Saint Francis Regional Laboratory

211 Saint Francis Drive, Cape Girardeau MO 63703
Phone: (573) 331-5212 Fax: (573) 334-7036

BF Urine Stool Swab Pap Requisition 2016.08.09

SFMC **SFRL**
MRN: **Account #:**

Office Name: _____
Address: _____
City/Zip Code: _____
Phone: _____ Fax: _____

Requesting Provider:
First and Last Name are Required

Specimens Received:

Collected Date: ____/____/____ **Time:** _____ **AM PM** **By:** _____ ***Please provide all available information***

Patient Demographic Information

Patient Name (Last)	**(First)**	**(Middle)**	**Date of Birth**	**Gender** M F
Physical Address		City	State	Zip
Patient's Phone Number ( )	Marital Status	Social Security Number	Employer	

Guarantor Information (required for all minors)

Guarantor Last Name, First Name	Date of Birth	SSN	Relationship to patient
Mailing Address		City	State / Zip

Billing Information (include copy of insurance cards with front and back, if available)

Check One: □ Bill Patient/Self Pay □ Bill Third Party/Insurance (provide information below) □ Bill Client (only if eligible)

#1 Payor & Plan		**#2** Payor & Plan	
Subscriber Last Name, First Name		Subscriber Last Name, First Name	
Subscriber DOB	Relationship to patient	Subscriber DOB	Relationship to patient
ID	Group	ID	Group

Diagnosis Information (ICD-10)

#1	**#2**	**#3**	**#4**

Additional information:

When ordering tests for which Medicare reimbursement will be sought, only order tests that are medically necessary for the diagnosis or treatment of patient, not for screening purposes.

See our directory of services: www.sfmc.testcatalog.org For profile information and for tests marked with *, + or ++, please refer to the back of this form.

X	CPT	DESCRIPTION
		Body Fluid specific orders
		Body Fluid Cell Count with Differential
		Body Fluid Crystals
		Body Fluid pH
		Body Fluid Specific Gravity
		Body Fluid Albumin
		Body Fluid Amylase
		Body Fluid Glucose
		Body Fluid LDH
		Body Fluid Protein
		Body Fluid Triglyceride
		Microbiology Tests
	87116	AFB Culture /Smear (TB)
	87101	Fungal Culture
	87220	KOH
	87205	Gram Stain
		Routine Culture with Sensitivity: *
	87070	Blood
	87070	Body Fluid GS
	87070	Ear GS
	87070	Genital GS
	87070	Nasal GS
	87070	Respiratory – Sputum GS
	87070	Respiratory – Trach Aspirate GS
	87070	Respiratory – Tonsil GS
	87070	Sinus GS
	87070	Throat
	87070	Wound GS
		All marked with GS, include Gram Stain
		Site/Source specific information

X	CPT	DESCRIPTION
		Urine Tests
	80101x8	Urine Drug Screen (UDRG1)
	83935	Urine Osmolality (UOSMO)
	81001	Urinalysis with Microscopic (UAM)
	81001	UAM with reflex Culture (UAC)*
	87088	Urine Culture & Sensitivity *
	82043	Microalbumin Ratio (RMICR)
		24 Hour Urine Total Volume:
	82340	Calcium, 24 hour urine (UCA24)
	84156	Protein, Total, 24 hour urine
	82575	Creatinine Clearance (UCRCL)
		Patient Height / Patient Weight / Serum Creat
		Stool Tests
	82270	Fecal Occult Blood
	89055	Fecal WBC
	87045	Stool Culture *
	87803	C. Difficile Toxin
	86759	Rotavirus
	87328	Cryptosporidum
	87329	Giardia EIA Screen
	87328	Ova & Parasites Screen (OANDP)
	87329	includes Crypto & Giardia
	87177	Ova & Parasites Full Exam (OVAP)
		Additional Tests or Order Comments

X	CPT	DESCRIPTION
		Swab & Misc orders
	87430	Beta strep screen, rapid – Throat
	87400	Influenza A/B Ag – Nares or NP
	87420	RSV Ag – Nares or NP
	87660/87510/87480	Vaginosis Screen – Cervical/Vaginal – Trich, Gardnerella & Candida
	87591 & 87491	STDSC by PCR (GC & Chlamydia) – Pink Cervical/Vaginal Swab
	87591 & 87491	STDSC by PCR (GC & Chlamydia) – Urine
		Viral Culture – specify specimen source & virus requested:
		Gynecological Cytology
		Specimen Source (select only one): / Pertinent Clinical History / Date of LMP
		Cervical / Endocervial / Vaginal / Pregnant / Post-Partum / Postmenopausal
		Screening tests (routine, no current symptoms, no previous history of abnormal findings):
		ThinPrep Pap Screen (Z0516)
		ThinPrep Pap Screen with reflex HPV, patient must be at least 21 years old (Z0517) +
		ThinPrep Pap Screen with HPV for patient at least 30 years old (Z0632) ++
		Diagnostic tests (patient with history of abnormal findings, signs or symptoms):
		ThinPrep Pap Diagnostic (Z0518)
		ThinPrep Pap Diagnostic with reflex HPV, patient must be at least 21 years old (Z0524) +
		ThinPrep Pap Diagnostic with HPV for patient at least 30 years old (Z0633) ++
		HPV testing
		HPV Detection – High Risk Types (Z0519)
		Brush/Broom must be removed at time of collection
		ThinPrep and HPV testing require 1 vial per test requested

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*** Preset Laboratory Criteria will initiate the performance of additional testing for these tests.**

REFLEX TESTING GUIDE

Ordered Test:	Additional Reflex Test(s):
Microbiology Cultures If positive pathogenic growth	Organism ID for each organism Susceptibility (MIC) for each organism
UAM with Reflex Culture/UAC (81001) If positive nitrite or leukocyte esterase; or WBCs>5	Urine Culture (87088)

+ Mayo Medical Laboratories will only reflex HPV if the patient is at least 21 years of age and results of the ThinPrep are ASCUS (Atypical Squamous Cells of Undetermined Significance). HPV testing is not appropriate for the initial triage or management of women under 21 years of age per ASCCP and CETC guidelines. If ThinPrep Pap and HPV are needed on a patient under 21 years of age, then both ThinPrep Pap Screen (or Diagnostic) AND HPV must be ordered with 2 vials submitted.

++ For women at 30 years of age or older, HPV can be used as part of the routine screening in conjunction with ThinPrep Pap and if both are negative, then these individuals would not need screening again for 3 years.

The codes and panels on this requisition are based on our current understanding of MEDICARE, ICD-10 and CPT rules in effect at the time this order form was printed, and may change without notice.

Third party payers will pay ONLY for tests that are approved, and for which documentation is provided to support the medical necessity. Screening tests are not routinely covered, even if the physician considers the tests appropriate for the patient.