



DT18123

# Children's Healthcare of Atlanta LABORATORY OUTPATIENT REQUISITION FORM

Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

MRN# \_\_\_\_\_

Account/HAR# \_\_\_\_\_

PATIENT IDENTIFICATION

 **STAT**

Insurance Info: Bill to: Insurance: \_\_\_\_\_ Group # \_\_\_\_\_

Pre-Cert # \_\_\_\_\_

Order for Collection Date: \_\_\_\_\_ Time: \_\_\_\_\_

 Phone results to \_\_\_\_\_ Fax results to \_\_\_\_\_**Diagnosis Code (ICD-10) (signs or symptoms: R/O codes unacceptable):** \_\_\_\_\_

Physician name (print) \_\_\_\_\_ Physician signature \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

| Chemistry Panels   |          | Hematology  |          | Chemistry                               |          | Chemistry                            |          |
|--|----------|---|----------|---|----------|--------------------------------------|----------|
| <b>Electrolyte Panel**</b><br>Cl, CO <sub>2</sub> , K, Na<br><b>(LYTES)</b>  |          | CBC   | (CBC)    | Alanine Aminotransferase                | (ALT)    | Immunoglobulin A                     | (IGA)    |
|  |          | CBC w/Diff  | (CBCD)   | Aspartate Aminotransferase              | (AST)    | Immunoglobulin G                     | (IGG)    |
| <b>Basic Metabolic Panel**</b><br>Ca, CO <sub>2</sub> , Cl, Creat, Glu, K, Na, BUN<br><b>(BMPL)</b>  |          | Erythrocyte Sedimentation Rate                      | (ESR)    | Albumin                                 | (ALB)    | Immunoglobulin M                     | (IGM)    |
|  |          | Reticulocyte Count                                  | (RETIC)  | Alkaline Phosphatase                    | (ALKP)   | Immunoglobulin E                     | (TIGE)   |
| <b>Renal Function Panel**</b><br>Alb, Ca, CO <sub>2</sub> , Cl, Creat, Glu, Phos, K, Na, BUN<br><b>(RFP)</b>                                   |          | D-Dimer   | (DDIM)   | Ammonia                                 | (AMON)   | Lead                                 | (LEAD)   |
|  |          | Prothrombin Time w/INR                              | (PT)     | Amylase                                 | (AMY)    | Lipase                               | (LIPA)   |
| <b>Hepatic Function Panel**</b><br>Alb, TBili, DBili, Alk Phos, TP, ALT AST<br><b>(HFP)</b>  |          | Activated Partial Thrombin Time                     | (APTT)   | Bilirubin, Total and direct             | (BILI)   | Magnesium                            | (MG)     |
|  |          | Prothrombin Time/APTT                               | (PTPTT)  | Bilirubin, total                        | (BILITO) | Mono Test                            | (MONOTS) |
| <b>Comprehensive Metabolic Panel**</b><br>Alb, TBili, Ca, CO <sub>2</sub> , Cl, Creat, Glu, Alk Phos, K, TP, Na, ALT, AST, BUN<br><b>(CMP)</b> |          | Fibrinogen  | (FIBR)   | Blood Urea Nitrogen                     | (BUN)    | Parathyroid Hormone Intact           | (PTHNT)  |
|  |          | TBNK  | (TBNK)   | Calcium                                 | (CA)     | Phenobarbital                        | (PHENO)  |
| <b>Lipid Panel</b><br>Chol, Trig, HDL, LDL, VLDL<br><b>(LIPP)</b>  |          | Heparin Assay                                       | (HEPASY) | Complement 3                            | (C3)     | Phosphorus                           | (PHOS)   |
|  |          | TBNK RA/RO  | (TBNKRA) | Complement 4                            | (C4)     | Pregnancy Serum                      | (SPREG)  |
| <b>Glucose Tolerance Test</b><br><b>2Hr Only</b><br><b>(GTT2H)</b>   |          | <b>Blood Bank</b>                                   |          | Cholesterol                             | (CHOL)   | Pregnancy Urine                      | (UPREG)  |
|  |          | Blood Type ABO and RH                               | (ABORH)  | C-Reactive Protein                      | (CRP)    | Rapamycin/Sirolimus                  | (RAPAMY) |
| <b>Microbiology</b>  |          | Type and Screen                                     | (TYSC)   | Creatinine                              | (CREAT)  | Sodium                               | (Na)     |
| Blood Culture  | (CUBLD)  | Direct Coombs                                       | (DAT)    | Creatinine Phosphokinase                | (CK)     | Tacrolimus                           | (TAC)    |
| Cystic Culture   | (CUCYST) | Isohemagglutinin Titer                              | (ISOHEM) | Ferritin                                | (FER)    | Thyroxine                            | (T4)     |
| Stool Culture  | (CUSTOL) | <b>Other Tests:</b>                                 |          | Glucose                                 | (GLU)    | Thyroxine Free                       | (T4FREE) |
| Urine Culture  | (CURINE) |   |          | HIV-1 P24 Ag and HIV-1-2 Ab with Reflex | (HIVCMB) | Thyroid Stimulating Hormone          | (TSH)    |
| Fecal Fat, Qual.   | (FFATQL) | <b>Miscellaneous Testing</b>                        |          |   |          | Triiodothyronine                     | (T3)     |
| Occult Blood Stool   | (OCBLDS) | B. pertussis and B. parapertussis PCR               | (BPPCR)  | Hemoglobin A1C                          | (HBAICU) | Triglyceride                         | (TRIG)   |
| Ova & Parasites  | (OVAPAR) | CMV by PCR  | (CMVQT)  | Hepatitis B Surface Antigen             | (HBAGP)  | Urinalysis with reflex to culture    | (UA)     |
| Wound Culture, superficial   | (CUWND)  | EBV by PCR  | (EBVQT)  | Hepatitis Acute Serology Panel          | (HBACUT) | Urinalysis without reflex to culture | (UAN)    |
| Ear Culture  | (CUEAR)  | C. difficile by PCR                                 | (CDTPCR) | Iron w/Iron Binding Capacity            | (IRONB)  | Vitamin D, 25-hydroxy                | (VITAMD) |
| Eye Culture  | (CUEYE)  | Sweat Chloride                                      | (SWCL)   | Iron                                    | (IRON)   | Vancomycin                           | (VANR)   |
| <b>Other Tests:</b>  |          | <b>Appointment Needed:</b><br><b>(404-785-6014)</b> |          |   |          |                                      |          |

**\*\*Diagnosis coding needs to support the medical necessity of each component of the ordered panel in order to be submitted to government sponsored payers (Medicare, Medicaid, Tricare).**

Physician address: \_\_\_\_\_

**Scottish Rite Campus:** 1001 Johnson Ferry Road, NE, Atlanta, GA 30342 **Arthur M. Blank Campus:** 2220 N Druid Hills RD NE, Atlanta, GA 30329

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