

Date } May. 22. 2013-11:07AM

BARNES JEWISH LABORATORY

No. 3135 P. 2

BARNES JEWISH DEPARTMENT OF LABORATORIES
St. Louis, Missouri 63110

PHONE: (314) 362-1470
FAX: (314) 362-5735

ACCOUNT INFORMATION

NAME: St. Francis Medical Center
 ADDRESS: 211 St. Francis Dr.
 Laboratory
 CITY: Cape Girardeau, MO 63701

PATIENT'S NAME (LAST) (FIRST) (M.I.) SEX DATE OF BIRTH PATIENT'S SS #

RACE (SEE BACK) ETHNICITY (SEE BACK) DIAGNOSIS CODE

PATIENT'S ADDRESS CITY STATE ZIP PHONE

PATIENT'S RELATIONSHIP TO RESPONSIBLE PARTY SELF SPOUSE CHILD OTHER

NAME OF RESPONSIBLE PARTY (IF DIFFERENT FROM PATIENT) SOCIAL SECURITY (INSURED SS#):

BILL TO: ACCOUNT PATIENT/INSURANCE ALTERNATE

SFMC

ADDRESS OF RESPONSIBLE PARTY APT # MO DAY YR

CITY STATE ZIP

STAT CALL RESULTS TO: COMPLETE AND ATTACH STAT FLYER

FAX REPORT TO:

MEDICAID # STATE MEDICARE # (INCLUDE PREFIX/SUFFIX) PRIMARY SECONDARY MEDICARE RETIREMENT OR DISABILITY DATE

INSURANCE COMPANY NAME PLAN CARRIER CODE

COLLECTION TIME FASTING COLLECTION DATE URINE hr/vol

AM PM YES NO MO DAY YR hr vol

BUN REGISTRATION #

SUBSCRIBER / MEMBER # LOCATION GROUP #

INSURANCE ADDRESS PHYSICIAN'S PROVIDER #

CITY STATE ZIP

REGISTERED BY

EMPLOYER'S NAME OR NUMBER WORKER'S COMP YES NO

NOTE TO PHYSICIAN: When testing payment from Medicare or Medicaid. Physicians should only order tests that are medically necessary for the diagnosis or treatment of the patient. For instance, Medicare does not cover routine screening. Testing that is "investigative" or research use only. Testing with quantity limits. Components of the organ or disease panels/combination panels shown on the reverse side and may also be ordered individually below. Components may be billed separately if allowed by the payer.

