



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

Blood Test Tube Requisition 2017.05.18

SFMC MRN:	SFRL Account #:
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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 Subscriber Last Name, First Name		#2 Payor & Plan Subscriber Last Name, First Name	
Subscriber DOB		Subscriber DOB	
Relationship to patient ID		Relationship to patient ID	

Diagnosis Information (ICD-10)

#1	#2	#3	#4
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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.

Specimen Codes (S) = (indicates color of tube top/cap) B = Blue L = Lavender G = Gold D = Dark Green (Sodium Heparin) R = Red

X	CPT	DESCRIPTION	S	X	CPT	DESCRIPTION	S	X	CPT	DESCRIPTION	S	ADDITIONAL TESTS OR COMMENTS INCLUDE MAYO TEST CODE, IF POSSIBLE
PROFILES – See back of form												
	80051	Electrolyte Panel (LYTES)	G		84703	Beta HCG, Qualitative	G		80178	Lithium	G	
	80048	Basic Metabolic Panel (BMP)	G		83880	BNP	G		86617	Lyme Ab, Western Blot	G	
	80076	Liver Panel (LIVER)	G		84520	BUN	G		83735	Magnesium (MG)	G	
	80053	Comprehensive Metabolic	G		86141	C-Reactive Protein	G		83930	Osmolality, Serum	G	
	80069	Renal Function Panel	G		86300	CA 15-3	G		84132	Potassium (K)	G	
	80074	Hepatitis Panel (HEP1)	G		86304	CA 125	G		84134	Prealbumin (PALB)	G	
		Iron-Ferritin Panel (IFP)	G		82310	Calcium (CA)	G		84144	Progesterone (PROG)	G	
	80061	Lipid Panel (CHD1)	G		82330	Calcium, Ionized	D		84146	Prolactin (PROL)	G	
		RA/RF Panel (RAP)	G		82378	CEA	G		84153	PSA	G	
		Thyroid Panel 2 (THYR2)	G		82465	Cholesterol (CHOL)	G		G0103	PSA Screen (PSASC) ++	G	
COAGULATION TESTS												
	85610	PT/INR	B		82550	CK	G		83970	PTH	G	
	85730	PTT	B		82553	CKMB	G		86430	RA Screen w/Reflex Titer*	G	
	85379	D-Dimer (DDIM)	B		82565	Cortisol (CORT)	G		86430	RA Screen Only	G	
					82565	Creatinine (CREA)	G		86592	RPR*	G	
HEMATOLOGY TESTS												
	85025	CBC with Differential	L		80162	Digoxin (DIG)	G		86762	Rubella	G	
	85018	Hemoglobin (HGB)	L		80185	Dilantin/Phenytoin	R		84450	SGOT/AST (AST)	G	
	85014	Hematocrit (HCT)	L		82670	Estradiol (E2)	G		84460	SGPT/ALT (ALT)	G	
	85049	Platelet Count (PLT)	L		82746	Folic Acid/Folate	G		84295	Sodium (NA)	G	
	85045	Reticulocyte Count	L		83001	FSH	G		84480	T3, Total (T3TOT)	G	
	85651	Sedimentation Rate (ESR)	L		80170	Gentamicin	G		84439	T4, Free (FT4)	G	
					82977	GGTP (GGT)	G		84436	T4/Thyroxine, Total	G	
INDIVIDUAL TESTS												
	83036	A1C Hemoglobin	L		82947	Glucose, Serum	G		80198	Theophylline (THEO)	G	
	82040	Albumin (ALB)	G		86709	Hep A IgM (HAVAB)	G		84443	TSH	G	
	84075	Alkaline Phosphatase	G		86706	Hep B Surface Antibody	G		80156	Tegretol/Carbamazepine	G	
	82150	Amylase (AMY)	G		87340	Hep B Surface Antigen	G		84478	Triglycerides (TRIG)	G	
	86038	ANA Screen w/Reflex Titer*	G		86803	Hep C Antibody	G		84550	Uric Acid	G	
	86038	ANA Screen Only	G		86703	HIV 1,2*	G		80164	Valproic Acid/Depakene	G	
	86063	ASO Screen w/Reflex Titer*	G		83615	LDH	G		80202	Vancomycin	G	
	86063	ASO Screen Only	G		83002	LH	G		82607	Vitamin B12	G	
					83690	Lipase	G		82306	Vitamin D 25-Hydroxy (VITD)	G	

PROFILES – include the following individual tests

Electrolyte Panel (LYTES - 80051)

Sodium
Potassium
Chloride
CO2

Basic Metabolic Panel (BMP - 80048)

Sodium
Potassium
Chloride
CO2
BUN
Creatinine
Calcium
Glucose

Bilirubin Complete (BILIC)

Total Bilirubin (82247)
Direct Bilirubin (82248)
Indirect Bilirubin (calculation)

Liver Panel (LIVER - 80076)

Albumin
Total Protein
SGPT/ALT
SGOT/AST
Alkaline Phosphatase
Total Bilirubin
Direct Bilirubin
Indirect Bilirubin (calculation)

Comprehensive Metabolic Panel (CMP - 80053)

Sodium
Potassium
Chloride
CO2
BUN
Creatinine
Calcium
Glucose
Albumin
Total Protein
SGPT/ALT
SGOT/AST
Alkaline Phosphatase
Total Bilirubin

Renal Function Panel (RENAL - 80069)

Sodium
Potassium
Chloride
CO2
BUN
Creatinine
Calcium
Glucose
Albumin
Phosphorus

Hepatitis Panel (HEP1 - 80074)

Hepatitis A Ab, IgM (HAVAB)
Hepatitis B core Ab, IgM (HBCAB)
Hepatitis B surface Ag (HBSAG)
Hepatitis C Ab (HCVAB)

Iron-Ferritin Panel (IFP)

Iron (83540)
Ferritin (82728)
TIBC (83550)
% Saturation

Lipid Panel (CHD1 - 80061)

Cholesterol
Triglycerides
HDL Cholesterol
Chol/HDL Ratio (calculation)
Non-HDL Cholesterol (calculation)
LDL Cholesterol (calculation)
VLDL Cholesterol (calculation)
Cardiac Risk Ratio (calculation)

RA/RF Panel (RAP)

ASO with Reflex Titer/ASO (86063) *
RA with Reflex Titer/RA (Rheumatoid Factor – 86430)*
C-Reactive Protein (86141)
Uric Acid (84550)

Thyroid Panel 2 (THYR2)

TSH (84443)
T4, Free (FT4 - 84439)

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

REFLEX TESTING GUIDE

Ordered Test:	Additional Reflex Test(s):
ANA Screen with Reflex Titer/ANASC (86038) – If positive	ANA Antibody Titer (86256) includes both titer and pattern results
ASO Screen with Reflex Titer/ASO (86063) – If positive	ASO titer (86060)
HIV 1,2 (86703) – If positive	HIV Western Blot (86689)
Lyme Ab EIA with Reflex WB/Z0609 (86618)	Lyme Ab Western Blot/ZG132 (86617)
RA Screen with Reflex Titer/RA (Rheumatoid Factor - 86430) – If positive	RA titer (86431)
RPR (86592) – If positive	RPR Confirmation/ZG063 (86592)

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.

++ Medicare PSA Screen Criteria:

Medicare will pay for an annual PSA screening for males over age 50 once every 12 months. A full 11 months must have elapsed after the month in which the last covered screening was performed.