

# LABORATORY REQUISITION

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

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

☐ **ER/Inpatient**

FACILITY: \_\_\_\_\_  
CONTACT: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
PHONE #: \_\_\_\_\_  
FAX #: \_\_\_\_\_

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

Collection Date	Time	Comments

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: \_\_\_\_\_

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

Medicaid number: \_\_\_\_\_

Managed Care: \_\_\_\_\_ Policy Number: \_\_\_\_\_ Subscriber's Name: \_\_\_\_\_

## GUARANTOR INFORMATION (Use only when the patient is NOT responsible for payment.)

Guarantor's Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Description	Preferred Specimen Key: G = Gold Tube GRN = Green/Tiger Tube GY = Gray Tube L = Lavender Tube LB = Light Blue Tube		
Acetaminophen – GRN	Hemoglobin – L	PSA , Screening– G	<b>URINE TESTING</b> <input type="checkbox"/> 24 hr <input type="checkbox"/> Random <input type="checkbox"/> CC <input type="checkbox"/> Cath    Type: _____
Albumin – GRN	Hemoglobin, Glycated (A1C) – L	PSA, Diagnostic - G	
Alcohol – GRN	Hepatic Function-Panel – GRN	PTT – LB	
Alkaline Phosphatase – GRN	Hep A Scrn [HAIG, HAIGM] - G	RA – G	
ALT – GRN	Hep B Scrn [HBCAb, HBSAb, HBSAg] - G	Renal Function Panel – GRN	Creatinine Clearance
Ammonia – GRN Only, Iced, STAT	Hep C Scrn [HCAb, HCRNA] - G	Reticulocyte Count – L	Creatinine/Random Urine
Amylase – GRN	Iron Binding Capacity/% Sat. – GRN	Sedimentation Rate, Auto – L	Drug Screen/Urine
AST – GRN	Iron – GRN	Sodium – GRN	Osmolality/Urine
Basic Metabolic-Panel – GRN	Iron Binding Capacity - GRN	Syphilis TP, Reflex to RPR w/titer - G	Potassium/Urine Random
Bilirubin/Direct – GRN	Lactic Acid – GY, Iced, STAT	T3 Uptake – GRN	Pregnancy Test/Urine
Bilirubin/Total – GRN	LDH – GRN	T3 Free, GRN	Protein/Creatinine Ratio
BUN – GRN	Lipase – GRN	T4 – GRN	Protein Total Urine
Calcium, Serum – GRN	Lipid Profile - GRN	T4 Free – GRN	Urinalysis w/ Reflex to Microscopic and Culture
Carbamazepine – GRN	Lithium – G	Thyroid Stimulating Hormone – GRN	<b>MICROBIOLOGY</b>
CBC w/Auto Diff – L	Magnesium – GRN	Total Protein Serum – GRN	C. Diff. Antigen/Toxin, Reflex to PCR
CK-MB – GRN Only	Mono Test – G	Troponin I – GRN Only	Cryptosporidium/Giardia Antigen
Comprehensive Metabolic-Panel – GRN	Natriuretic Peptide Assay (BNP) – L	Uric Acid – GRN	Culture/Blood:
CPK – GRN	Osmolality/Serum – G	Vancomycin/Random – GRN	Culture/Respiratory Source:
Creatinine – GRN	Phenobarbital – GRN	Vitamin B12 – GRN	Culture/Stool:
CRP - GRN	Phenytoin – GRN	Vitamin D, 25 - Hydroxy - GRN	Culture/Urine Source:
Digoxin – GRN	Phosphorus – GRN	Vitamin D, 1, 25 - Dihydroxy - GRN (In-House)	Culture/Aerobic Source:
Ferritin – GRN	Potassium – GRN	<b>ADD'L TESTS / SPECIAL INSTRUCTIONS:</b>	COVID-19/Flu/RSV
Fibrinogen - LB	Prealbumin – G		COVID-19/Flu/RSV w/ Reflex RVP
Folic Acid – GRN	Pregnancy Test/Serum – G		Culture/Body Fluid (NO SWABS) Source:
Glucose – GRN	PT/INR (On Coumadin) – LB		Culture/Tissue (NO SWABS) Source:
Hematocrit – L	PT/INR ( Not On Coumadin) – LB		Occult Blood/Fecal
			Strep A Screen