NorthOaks Health

15790 PAUL VEGA MD DRIVE
HAMMOND, LA 70403
(985) 230-6165

PATIENT LABEL

LABORATORY REQUISITION

FACILITY: _____

CONTACT: _____

ADDRESS: _____

PHONE #: _____

FAX #: _____

Numbers of Specimens: ☐ G ☐ GRN ☐ GY ☐ LB ☐ L ☐ R ☐ Urine ☐ Stool ☐ Swab ☐ Other: _____

Collection Date	Time	Comments

❑ **Contract Lab**
FAX ORDERS TO (985) 230-6781

❑ **Outpatient Lab (Insurance)**
REGISTER AT NOMC ADMISSIONS FIRST

PATIENT'S NAME:

_____ (Last) _____ (First) _____ (MI)

☐ Male ☐ Female Date of Birth: _____/_____/_____ MR#: _____

SS#: _____ Date: _____/_____/_____

Ordering Provider: _____ Provider's Signature: _____

Numeric ICD-10 Diagnosis Codes (Medical necessity to support each test is required.): _____

INSURANCE INFORMATION (Specimens must be registered at NOMC Admissions before testing can be performed and reported if insurance is to be billed.)

Medicare Number: _____ Medicaid Number: _____

Is the patient in a Skilled Nursing Facility bed? ☐ Yes ☐ No If yes, facility assumes financial responsibility for labs ordered.

Has medical necessity been verified for each test ordered? ☐ Yes ☐ No If no, has a signed ABN been provided? ☐ Yes ☐ No

Managed Care: _____ Policy Number: _____ Subscriber's Name: _____

Preferred Specimen Key: **G** = Gold Tube **GRN** = Green/Tiger Tube **GY** = Gray Tube **L** = Lavender Tube **LB** = Light Blue Tube

	Description						
	Acetaminophen – GRN		Hep A Scrn [HAIgG, HAIgM] - G		Sodium – GRN	**URINE TESTING**	
	Albumin – GRN		Hep B Scrn [HBCAb, HBSAb, HBSAg] - G		Syphilis TP, Reflex to RPR w/titer - G	☐ 24 hr ☐ Foley Cath ☐ CC	
	Alcohol – GRN		Hep C Scrn [HCAb, HCRNA] - G		T3 Uptake – GRN	☐ In & Out Cath Type: _____	
	Alkaline Phosphatase – GRN		Iron Binding Capacity/% Sat. – GRN		T3 Free, GRN		Creatinine Clearance
	ALT – GRN		Iron – GRN		T4 – GRN		Creatinine/Random Urine
	Ammonia – GRN Only, Iced, STAT		Iron Binding Capacity - GRN		T4 Free – GRN		Drug Screen/Urine
	Amylase – GRN		Lactic Acid – GY, Iced, STAT		Thyroid Stimulating Hormone – GRN		Osmolality/Urine
	AST – GRN		LDH – GRN		Total Protein Serum – GRN		Potassium/Urine Random
	Basic Metabolic-Panel – GRN		Lipase – GRN		HS Troponin – GRN		Pregnancy Test/Urine
	BhCG – GRN		Lipid Profile - GRN		Uric Acid – GRN		Protein/Creatinine Ratio
	Bilirubin/Direct – GRN		Lithium – G		Vancomycin/Random – GRN		Protein Total Urine
	Bilirubin/Total – GRN		Magnesium – GRN		Vitamin B12 – GRN		Urinalysis w/ Reflex to Microscopic and Culture
	BUN – GRN		Mono Test – G		Vitamin D, 25 - Hydroxy - GRN	**Microbiology**	
	Calcium, Serum – GRN		Natriuretic Peptide Assay (BNP) – L		Vitamin D, 1, 25 - Dihydroxy - GRN (In-House)		C. Diff. Antigen/Toxin, Reflex to PCR
	Carbamazepine – GRN		Osmolality/Serum – G		**ADD'L TESTS / SPECIAL INSTRUCTIONS:**		Cryptosporidium/Giardia Antigen
	CBC w/Auto Diff – L		Phenobarbital – GRN		Type & Screen		Culture / Anaerobic Source:
	CK-MB – GRN Only		Phenytoin – GRN		Chlamydia / Gonorrhea PCR – Urine or Swab		Culture/Blood:
	Comprehensive Metabolic-Panel – GRN		Phosphorus – GRN		Crossmatch # _____		Culture/Respiratory Source:
	CPK – GRN		Potassium – GRN		Fetal Bleed Screen		Culture/Stool:
	Creatinine – GRN		Prealbumin – G		Gastrointestinal PCR – Stool		Culture/Urine Source:
	CRP - GRN		Pregnancy Test/Serum – G		Meningitis Encephalitis PCR		Culture/Aerobic Source:
	Digoxin – GRN		PT/INR (On Coumadin) – LB		Nasal MRSA, PCR		COVID-19/Flu/RSV
	Ferritin – GRN		PT/INR (Not On Coumadin) – LB				COVID-19/Flu/RSV w/ Reflex RVP
	Fibrinogen - LB		PSA , Screening– G				Culture/Body Fluid (NO SWABS) Source:
	Folic Acid – GRN		PSA, Diagnostic - G				Culture/Tissue (NO SWABS) Source:
	Glucose – GRN		PTT – LB				Occult Blood/Fecal
	Hematocrit – L		RA – G				Strep A Screen
	Hemoglobin – L		Renal Function Panel – GRN				
	Hemoglobin, Glycated (A1C) – L		Reticulocyte Count – L			Laboratory Receive Date / Time / Initials: _____	
	Hepatic Function-Panel – GRN		Sedimentation Rate, Auto – L				

