LAB SERVICES FAX ORDER FORM

PLEASE FAX TO 256-265-6231

Laboratory Services

PATIENT NAME: _____

DATE OF BIRTH: _____ SOCIAL SECURITY # _____

ICD-10 CODES: _____

ORDERING PHYSICIAN: _____ DATE: _____

PHYSICIAN SIGNATURE: _____

PROFILES

- ☐ ACUTE HEPATITIS PANEL
- ☐ BASIC METABOLIC PANEL
- ☐ COMPREHENSIVE METABOLIC
- ☐ ELECTROLYTE PANEL
- ☐ HEPATIC FUNCTION PANEL
- ☐ LIPID PANEL
- ☐ OBSTETRIC (PRENATAL)
- ☐ RENAL FUNCTION PANEL

INDIVIDUAL TESTS

- ☐ ALBUMIN
- ☐ ALK PHOS
- ☐ ALT (SGPT)
- ☐ AST (SGOT)
- ☐ ANA SCREEN ☐ With Reflex
- ☐ BILI, TOTAL ☐ BILI, DIRECT
- ☐ BUN
- ☐ CA125
- ☐ CALCIUM
- ☐ CBC w/DIFF
- ☐ CBC, no DIFF
- ☐ CEA
- ☐ CHLORIDE
- ☐ CHOLESTEROL
- ☐ CO2
- ☐ CORTISOL
- ☐ CPK
- ☐ CREAT CLEARANCE, 24 HR URINE
  HEIGHT_____ WEIGHT_____
- ☐ CREATININE SERUM
- ☐ CRP
- ☐ CRP HIGH SENSITIVITY
- ☐ DIGOXIN (PHENYTOIN)
- ☐ DILANTIN (PHENYTOIN)
- ☐ ESTRADIOL
- ☐ FERRITIN
- ☐ FOLATE
- ☐ FSH
- ☐ GGT
- ☐ GLUCOSE ☐ FAST
- ☐ HCG, Quantitative (HCG Titer)
- ☐ HGB A-1-C (Glycohemoglobin)
- ☐ HGB ☐ HCT
- ☐ HBSAG (Hep B Antigen)
- ☐ Hepatitis B AB ☐ if post-vaccine
- ☐ HIV ANTIBODY SCREEN
- ☐ IgG ☐ IgA ☐ IgM
- ☐ IgE
- ☐ IRON ☐ TIBC
- ☐ LDH
- ☐ LH
- ☐ MAGNESIUM
- ☐ MONO TEST
- ☐ PHOSPHORUS
- ☐ PLATELET COUNT
- ☐ POTASSIUM
- ☐ PREGNANCY TEST, serum
- ☐ PROGESTERONE
- ☐ PROLACTIN
- ☐ PROTEIN, TOTAL
- ☐ PROTEIN, 24 HR URINE
- ☐ PROTEIN ELECTROPHORESIS
- ☐ PROTIME (PT) ☐ if on anticoag
- ☐ PSA (Prostate Specific Antigen)
- ☐ PSA, Medicare Screening
- ☐ APTT (PTT)
- ☐ QUAD TEST, maternal serum
- ☐ RHEUMATOID FACTOR
- ☐ RUBELLA TITER (IgG)
- ☐ SED RATE (ESR)
- ☐ SICKLE CELL SCREEN
- ☐ SODIUM
- ☐ SYPHILIS AB IgG IgM w/Reflex
- ☐ T3 FREE ☐ T4 FREE
- ☐ T3 TOTAL ☐ T4 TOTAL
- ☐ TESTOSTERONE, TOTAL
- ☐ TESTOSTERONE, FREE
- ☐ THEOPHYLLINE
- ☐ TRIGLYCERIDES
- ☐ TSH
- ☐ TSH (FT4 if Indicated)
- ☐ THYROPEROXIDASE AB
- ☐ URIC ACID
- ☐ VITAMIN B12
- ☐ VITAMIN D 25 HYDROXY

MICROBIOLOGY

- ☐ URINALYSIS
- ☐ URINE CULTURE
- ☐ Cath ☐ Clean Catch
- ☐ RAPID STREP
- ☐ THROAT CULTURE ONLY
- ☐ C. DIFF TOXIN (STOOL)
- ☐ OVA & PARASITES (STOOL)
- ☐ ROTAVIRUS (STOOL)
- ☐ STOOL CULTURE
- ☐ RSV, NASAL WASHING

OTHER TESTS / COMMENTS

- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____

PLEASE CALL 265-2522 OR 800-278-0588 WITH ANY QUESTIONS.

REVISED 10/2018 CSF