General PATIENT INFORMATIO	Laborat	TREACH ory Test Req	uisition		\	Altru 1200 HEALTH SYSTEM P	S. Co	ology and Labo lumbia Road, G '01.780.5130	rand Forks,	ND 582	<u>'</u> 01
			Date of Birth	of Birth		SPECIMEN INFORMATION: APLS			APLS LAB USE ONLY		
						tion Date:		Received Date			
☐ Male ☐ Female Client Patient Number					Collection Time:			Received Time:			
FACILITY INFORMATION	ON.				Specimen Source: Priority:			By: Comments:			
Institution Name	JIN					y: tine □ ASAP □ STAT		comments:			
						Il Instructions:					
Institution Address					·						
Phone: Fax:						CHEMISTRY CONT.	DX		ODY FLUID	S	DX
riione.		rax.				Salicylate Sodium		Fluid Source:			
Ordering Provider		Į (UPIN#			Syphilis Treponemal+		Album	in, Body Flu	ıid	
						(Refer to algorithm)			Amylase, Body Fluid		
Patient is:			nplete for all Medicare Primary/Medicaid.			Testosterone, Total			ount w/ Diff		-
☐ Hospital Inpatient	patients.	completed MSP form for	pleted MSP form for Medicare Primary			Theophylline			I ID, Body F	Fluid	
☐ Hospital Outpatient☐ Clinic Outpatient	Dt Modicare	e/Medicaid #:	icaid #:			Tobramycin Transferrin*			phil Smear Body Fluid		
☐ Skilled Nursing Fac	Pt Street A					Tricyclic Antidepressant			se, Body Flu	iid	
Medicare Pt A	City/State:					Triglycerides*			se, CSF		
Medicare Pt B	County/Zip					Troponin I			lar Body Co	unt	
U Other	Other Pt SSN:		Phone:			TSH*			ibronectin		
CHEMISTRY	Guarantor:	/ CHEMIS	STRY CONT.	DX		Uric Acid Valproic Acid			ody Fluid n, Body Flui	4	
Acetaminophen		Free T3*		DA		Vancomycin		Proteii		u	
AFP Tumor Mar		Free T4*				Vitamin B 12			n, Complete		
Albumin			icle Stim Hormone			URINE CHEMISTRY	DX	Semer	n, Post Vas		
Alcohol		Gentamic	cin			Start Date/Time:					
Alkaline Phosph	atase	GGT* Glucose*				End Date/Time: Total Volume:	mL	CBC^	EMATOLOG *	Υ	DX
ALT/SGPT Ammonia		Haptoglol			24111 1	Calcium, 24HR	IIIL		/ Auto Diff	\ *	
Amylase		HCG, Qua				Calcium, Random			/ Manual D		
ANA Screen (Tit		HCG, Qua	antitative*			Creatinine Clearance		Hemo			
performed if pos	sitive)+	HDL Chol				Pt Ht: Pt Wt: *Include serum creatinine		Hemai			
AST/SGOT	^*	Hemoglob				Creatinine, 24 HR			et Count, Au Bld Count,		
Basic Met Panel^* Bilirubin, Direct			Hep B Core Antibody Hep B Surface Ab			Creatinine, Random			v/ Auto Diff		
Bilirubin, Total		Hep B Su	ırface Antigen			Potassium, 24HR			v/ Manual D		
Blood Gases			Hep C Antibody			Potassium, Random			locyte Cour		
Blood Gases BNP - natriuretic peptide BUN			Hepatic Func. Panel^			Protein, 24HR			entation Ra eral Smear		
BUN C3 Complement			HIV,1/2, Ab/Ag Scrn* Homocysteine			Protein, Random Sodium, 24HR			Marrow		
C4 Complement			Immunoglobulin A (IgA)			Sodium, Random			a Smear		
CA-125*			globulin E (IgE)			Urea Nitrogen, 24HR			immature P	latelet	
CA19-9*			globulin G (IgG)			Urea Nitrogen, Random		Fractio		NN I	DV
Calcium, Ionized	ı	Immunog Iron*	globulin M(IgM)			Uric Acid, 24HR Uric Acid, Random		☐ Coum	DAGULATIC	Heparii	DX n
Carbamazepine			ling Capacity*			URINE	DX	aPTT*	:		
Carbon Dioxide	(CO2)	% Satura				UA, Reflex Microscpic*			er, Quantita		
CCP - Cyclic	atido		id (Lactate)			UA, with Microscopic*			VIII Assay		
Citrullinated Per	Jude		ate dehydrogenase inizing Hormone			Urine hCG Microalbumin+		Fibring LMWH			
Chloride		Lipase	inizing normone			STOOL	DX		t Function		
Cholesterol*		Lipid Pan	el^*			Fecal PMN Smear		PT/IN	R*		
CK/CPK		Lithium				Occult Blood*, Screen			bin Time		
CK-MB Cold Agglutinin	Titor	Magnesiu	leosis Screen			Colorectal Cancer-iFOB Occult Blood*, Non-			ctionated He PF4 Ab)	eparın	
Complete Met P		Phenobar				colorectal Cancer-Card		1111 (F	1 7 AU)		
Cortisol			n (Dilantin)			WRITE-IN TES	TS		DX	LAB	USE
Creatinine		Phosphor	rus								
CRP		Potassiun									
CRP-HS		Progester Projection									
Digoxin* Last Dose:		Prolactin Protein, T			DX	ICD-10 Code WRITTEN INDICATION/DIAGNOSIS					
Electrolyte Pane	-1^	PSA, Tota			1	TCD TO COUC		ALVI LEIN IINDIC	JANI TON DIF	1011001	,
Estradiol		PTH (Inta	act)		2						
Ferritin*			nction Panel^		3						
Folic Acid (Folat	e)	Rheumate	oid Factor		4						

