

Referring Provider: _____

Address: _____

Phone: _____ Email: _____ Fax: _____

From (Name): _____ Date: _____ #Pages or MM ID: _____

Patient Name: _____ DOB: _____ Date Of Service: _____

Service Address: _____ City: _____ State: _____ Zip: _____

Sex: M F Phone: _____ Mobile: _____

Location Type: Residence / Home RCFE / Facility Other: _____

Insurance: _____ Type: _____ Acct#: _____

Result To: Ordering Physician Other Provider Other

Fax: _____ Fax: _____ Fax: _____

SERVICE TYPE	Routine	STAT Resulting (not all test apply)	Fasting	Patient to be drawn at home / facility and meets the homebound criteria.
	Courier Service for non-laboratory specimen collection: (\$65.00)			

Standing Order: Monthly Weekly Daily Other: _____ Start - End Date: _____

SELECT ALL TESTS THAT APPLY Collection Date: _____ Time: _____ Tech Int: _____

CHEMISTRY PANELS

- Anemia Panel (CBCw/Diff, Ret, Iron Pnl)
- BMP (BUN, Ca, Cl, CO2, Creat, Glu, K, Na)
- CMP (BMP + Alb, ALP, ALT, AST, TBil, Prot)
- Lipid Panel (Trig, LDL, Dir LDL, VLDL, HDL, Chol)
- Iron Panel (Iron, Ferritin, %Sat, TIBC)
- Hepatic Fxn (GGT, ALT, AST, ALP, Bilirubin, Prot, Alb)
- Renal Fxn (BUN, Cre, Na/K, Ph, Glu, Cl, CO2, CA)
- Thyroid Panel (TSH, FT3, TT3, FT4)

COAGULATION STUDIES

- PT/INR (Venipuncture)
- PTT (Partial Thromboplastin Time)

GENERAL TESTS

- Ammonia (frozen to lab)
- BNP NT-pro-BNP
- BUN (Blood Urea Nitrogen)
- Calcium
- CBC w/ Auto-Diff + Platelets
- CBC w/ Reflex to Man Diff + Plts
- Chloride
- Cholesterol
- CK (Creatine Kinase)

GENERAL TESTS (cont)

- CRP CRP (hs)
- ESR (Sed Rate)
- Ferritin
- Folate
- Glucose
- Hemoglobin A1c
- Iron
- Magnesium
- Microalbumin w/ Creat Ratio
- Phosphorus
- Prealbumin
- Potassium
- Protein (Total)
- PSA, Total Free
- PTH-Intact
- Sodium
- Testosterone, Total Free
- TSH FT3 TT3 FT4 TT4
- Uric Acid
- Vitamin B12 w/Folate
- Vitamin D 25-OH, Total

RESPIRATORY PANELS

- COVID-19 + Flu A/B + RSV (PCR)
 - Respiratory Panel (PCR) (Bact + Viral)
- ### STI / VAGINAL PANELS
- STI Panel (PCR) (urine)
 - STI Panel (PCR) (penile or vaginal)
 - Vaginitis Panel (PCR) (vaginal)

STOOL PANEL

- GI Panel (PCR) (Bact + Viral + C.diff. + Para)
- with C. Diff Tox A/B
- with FOBT
- with O&P

URINE PANELS

- UA C&S Panel (PCR + Mic)
- UA w/Rfix to C&S Panel (PCR + Mic)
- UTI Panel (PCR) (ID + Resist)
- UTI Interpretation Report
- Drug Panel 12 (urine)

WOUND PANEL

- Wound Panel (PCR) (ID + Resist)

NURSE SKILLED SERVICE

- Catheter Collection (Available with UTI/C&S Panels)
- Urethral Swab Collection (Available with UTI/Panel)
- Stool Swab Collection (Available w/ GI Panel)
- Wound Swab Collection (Available w/ Wound Panel)

ICD-10 CODES

Please enter all codes that apply:

OTHER TESTS/ICD-10

Ordering Physician Approves this order and has a NurseDx Acct (If you do not have a NurseDx Acct, please sign and return this order form ASAP)

Ordering Physician: _____ Signature: _____ NPI# _____