



Pomerene Hospital Laboratory Services

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PATIENT INFORMATION (PLEASE PRINT)					ORDERING PROVIDER CONTACT	
Last Name		First	MI	Race <input type="checkbox"/> White / Caucasian	Provider Name	
Address		Birth Date	Sex <input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Black/African American	Provider Signature	
City		SS#		<input type="checkbox"/> Hispanic or Latino	Physician NPI #	
State		Zip	Phone	<input type="checkbox"/> Asian	Provider Phone	
Hospital/Physician Office Patient ID #		Accession #		<input type="checkbox"/> American Indian or Alaska Native	Provider Email	
<small>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.</small>					<input type="checkbox"/> Call critical results to phone #: () _____	
INSURANCE BILLING INFORMATION (Required - Please Attach Copy of Card or Print)					<input type="checkbox"/> Fax report to #: () _____	
Bill To: <input type="checkbox"/> Hospice <input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare <input type="checkbox"/> Self-Pay <input type="checkbox"/> Skilled Nursing <input type="checkbox"/> VA <input type="checkbox"/> Other Insurance (Complete Below)					SPECIMEN INFORMATION Collection Date: ____/____/____	
Primary: <input type="checkbox"/> Medicare <input type="checkbox"/> Medicaid <input type="checkbox"/> Other _____ <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child					Collection Time: _____	
Subscribers Last Name:		First Name:		MI	Specimen Type: <input type="checkbox"/> Serum <input type="checkbox"/> Plasma <input type="checkbox"/> Whole Blood	
Beneficiary/ Member #		Group #			<input type="checkbox"/> Other(Specify) _____	
Claims Address		City	State	Zip	<input type="checkbox"/> Fasting _____ Hours <input type="checkbox"/> Non-fasting	
Secondary: <input type="checkbox"/> No <input type="checkbox"/> Yes (if yes, attach)				ABN: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Diagnosis ICD Codes (MANDATORY)		1.	2.	3.	Urine Source: <input type="checkbox"/> Random <input type="checkbox"/> Clean Catch <input type="checkbox"/> Catheter <input type="checkbox"/> Suprapubic	
				4.		

Chemistry						Blood Bank	PCR Testing
<input type="checkbox"/> Basic Metabolic Panel (1719)	G	<input type="checkbox"/> Cortisol (7747)	G	<input type="checkbox"/> Potassium (1005)	G	<input type="checkbox"/> Phenytoin (1051)	R
<input type="checkbox"/> Comp Metabolic Panel (1721)	G	<input type="checkbox"/> Creatinine (1020)	G	<input type="checkbox"/> Progesterone (7765)	G	<input type="checkbox"/> Phenobarbital (1301)	R
<input type="checkbox"/> Electrolyte Panel (1304)	G	<input type="checkbox"/> CRP (1144)	G	<input type="checkbox"/> Prolactin (4037)	G	<input type="checkbox"/> Valproic Acid (7769)	R
<input type="checkbox"/> Hepatic Function Panel (1269)	G	<input type="checkbox"/> Estradiol (4024)	G	<input type="checkbox"/> PTH, Intact (4019)	G	<input type="checkbox"/> Vancomycin <input type="checkbox"/> Random (7360)	R
<input type="checkbox"/> Hepatitis Acute Panel (4619)	Y	<input type="checkbox"/> Ferritin (7171)	G	<input type="checkbox"/> PSA <input type="checkbox"/> Diagnostic (7195)	G	<input type="checkbox"/> <input type="checkbox"/> Peak (7359) <input type="checkbox"/> Trough (7349)	R
<input type="checkbox"/> Lipid Panel (1317)	G	<input type="checkbox"/> Folate(Serum) (7387)	G	<input type="checkbox"/> Screen (7233)		Hematology	
<input type="checkbox"/> Prenatal Panel *	P, L, Y	<input type="checkbox"/> GGT (4731)	G	<input type="checkbox"/> Rheumatoid Factor (7766)	G	<input type="checkbox"/> CBC w/o Diff (1227)	L
<input type="checkbox"/> Renal Panel (1727)	G	<input type="checkbox"/> FSH (6004)	G	<input type="checkbox"/> Rubella (9068)	Y	<input type="checkbox"/> CBC w/ Diff (1164)	L
<input type="checkbox"/> Thyroid Panel (T4, T3u, FT4)	Y	<input type="checkbox"/> Glucose (1012)	G	<input type="checkbox"/> Sodium (1004)	G	<input type="checkbox"/> Sed Rate (1069)	L
<input type="checkbox"/> TSH w/ Reflex to FT4 (1368)	Y	<input type="checkbox"/> Glucose Tolerance ____HR	GR	<input type="checkbox"/> T3, Free (4000)	Y	<input type="checkbox"/> PT & INR (1292)	B
<input type="checkbox"/> Vitamin B12 + Folate(9496)	Y	<input type="checkbox"/> hCG Qualitative (1228)	R	<input type="checkbox"/> T3, Total (4021)	Y	<input type="checkbox"/> APTT (1296)	B
<input type="checkbox"/> Albumin (1057)	G	<input type="checkbox"/> hCG Quantitative (1267)	G	<input type="checkbox"/> T3, Uptake (1024)	Y	<input type="checkbox"/> D-Dimer (7347)	B
<input type="checkbox"/> ALP (1018)	G	<input type="checkbox"/> HbCAb Qualitative (4596)	Y	<input type="checkbox"/> T4, Free (7316)	Y	Urine (Sterile or 24 hr. Container)	
<input type="checkbox"/> ALT (SGPT) (1034)	G	<input type="checkbox"/> HBSAb Quantitative (4194)	Y	<input type="checkbox"/> T4, Total (1025)	Y	<input type="checkbox"/> Urinalysis (1393)	
<input type="checkbox"/> Amylase (1001)	G	<input type="checkbox"/> HBSAG Qualitative (4004)	Y	<input type="checkbox"/> Thyroid Perox. Ab (4009)	Y	<input type="checkbox"/> hCG Qualitative Urine (1229)	
<input type="checkbox"/> AST (SGOT) (1011)	G	<input type="checkbox"/> Hemoglobin A1C (2159)	L	<input type="checkbox"/> TSH (1266)	Y	<input type="checkbox"/> Urine Culture (1513)	
<input type="checkbox"/> BNP, NT Pro (2156)	G	<input type="checkbox"/> Insulin (7763)	G	<input type="checkbox"/> Testosterone (7132)	G	<input type="checkbox"/> Creat. Clearance (0548)	G
<input type="checkbox"/> BUN (1007)	G	<input type="checkbox"/> Iron (1028)	Y	<input type="checkbox"/> Transferrin (4079)	G	Height: ____ Weight: ____	
<input type="checkbox"/> Bilirubin, Direct (1042)	G	<input type="checkbox"/> Iron & TIBC (2161)	Y	<input type="checkbox"/> Uric Acid (1008)	G	<input type="checkbox"/> Microalbumin Random (7536)	
<input type="checkbox"/> Bilirubin, Total (1002)	G	<input type="checkbox"/> PTH Intact (4019)	Y	<input type="checkbox"/> Vitamin B 12 (7148)	G	<input type="checkbox"/> Microalbumin w/ Creatinine (0547)	
<input type="checkbox"/> Bilirubin Conjugated/ Unconj. (neonates less than 14 days)	G	<input type="checkbox"/> LDH (1010)	G	<input type="checkbox"/> Vitamin D 25 (7193)	Y	<input type="checkbox"/> Urine Creatinine (1023)	
<input type="checkbox"/> Calcium (1016)	G	<input type="checkbox"/> Lactate (7560)	G	<input type="checkbox"/> Vitamin D 1,25 (4050)	Y	<input type="checkbox"/> Urine Creat /Protein Ratio (9013)	
<input type="checkbox"/> Cholesterol, Total (1048)	G	<input type="checkbox"/> Lipase (7071)	G	Drug Monitoring		Urine Electrolytes: <input type="checkbox"/> Sodium(9288)	
<input type="checkbox"/> CK, Total (1009)	G	<input type="checkbox"/> Lithium (1689)	Y	<input type="checkbox"/> Carbamazepine (1692)	R	<input type="checkbox"/> Potassium (9285) <input type="checkbox"/> Chloride (7268)	
		<input type="checkbox"/> Magnesium (1685)	G	<input type="checkbox"/> Digoxin (1027)	R	Urine Protein	
		<input type="checkbox"/> Phosphorous (1684)	G	<input type="checkbox"/> Levetiracetam (4031)	R	<input type="checkbox"/> Random (1337) <input type="checkbox"/> 24 hour (1241)	