TEST	^ COMPONENTS
CBC – Complete Blood Count	White Blood Cell, Red Blood Cell, Hemoglobin, Hematocrit, Platelets, Indices
CBC with Automated Differential	White Blood Cell, Red Blood Cell, Hemoglobin, Hematocrit, Platelets, Indices, Automated Differential
CBC with Manual Differential	White Blood Cell, Red Blood Cell, Hemoglobin, Hematocrit, Platelets, Indices, Manual Differential
Basic Metabolic Panel	BUN, Creatinine, Glucose, Calcium, Sodium, Chloride, Potassium, CO2
Comprehensive Metabolic Panel	BUN, Creatinine, Glucose, Calcium, Sodium, Chloride, Potassium, CO2, Albumin, Total Bilirubin, Alkaline Phosphatase,
-	Total Protein, AST, ALT
Electrolyte Panel	Sodium, Chloride, Potassium, CO2
Hepatic Function Panel	Albumin, Total Bilirubin, Direct Bilirubin, Alkaline Phosphatase, Total Protein, AST, ALT
Lipid Panel	Total Cholesterol, HDL, Triglyceride, calculated LDL, CHOL/HDL ratio
Renal Function Panel	BUN, Creatinine/GFR, Glucose, Calcium, Sodium, Chloride, Potassium, CO2, Albumin, Phosphorus

TEST	+ ADDITIONAL INFORMATION		
% Saturation	Iron, Iron Binding Capacity also required		
ANA Screen	Titer performed if positive – if titer is >1:160, cascade performed. Cascade includes: Anti-ds DNA, ENA I (Sm, RNP), ENA II (SSA, SSB)		
Syphilis Treponemal	If EIA/CIA positive, RPR performed; if RPR negative, TP-PA performed (refer to algorithm located at http://altrulab.testcatalog.org/)		
Microalbumin	Dipstick protein must be negative		

* TEST REQUIRING A SIGNED ABN IF DIAGNOSIS DOESN'T SUPPORT MEDICAL NECESSITY						
AFP Tumor Marker	CA 125	CA 19-9	CEA			
Cholesterol	Digoxin	Ferritin	Free T3			
Free T4	GGT	Glucose	HCG			
HDL Cholesterol	Hemoglobin A1c	HIV, 1/2 Ab/Ag	Iron			
Magnesium	Basic Metabolic Panel	Complete Metabolic Panel				
Iron Binding Capacity	Percent Saturation	Lipid Panel	PSA, Total			
Transferrin	Triglycerides	TSH	Occult Blood, Colorectal Cancer			
Occult Blood, Non-Colorectal Cancer	CBC	CBC w/ Auto Diff	CBC w/ Manual Diff			
WBC w/ Diff	Peripheral Smear	aPTT	PT/INR			

Medical Necessity Statement: Tests ordered on Medicare patients must follow HCFA rules regarding medical necessity and FDA approval guidelines and must include diagnosis, symptoms, or reason for testing as indicated in the medical record. For any patient of any payor (including Medicare and Medicaid) that has a medical necessity requirement, only order those tests which are medically necessary for the diagnosis and treatment of the patient.

For a complete test listing including: reflex testing, test components, algorithms, specimen requirements, specimen stability, and additional information, refer to http://altrulab.testcatalog.org or AltruLink -> Departments & Resources -> Laboratory Services -> Catalogs -> Laboratory Test Catalog.