Marshfield Labs™

Lab Outreach Clinical Requisition

Client Information

Client name

Address

Account # | Phone #

Bill to: ☐ Client/Provider ☐ Insurance

Ordering Provider

Provider name

☐ Call results to phone # _____–_____–_____

☐ Fax report to # _____–_____–_____

Patient Information

Last name | First | MI

Address | DOB | Sex ☐ M ☐ F

City | State | ZIP

Your patient ID number

MEDICAL NECESSITY NOTICE: When ordering tests for which Medicare reimbursement will be sought, the physicians (or other individuals authorized by law to order tests) should only order tests that are medically necessary for the diagnosis or treatment of a patient, rather than for screening purposes.

Insurance Billing Information *(Attach card or face sheet)*

Patient status: ☐ Inpatient ☐ Outpatient ☐ Non-hospital patient

☐ Hospital discharge date _____ / _____ /_____

Primary: ☐ Medicare ☐ Medicaid

☐ Other ins. _____ ☐ Self ☐ Spouse ☐ Child

Subscribers last name | First | MI

Beneficiary/Member # | Group #

Claims address | City | State | ZIP

Secondary: ☐ Yes ☐ No *(If yes, attach)* | ABN: ☐ Yes ☐ No

Diagnosis code *(required)* ICD-10 codes 1. _____ 2. _____ 3. _____

Specimen Information

Collection date (m/d/y) | **Time**

Specimen Type	Lab Use: Number Received
☐ Serum	
☐ Plasma	
☐ Whole blood	
☐ Other _____	
☐ Random urine	
☐ 24 hour volume _____	
Start/Stop time ____/____	
☐ Fasting ☐ Non-fasting	

*Slides required – sent: ☐ Yes ☐ No

Select Test(s) to be Performed (✓ all that apply)

✓		Description	ICD
		CPT CODED PANELS	
	HGMPA	CBC with Auto Diff*	
	MPC	Metabolic Panel, Comprehensive	
	MPB	Metabolic Panel, Basic	
	AS	Acute Hepatitis Panel **F**	
	LIPOC	Lipoprotein Panel With LDL	
	LIVER	Liver Panel **F**	
	OBPAN	Obstetric Panel	
		CUSTOM PANELS	
	TICKP	Tick Borne Panel	
	ACELPAN	Celiac Panel, Age > 2 yrs	
	FETIBC	Iron, TIBC & % Sat	
	HEPPAN	Hepatitis Panel, Comprehensive **F**	
	IEPIT	Protein-Immunotyping Panel	
	B/F	Vitamin B12 & Folate **F**	
		TOXICOLOGY	
	DAS	Drugs of Abuse Survey w/Confirm	
	TDPU	Targeted Drug Panel, Urine	
	PCS4WO	Pain Clinic Survey 4 w/o Confirm	
		INDIVIDUAL TESTS	
	ANA	ANA Immunoflorescent **F**	
	PBKQNSO	Bk Virus DNA Detect & QNT	
	BNP	B-Type Natriuretic Peptide **F**	
	CALP	Calprotectin, Stool **F**	
	HGMP	CBC without Differential	
	CHGC	Chlamydia/GC NAM	
	HDL	Cholesterol, HDL	
	CHOL	Cholesterol, Total	
	CLOZ-SO	Clozapine	
	AM-CORT	Cortisol, AM	
	PM-CORT	Cortisol, PM	
	CRP	C-Reactive Protein	
	CRPHS	CRP-High Sensitivity	

✓		Description	ICD
	CREAT	Creatinine	
	CCP	Cyclic Citrullinated Peptide	
	ESR	Erythrocyte Sed Rate	
	ESTRAD	Estradiol, Serum **F**	
	ENA	Extractable Nuclear Abs	
	FERRIT	Ferritin, Serum	
	FOL	Folate, Serum **F**	
	FSH	Follicle Stim Hormone	
	FLC-S	Free Light Chains, Serum	
	GLU	Glucose	
	HCG-QNT	HCG Total Beta Quant	
	HPYAG	Helicobacter pylori Ag	
	HGB	Hemoglobin	
	AB	Hepatitis B Surface Ab	
	HAA	Hepatitis B Surface Antigen **F**	
	HCVAB	Hepatitis C Antibody **F**	
	HCVQT	Hepatitis C Virus PCR QNT **F**	
	GH	Hgb A1c	
	HIVR	HIV-1,2 Ab/Ag, EIA w Confirm	
	TNI	HS Troponin I	
	HSV12AB	HSV Type 1 And 2 Abs	
	INSULIN	Insulin Assay **F**	
	BL	Lead, Blood	
	LEVE	Levetiracetam	
	LH	Luteinizing Hormone	
	LYMPAN	Lyme Disease, Serology S	
	LYMG	Lyme Immunoassay IgG, IgM	
	MG	Magnesium Level	
	MEASLEI	Measles Immune Status	
	MUMPSI	Mumps Immune Status	
	NT-proBNP	N-terminal pro-Brain Natriuretic Peptide **F**	
	APTT	Partial Thromboplastin Time **F**	
	PROGES	Progesterone Level **F**	
	PROLAC	Prolactin Level **F**	
	PT	Prothrombin Time - INR **F**	
	PSA-F	PSA, Free and Total **F**	

✓		Description	ICD
	PSA-H	PSA, Total **F**	
	PTHWOC	PTH-Intact without CA **F**	
	RA-IGM	Rheumatiod Factor, IgM	
	RUBELLA	Rubella Immune Status	
	SYPHAB	Syphilis, Ab Screen, Routine	
	T3-FREE	T3-Free **F**	
	TACRO	Tacrolimus Level	
	FT	Testosterone, Free	
	TEST	Testosterone, Total	
	TA-TG	Thyroglobulin Antibody	
	TA-TPO	Thyroid Antibody **F**	
	TSH	Thyroid Stim Hormone **F**	
	T4-FREE	Thyroxine, Free **F**	
	TRIG	Triglycerides	
	URIC	Uric Acid	
	VPA	Valproic Acid, Total **F**	
	VANCO	Vancomycin **F**	
	VZI	Varicella Zoster Antibody IgG	
	B-12	Vitamin B12 **F**	
	VITD	Vitamin D, 25-Hydroxy, Serum	
		URINE	
	MA-RU	Microalbumin, Random Urine	
	RUA	Urinalysis, Routine: ☐ Cath ☐ Cysto ☐ Midstream ☐ Void	
	STXRC	Urinalysis, Cult if indicated: ☐ Cath ☐ Cysto ☐ Midstream ☐ Void	
		OTHER TESTS	

Refer to Marshfield Labs Test Reference Manual for specimen collection instructions. **F = Frozen**