DX CODE	ORGAN OR DISEASE PANELS (See Reverse for Components)	DX CODE	ALPHABETICAL TESTS CONT	DX CODE	ALPHABETICAL TESTS CONT	DX CODE	ALPHABETICAL TESTS CONT
80051	Electrolyte Panel	82670	ESTRADIOL	84132	POTASSIUM		PEAK
80048	Basic Metabolic Panel + Glucose <input type="checkbox"/> Fasting <input type="checkbox"/> Random	82728	FERRITIN	84144	PROGESTERONE		TROUGH
80053	Comprehensive Metabolic Panel + Glucose <input type="checkbox"/> Fasting <input type="checkbox"/> Random	82746	FOLATE	84146	PROLACTIN		RANDOM
80076	Hepatic Function Panel	83001	FBH, BLOOD	80103	PROSTATE SPECIFIC AG SCREEN		DATE
80069	Renal Function Panel	82977	GAMMA-GT	84163	PROSTATE SPECIFIC AG DIAGNOSTIC		DOSAGE
80074	Acute Hepatitis Panel	82947	GLUCOSE <input type="checkbox"/> FASTING <input type="checkbox"/> RANDOM	84165	PROTEIN ELECTRO, Reflex Serum	see back	TIME
80081	Lipid Panel (*)	82950	GLUCOSE TOL 50G-SCREEN	85810	PT (PROTIME)		
80056	Obstetric Panel	82950	GLUCOSE TOL 100G-DIAGNOSTIC	85730	PTT		
		82961	GLUCOSE TOL 75G-NONPREGNANT	88431	RHEUMATOID FACTOR, QUANTITATIVE		
			GLUCOSE PREDIABETES (DZ V77.1)	86592	RPA (*)		
			GLUCOSE	86782	RUBELLA IGG		
			FASTING () RANDOM ()	84296	SODIUM		
			GLUCOSE TOL 50G-SCREEN	84481	T3, FREE		
			GLUCOSE TOL 100G-DIAGNOSTIC	84403	TESTOSTERONE		
			GLUCOSE TOL 75G-NONPREGNANT	84402	TESTOSTERONE, FREE		
			HCG-QUALITATIVE, SERUM	84443	THYROID FUNCTION CASCADE (*)		
			HCG-QUALITATIVE, URINE	84478	TRIGLYCERIDE, FASTING		
			HCG-QUANT, BETA	84443	TSH (THYROTROPIN)		
			HDL CHOLESTEROL	84438	THYROXINE (T4), FREE		
			HELICOBACTER PYLORI, IGG	86182	TOTAL HEMOLYTIC COMP (THC) (GHS9)		
			HEMOGLOBIN A1C	see back	TYPE & SCREEN (*)	see back	
			HEPATITIS A ANTIBODY (IGM)	see back	UA FLEX/WOULTURE	see back	
			HEPATITIS B SURFACE AB	see back	UA REFLEX	see back	
			HEPATITIS B SURFACE ANTIGEN (*)	81003	UA MACROSCOPIC		
			HEPATITIS B CORE IGM	81016	UA MICROSCOPIC		
			HEPATITIS C ANTIBODY	84550	URIC ACID		
			HIV 1 - 2 ANTIBODY (*)	82306	VITAMIN D 25-OH		
			IMMUNOFLUORESCENCE, SERUM				
			INTACT PTH				
			IONIZED CALCIUM				
			IRON, TOTAL				
			LDH				
			LIPASE				
			MAGNESIUM				
			MEASLES (RUBEOLA)				
			MONO LATEX TEST				
			MUMPS-IGG SCREEN				
			OCCULT BLOOD, NEOPLASM SCREEN				
			OCCULT BLOOD, NON NEOPLASM SCREEN				
			PHOSPHATE				

Soft Barcode HERE

Bill

Institution

STAT
x Ethylene
Gluco
x methonal

OTHER DRUG

	CARBAMAZEPINE	80166
	CYCLOSPORINE	80168
	DIGOXIN	80162
	LITHIUM	80178
	PHENOBARBITAL	80184
	PHENYTOIN (DILANTIN)	80186
	TACROLIMUS	80197
	THEOPHYLLINE	80198
	VALPROIC ACID	80184
	VANCOMYCIN	80202

24 HOUR URINE (1)

START DATE / TIME	END DATE / TIME

CREATININE 24 HR BATTERY 82570
 CREATININE CLEARANCE (NEED BLOOD & URINE) 82575
 PROTEIN 24 HR BATTERY 84186

OTHER TIMED URINE (SPECIFY):

UA FLEX/WOULTURE	see back
UA REFLEX	see back
UA MACROSCOPIC	81003
UA MICROSCOPIC	81016

MICROBIOLOGY

SPECIMEN/SITE:

LOOK FOR:

TEST	see back
Culture, Aeroba (Routine) Only	see back
SMU, Gram	87805
Culture, Fungal (Mycology)	87102
Culture, Mycobacteria (AFB) (*)	87116
Culture, Viral	see back
Herpes PCR (replaces HSV culture)	87628
Ova & Parasites (O&P) Screen	see back
C. Difficile Assay (*)	87324
Culture, Beta Strept	87081
Culture, Beta Strept	87081
Chlamydia/GC Amplified Probe	see back
Chlamydia/GC Amplified Probe	see back

** SUSCEPTIBILITIES PERFORMED AUTOMATICALLY AS NEEDED

GET	RED	LAV	PNK	BLU	GRY	ORN	AVZ	YEL	PLS	UAN	24 U	FL	OT	BACT	O & P	PROBE	URIN	STREPT	FECAL	VIRAL
SPUN	REG	WASH	IDM	REG	DRY	DRY	DRY	DRY	DRY	DRY	HR	CLUD	DRY	TRAPT	TRAPT	TRAPT	TRAPT	TRAPT	TRAPT	TRAPT

CONTAINER RECEIVED

Collection Time: Initial:

#2000438870