



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

**Cerebrospinal Fluid Requisition** 2017.01.09

SFMC MRN:	SFRL Account #:
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Office Name: _____ Address: _____ City/Zip Code: _____ Phone: _____ Fax: _____	<b>Requesting Provider:</b> First and Last Name are Required	<b>Specimens Received:</b>
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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: <input type="checkbox"/> Bill Patient/Self Pay <input type="checkbox"/> Bill Third Party/Insurance (provide information below)							
#1 Payor & Plan Subscriber Last Name, First Name				#2 Payor & Plan 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: <a href="http://www.sfmc.testcatalog.org">www.sfmc.testcatalog.org</a>							
Cerebrospinal Fluid Tests			Cerebrospinal Fluid Tests			Blood Tests	
X	DESCRIPTION	Specify Tube # if different than normal protocol	X	DESCRIPTION	Specify Tube # if different than normal protocol	X	DESCRIPTION
	CSF Panel 2 includes Cell Count with Differential, Glucose and Total Protein LAB20197	See individual tests details below		CSF Lyme Screen by EIA with Reflex Western Blot LAB20160	2		Glucose, Plasma or Serum LAB82
	CSF Cell Count with Differential #1 LAB212	4		CSF Lyme Confirmation by WB LAB20154	2		Serum IgG (Part of LAB555)
	CSF Cell Count with Differential #2 LAB212	1 or 2		CSF Oligoclonal Bands LAB740	2 & requires blood		Serum O Bands (Part of LAB740)
	CSF Glucose LAB185	1 or 2		Cytomegalovirus by PCR LAB20022	2		Serum Lyme Screen by EIA with Reflex Western Blot LAB20385
	CSF Total Protein LAB195	1 or 2		Enterovirus by PCR LAB91702	2		Serum Lyme Confirmation by Western Blot LAB787
	CSF Chloride LAB20232	1 or 2		Herpes Simplex Virus by PCR LAB917	2		Serum Arbovirus Antibody Panel LAB000 with comment GOKEY ARBOP
	CSF Lactic Acid LAB187	1 or 2		CSF VDRL LAB207	2		Serum Epstein-Barr Virus Antibody LAB863
	CSF Gamma Protein Electrophoresis LAB20104	1 or 2		CSF Angio Converting Enzyme LAB000 with order comment GOKEY FACEC	2		Serum Angio Converting Enzyme LAB179
	CSF IgG Index and Synthesis includes CSF IgG and Serum IgG (CFIDX) LAB555	1 or 2 & requires blood	Additional Test Requests or Order Comments Please note CSF or Blood				
	CSF IgG only LAB9012	1 or 2					
	CSF Culture and Gram Stain LAB268	3					
	Fungal Culture LAB240	3					
	AFB Culture and Smear LAB877	3					
	AFB Smear only LAB266	3					
	Bacterial Antigens LAB460	3					
	Cryptococcal Antigen Screen LAB927	3					
	India Ink Stain LAB2012	3					
Cytology/Pathology requests (Tube 1) must be submitted on a Cytology/Pathology Requisition							