LAB-1201-A-FRM
REV 5 8.7.18

Agency Outpatient Lab Orders
Ph (843) 347-8130 Fax (843) 234-5479
FIN # _____DATE_____

Conway Medical Center

300 Singleton Ridge Road, Conway, South Carolina 29526

REQUIRED PHYSICIAN SIGNATURE/DATE:

Patient Name:	DOB:
Home Health Agency Name:	TELEPHONE #:
Physician Name: (Please Print):	Fax to:

Lab Hours:	Fasting required:	Time Collected:	Time in Lab:	Fluids Source:	Collector:
7:00 am – 5:00 pm	☐ Yes ☐ No				

DIAGNOSIS, ICD-10 CODES, SIGNS OR SYMPTOMS ARE REQUIRED FOR EACH TEST REQUESTED. SOME CODES MAY NOT BE COVERED BY INSURANCE, PAYMENT-FINANCIAL RESPONSIBILITY MAY BE ASSIGNED TO PATIENT

****** *PLACE DIAGNOSIS, ICD 10 CODES, SIGNS OR SYMPTOMS BELOW* ******

CHEMISTRY
- ☐ ALBUMIN
- ☐ ALK PHOS
- ☐ AMMONIA
- ☐ BILIRUBIN, DIRECT
- ☐ BILIRUBIN, TOTAL
- ☐ BUN
- ☐ CALCIUM
- ☐ CHLORIDE
- ☐ CHOLESTEROL
- ☐ CO2
- ☐ CORTISOL
- ☐ CREATININE
- ☐ CREATININE CLEAR
- ☐ FERRITIN
- ☐ FETAL FIBRONECTIN
- ☐ FOLIC ACID
- ☐ GGT
- ☐ GLUCOSE, FASTING
- ☐ GLUCOSE, TOLERANCE
  # HOURS
- ☐ HCG, SERUM QUANT
- ☐ HGB AIC
- ☐ PTH
- ☐ IRON% SAT *Order Iron and IBC*
- ☐ IRON BINDING (IBC)
- ☐ IRON
- ☐ LDH
- ☐ MAGNESIUM
- ☐ OSMOLALITY, URINE
- ☐ OSMOLALITY, SERUM
- ☐ PHOSPHORUS
- ☐ PROTEIN TOTAL
- ☐ PROTEIN TOTAL, URINE
- ☐ PSA, SCREEN
- ☐ PSA, DX
- ☐ SGOT
- ☐ SGPT
- ☐ SODIUM
- ☐ T3 Uptake
- ☐ T3Free
- ☐ T4
- ☐ T4 Free
- ☐ T7 (INDEX) Order T4/T3uptake
- ☐ TRIGLYCERIDE
- ☐ TSH
- ☐ URIC ACID
- ☐ VITAMIN B12

THERAPEUTIC DRUGS
- ☐ VALPROIC ACID/DEPAKOTE
- ☐ DIGOXIN
- ☐ DILANTIN (Phenytoin)
- ☐ GENTAMYCIN:
  PEAK TROUGH
- ☐ LITHIUM
- ☐ PHENOBARBITAL
- ☐ TEGRETOL
- ☐ VANCOMYCIN
  PEAK TROUGH

URINES
- ☐ URINALYSIS
  (RE-FLEXED MICROSCOPIC)
- ☐ HCG, URINE, QUAL

MICROBIOLOGY
- ☐ AFB CULTURE
- ☐ ANAEROBIC CULT
- ☐ BACTERIAL CULTURE
  SOURCE:
- ☐ BLOOD CULTURE
- ☐ C. DIFF W/ TOX
- ☐ FUNGUS CULTURE
- ☐ GIARDIA ANTIGEN
- ☐ CRYPTO ANTIGEN
- ☐ INFLUENZA A/B
- ☐ OCCULT BLOOD
- ☐ O & P
- ☐ RSV
- ☐ STREP SCN-THROAT
- ☐ URINE CULTURE:
  ☐ CATH ☐ CLEAN CATCH
- ☐ WBC STOOL

***For all micro submissions indicate source**

HEMATOLOGY
- ☐ CBC W/AUTO DIFF & PLTS
- ☐ CBC NO DIFF
- ☐ CBC MANUAL DIFF
- ☐ CELL COUNT (SOURCE)
- ☐ CRYSTALS (SOURCE)
- ☐ HCT
- ☐ HGB
- ☐ PLATELET COUNT
- ☐ RETIC COUNT
- ☐ SEMEN ANALYSIS
- ☐ POST VAS ANALYSIS
- ☐ SED RATE
- ☐ SICKLE CELL TEST

COAGULATION
- ☐ D-DIMER
- ☐ PROTIME/INR
- ☐ PTT
- ☐ FIBRINOGEN

OTHER TESTS
- ☐ ACTH
- ☐ CA 19-9
- ☐ FSH
- ☐ HEP C VIRUS AB
- ☐ HEP B SURF AG
- ☐ INSULIN AUTOABS
- ☐ LH
- ☐ RUBELLA
- ☐ TESTOSTERONE
- ☐ PROT ELECT, SERUM
- ☐ PROT ELECT, URINE
- ☐ MEDICAL DRUG SCRN
  (MEDICAL PURPOSES ONLY)

SEROLOGY
- ☐ RA
- ☐ RPR
- ☐ HCG, SERUM QUAL
- ☐ H. PYLORI
- ☐ MONO TEST

PANELS & PROFILES
- ☐ ELECTROLYTES (CL, CO2, K+, NA)
- ☐ ***BMP** BASIC METABOLIC (CL, CO2, K+, NA, CA, GLU, BUN, CREA)
- ☐ ***CMP** COMPREHENSIVE METABOLIC
  (BMP PLUS ALB, ALK PHOS, T. BILI, TP, SGOT, SGPT)
- ☐ HEPATIC/ LIVER PANEL
  (ALB, T & D BILI, ALK PHOS, SGOT, SGPT)
- ☐ LIPID (TRIG, CHOL, HDL, LDL) FASTING REQUIRED

*** FASTING RECOMMENDED FOR ACCURACY**

SPECIAL INSTRUCTIONS

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WRITE IN TESTS

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