:** ☐Yes ☐No

Diagnosis ICD-10 Codes (REQUIRED) 1. 2. 3. 4.

SPECIMEN INFORMATION

Collection Date: ____/____/____

Collection Time: _____

Specimen Type: ☐Serum ☐Plasma ☐Whole Blood

☐Other(Specify) _____

☐ Fasting _____Hours ☐ Non-fasting

☐ Urine Volume:_____ # Hours_____

Urine Source: ☐ Random ☐ Clean Catch ☐ Catheter ☐ Suprapubic

Chemistry								Urine		Blood Cultures
☐ BASIC METABOLIC PANEL	G	☐ CA 15-3		☐ Hemoglobin		☐ TSH		☐ Urinalysis		☐ Blood Cultures (BCB)
☐ COMPREHENSIVE METABOLIC PANEL	G	☐ CA 19-9	G	☐ HIV Combo		☐ Transferrin		☐ hCG Qualitative Urine		
☐ ELECTROLYTE PANEL Na, K, Cl, CO2	G	☐ Calcium	G	☐ Insulin		☐ Testosterone	G	☐ Urine Culture		Culture Other
☐ HEPATIC PANEL	G	☐ CEA	G	☐ Iron		☐ Uric Acid		☐Creatinine Clearance 24 hour		Source:
☐ HEPATITIS PANEL, ACUTE Hep B S Ag, Hep B Core Ab, Hep A Ab, Hep C Ab IA		☐ Chloride	G	☐ PTH Intact		☐ Vitamin B 12	G	Height: _____ Weight _____		
☐ LIPID PANEL	G	☐ Cholesterol	G	☐ LDH		☐ Vitamin D 25	Y	☐ Microalbumin		Antibiotic Therapy:
☐ PRENATAL PANEL CBC, Type and Screen, Hep Surface Ag, Rubella, Syphilis		☐ CK, Total	G	☐ Lactate		☐ Vitamin D 1,25		☐ Random ☐24 hour		
☐ RENAL PANEL	G	☐ CO2	G	☐ Lipase		**Drug Monitoring**		☐ Urine Creatinine		**Body Fluid**
☐ THYROID PANEL TSH, Free T4, Free T3, Thyroid Peroxidase Antibodies	Y	☐ Cortisol	G	☐ Magnesium		☐ Carbamazepine	G	Urine Electrolytes: ☐Sodium ☐Potassium ☐Chloride		**Type:**
☐ Albumin	G	☐ Creatinine	G	☐ Phenytoin		☐ Digoxin		☐ Urine Protein		☐ Cell count
☐ ALP	G	☐ CRP	G	☐ Potassium	G	☐ Levetiracetam		☐ Random ☐24 hour		☐ Crystals
☐ ALT (SGPT)	G	☐ Estradiol	G	☐ Prealbumin		☐ Valproic Acid	G	**Blood Bank**		☐ TP
☐ Amylase	G	☐ Ferritin	G	☐ Progesterone	G	☐ Vancomycin		☐ Cord Blood	P	☐ Glucose
☐ AST (SGOT)	G	☐ Folate	G	☐ Prolactin	G	☐ Random	RNG	☐ Type & Screen	P	☐ Amylase
☐ BNP, NT Pro	G	☐ GGT	G	☐ PSA	G	☐Peak ☐Trough		☐ Type & Crossmatch: #_____ Units Packed Red Cells	P	☐ Creatinine
☐ BUN	G	☐ FSH	G	☐Diagnostic ☐		**Hematology**				**Other Testing (List Below)**
☐ Bilirubin, Total	G	☐ Glucose	G	☐ Rheumatoid		☐ CBC w/o Diff	L			
☐ Bilirubin Conjugated/ Unconjugated (neonates less than 14 days)	G	☐ Glucose Tolerance ___HR		☐ Sodium	G	☐ CBC w/ Auto	L			
		☐ hCG Qualitative	G	☐ TIBC	Y	☐ CBC w/ Man Diff	L			
		☐ hCG Quantitative	RNG	☐ T3, Free		☐ Retic	L	**Stool**		
		☐ HBcAb Qualitative		☐ T3, Total	G	**Coagulation**		Occult Blood, Stool □1 □2 □3		
		☐ HBsAb		☐ T3, Uptake	G	☐ PT & INR	B	Ova & Parasites, Stool □1 □2 □3		
				☐ T4, Free		☐ PTT	B	☐ C.difficile Toxin A&B, rapid		

B	Blue top tube	L	Lavender/Purple top tube
BCB	Blood Culture Bottle	P	Pink top tube
G	Green top tube	RNG	Red top tube no gel

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☐ CA 125	G	☐ HBsAG Qualitative		☐ T4, Total	G	☐ D-Dimer	B	☐ Leuko EZ (Stool WBC)	

B	Blue top tube	L	Lavender/Purple top tube		
BCB	Blood Culture Bottle	P	Pink top tube		
G	Green top tube	RNG	Red top tube no gel		