

# OUTPATIENT LABORATORY SERVICE ORDER

DATE OF REQUEST	
PHYSICIAN	PHYSICIAN SIGNATURE
ICD-10 DIAGNOSIS	
<b>PATIENT/RESPONSIBLE PARTY</b> <b>SEE SEPERATE MEDICARE ADVANCE BENEFICIARY NOTICE (ABN) FOR FINANCIAL RESPONSIBILITY</b> <b>PLEASE NOTE: MEDICARE GENERALLY DOES NOT COVER ROUTINE SCREENING TESTS- SEE REVERSE</b>	
PATIENT NAME (LAST, FIRST, MIDDLE)	DATE OF BIRTH

ADDRESS	CITY	STATE	ZIP CODE
AREA CODE- TELEPHONE #	SEX <input type="checkbox"/> F <input type="checkbox"/> M	SS #	

ATTACH COPY OF INSURANCE CARD • FRONT AND BACK • USE MSP FORM IF APPLICABLE			
SUBSCRIBER NAME (IF DIFFERENT FROM PATIENT)	DOB	RELATION	SS #
NAME OF INSURANCE COMPANY	GROUP NAME OR ID #		
BILLING ADDRESS	CITY	STATE	ZIP CODE
MEDICARE #	MEDI-CAL #		

	ICD-10 Code			ICD-10 Code
<input type="checkbox"/> CBC with Automated Differential	[85025]	<input style="width: 100px; height: 20px;" type="text"/>	<input type="checkbox"/> CEA	[82378]
<input type="checkbox"/> Urinalysis	[81003]	<input style="width: 100px; height: 20px;" type="text"/>	<input type="checkbox"/> Chlamydia	[86631]
<input type="checkbox"/> Chem 4 (Electrolyte Panel)	[80051]	<input style="width: 100px; height: 20px;" type="text"/>	<input type="checkbox"/> Cholesterol	[82465]
<input type="checkbox"/> Basic Metabolic Panel	[80048]	<input style="width: 100px; height: 20px;" type="text"/>	<input type="checkbox"/> Erythrocyte Sedimentation Rate (ESR)	[85651]
<input type="checkbox"/> Comprehensive Metabolic Panel	[80053]	<input style="width: 100px; height: 20px;" type="text"/>	<input type="checkbox"/> Ferritin	[82728]
<input type="checkbox"/> Lipid Panel	[80061]	<input style="width: 100px; height: 20px;" type="text"/>	<input type="checkbox"/> GGT	[82977]
<input type="checkbox"/> Liver Function Panel	[80076]	<input style="width: 100px; height: 20px;" type="text"/>	<input type="checkbox"/> HIV (Consent Required)	[86703]
<input type="checkbox"/> Acute Hepatitis Virus Panel	[80074]	<input style="width: 100px; height: 20px;" type="text"/>	<input type="checkbox"/> Iron	[83540]
<input type="checkbox"/> Obstetric Panel	[80055]	<input style="width: 100px; height: 20px;" type="text"/>	<input type="checkbox"/> Prothrombin Time	[85610]
<input type="checkbox"/> Renal Function Panel	[80069]	<input style="width: 100px; height: 20px;" type="text"/>	<input type="checkbox"/> PSA	[84153]
Thyroid Tests			<input type="checkbox"/> Reticulocyte Count	[85045]
<input type="checkbox"/> T-Uptake (TU)	[84479]	<input style="width: 100px; height: 20px;" type="text"/>	<input type="checkbox"/> Transferrin	[84446]
<input type="checkbox"/> Thyroxine (T4)	[84479]	<input style="width: 100px; height: 20px;" type="text"/>	<input type="checkbox"/> Uric Acid	[84550]
<input type="checkbox"/> Free Thyroxine Index (FTI)				
<input type="checkbox"/> TSH	[84443]	<input style="width: 100px; height: 20px;" type="text"/>	<input type="checkbox"/> Digoxin	[80162]
<input type="checkbox"/> Pregnancy Test (Serum) (Qualitative)	[84703]	<input style="width: 100px; height: 20px;" type="text"/>	<input type="checkbox"/> Phenobarbital	[80184]
<input type="checkbox"/> Pregnancy Test (Urine) (Qualitative)	[81025]	<input style="width: 100px; height: 20px;" type="text"/>	<input type="checkbox"/> Phenytoin	[80185]
<input type="checkbox"/> Quantitative HcG	[84702]	<input style="width: 100px; height: 20px;" type="text"/>		

Culture / Source: \_\_\_\_\_

Other: \_\_\_\_\_

Additional Copy To: \_\_\_\_\_

Call  FAX Results To: \_\_\_\_\_

Good Samaritan Hospital  
1225 Wilshire Blvd.  
Los Angeles, CA 90017

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ADM93120 (REV 09/15)

**IMPRINTER**

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## PANELS

### ELECTROLYTE PANEL

SODIUM  
POTASSIUM  
CHLORIDE  
CO2

### BASIC METABOLIC PANEL

SODIUM  
POTASSIUM  
CHLORIDE  
CO2  
GLUCOSE  
BUN  
CREATININE  
CALCIUM

### LIVER FUNCTION PANEL

ALBUMIN  
BILIRUBIN, TOTAL  
BILIRUBIN, DIRECT  
ALKALINE PHOSPHATASE  
ALT  
AST  
PROTEIN

### LIPID PANEL

CHOLESTEROL  
HDL CHOLESTEROL  
TRIGLYCERIDE  
LDL CHOLESTEROL  
CHOLESTEROL / HDL RATIO

### COMPREHENSIVE METABOLIC PANEL

SODIUM  
POTASSIUM  
CHLORIDE  
CO2  
GLUCOSE  
BUN  
CREATININE  
ALBUMIN  
ALKALINE PHOSPHATASE  
ALT  
AST  
BILIRUBIN  
CALCIUM  
PROTEIN

### RENAL FUNCTION PANEL

ALBUMIN  
CALCIUM  
CO2  
CHLORIDE  
CREATININE  
GLUCOSE  
PHOSPHORUS  
POTASSIUM  
SODIUM  
BUN

### THYROID PANEL

T-UPTAKE (TU)  
THYROXINE (T4)  
FREE THYROXINE INDEX (FTI)

### HEPATITIS VIRUS PANEL, ACUTE

HEPATITIS B SURFACE ANTIGEN  
HEPATITIS B CORE ANTIBODY, IGG & IGM  
HEPATITIS A ANTIBODY, IGG & IGM  
HEPATITIS C ANTIBODY

### OBSTETRIC PANEL

BLOOD TYPE (ABO)  
BLOOD TYPE (RH)  
BLOOD TYPE ANTIBODY SCREEN  
CBC  
HEPATITIS B SURFACE ANTIGEN  
RUBELLA  
VDRL

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**PLEASE NOTE: MEDICARE GENERALLY DOES NOT COVER ROUTINE SCREENING TESTS.**

**WHEN ORDERING TESTS FOR WHICH MEDICARE REIMBURSEMENT WILL BE SOUGHT, ONLY THOSE TESTS THAT ARE MEDICALLY NECESSARY FOR THE DIAGNOSIS AND TREATMENT OF THE PATIENT, RATHER THAN FOR SCREENING PURPOSES SHOULD BE ORDERED.**



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