Blood Bank						Sexual / Women's Health
<input type="checkbox"/> Cord Blood (1211)	P	<input type="checkbox"/> Type & Screen (9065)	P	<input type="checkbox"/> Type & Crossmatch: # _____ Units Packed Red Cells (9065, 1207, 1208)	P	<input type="checkbox"/> GC/Chlamydia (4617)
<input type="checkbox"/> Group A Strep (6062)	E	<input type="checkbox"/> Group B Strep (6063)	C or E	<input type="checkbox"/> Respiratory 4 Plex Includes Covid, Flu A, Flu B, RSV (4714)	Nasopharyngeal Swab in UTM or E	<input type="checkbox"/> HIV Combo(4673)
<input type="checkbox"/> Stool (Sterile Container)		<input type="checkbox"/> Occult Blood, Stool (Non-Cancer Screening) (1621)		<input type="checkbox"/> Ova & Parasites, Stool (4632)		<input type="checkbox"/> Syphilis (4495)
<input type="checkbox"/> Lyme AB Early with Reflex (<=30 days of signs and symptoms) (4047)	Y	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3		<input type="checkbox"/> C.diff Toxin A&B (9493)		<input type="checkbox"/> Thin Prep PAP (1938)
<input type="checkbox"/> Lyme AB Late with Reflex (> 30 days of signs and symptoms) (4046)	Y	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3		<input type="checkbox"/> Fecal Lactoferrin (1539)		<input type="checkbox"/> Thin Prep HPV DNA (1923)
<input type="checkbox"/> Blood Cultures (1122)	BCB	<input type="checkbox"/> Culture Other (e-swab)		<input type="checkbox"/> Source:		<input type="checkbox"/> Thin Prep HPV DNA W/ Reflex (1932)
<input type="checkbox"/> Culture Other (e-swab)		<input type="checkbox"/> Antibiotic Therapy:		<input type="checkbox"/> ID/ w Sensitivity		Other Testing List Below
<input type="checkbox"/> Body Fluid (Sterile Container)		<input type="checkbox"/> Type:		<input type="checkbox"/> Cell count (1106)		
		<input type="checkbox"/> Crystals (7407)		<input type="checkbox"/> Protein (4259)		
		<input type="checkbox"/> Glucose (4258)		<input type="checkbox"/> Gram Stain (9259)		

B Blue (Sodium Citrate)	GR Grey (Potassium Oxalate)	R Red (Serum no gel)	A Aptima Collection Device
BCB Blood Culture Bottle	L Lavender (EDTA)	Y Yellow Top (SST)	C Cepheid Collection Device
G Green (Lithium Heparin)	P Pink (EDTA)	T Preservecyt Pap Vial	E E- swab

* CBC, Type and Screen, Hep B SAG, Rubella, Syphilis