

# Outpatient Lab Order Form

MercyOne Lab Fax Number 641-428-7886

Patient Name					
Last		First		MI	
Birth Date	Sex	Collection Date	Time	Collected By	
/	/				
Ordering Provider		Consult Dr.		Patient SSN	
Patient Location			Patient Phone Number		
Narrative Signs/Symptoms/Diagnosis					
1.		2.			
3.		4.			

## When Tests are Complete:

- ☐ Send Patient Home
- ☐ Send Patient to Office
- ☐ Page Provider on Pager# \_\_\_\_\_
- ☐ Call Results to \_\_\_\_\_
- ☐ Fax Results to \_\_\_\_\_
- ☐ Courtesy Copy to \_\_\_\_\_

Notification to Providers and other persons legally authorized to order tests for which Medicare reimbursement will be sought

Medicare will pay only for tests that meet the Medicare coverage criteria and are reasonable and necessary to treat or diagnose an individual patient. Medicare does not pay for tests for which documentation, including the patient record, does not support that the tests were reasonable and necessary. Medicare generally does not cover routine screening tests even if the physician or other authorized test orderer considers the tests appropriate for the patient.

**\*\*Tests with an \* behind them means that reflex testing may be performed – Please refer to the MercyOne Lab Test Index**

Order	X	Tests	Order	X	Tests	Order	X	Tests
ABSN		Antibody Screen	HCTX		Hematocrit	NA		Sodium
ALT		ALT/SGPT	HPBSAB		Hepatitis Anti-HBS	SYPHL		Syphilis IgG Antibody*
AST		AST/SGOT	HBSA		Hepatitis B Surface Antigen*	T3F		T3 Free
ANASCN		ANA*	HPCHRN		Hepatitis Chronic Profile*	T4F		T4 Free
BUN		BUN	HIV		HIV Antibody*	TSTF		Testosterone, Total and Free
CRP		C Reactive Protein	HIVM		HIV Medicare Screen	TRIG		Triglyceride*
HSCRP		CRP Sensitive (Cardiac)	IIBC		Iron and Iron Binding	TRPI		Troponin
CA125		CA 125	RA		Latex RA	TSH		TSH
CBCAD		CBC with <b>Auto</b> Diff*	LIPS		Lipase	URIC		Uric Acid
CBC		CBC with <b>No</b> Diff	LH		LH	UA		Urinalysis Routine*
CBCD		CBC with <b>Manual</b> Diff	MG		Magnesium	B12F		Vitamin B12 / Folate
CEA		CEA	UMAL		Microalbumin Urine	B12		Vitamin B12
CM		Cell Morphology	PTHINT		Parathyroid Hormone Intact	VD25H		Vit D 25-Hydroxy
CHOL		Cholesterol	K		Potassium	<b>Chemistry Panels</b>		
HDL		HDL Cholesterol	PNP		Prenatal Profile w/HIV	METB		Basic Metabolic Panel
LDL		LDL Direct Cholesterol	PNPO		Prenatal Profile no HIV	ATPN		Dermatology Panel
CK		CK*	PTR		Protime INR	HFPL		Hepatic Function Panel
CREAT		Creatinine	PSA		Prostate Specific Antigen	THPO		Hypothyroid Panel (TSH,T4F)
VCCL		Creatinine Clearance 24 hr Urine	PSAS		PSA, Medicare Screen	LIPD		Lipid Panel*
CRTMM (If needed)		Urine Total Volume =	PEL		Protein Electrophoresis*	CMPL		Comprehensive Metabolic Panel
DRUG		Drug Screen Random Urine	VPRT		Protein 24 hr Urine	LYTE		Electrolyte
GLUC		Glucose			Total Volume =	RNPL		Renal Panel
GLUG		Glucose 1 hr Gestational	QUADM		Quad Maternal Screen	GHP		General Health Panel (CBCAD, TSH, CMPL)
GLYCO		Glycohemoglobin (A1C)	RETIC		Reticulocyte Count	<b>Drug Levels</b>		
HCGQ		HCG Quant Serum	ESR		Sedimentation Rate			
HGBX		Hemoglobin	SMAFP		Single Marker AFP			Last Dose Date and Time =

1.	2.
3.	4. Mayo#

Signature of Ordering Provider

Date

## Patient Instructions:

Please present to MercyOne North Iowa Medical Center Registration located by the Main Entrance Lobby Monday thru Friday between the hours of 5:30 A.M. and 5:00 P.M. Between 5:00 P.M. and 5:30 A.M weekdays and any weekend or holiday please present to the Emergency Department to be registered and then you will be directed to the Lab for collection of your specimens.

**MERCYONE**