



LABORATORY SERVICES  
 2700 W. Norfolk Avenue  
 Norfolk, NE 68701  
 (402) 644-7528  
 Fax (402) 844-8138

**LOCATION PATIENT IS TO BE SCHEDULED FOR:**

- CDU  Draw Center MOB-N   
 Main Lab  Radn/Onc MOBW

**Please attach patient demographics including insurance information for specimens collected outside the facility.**

**TO SCHEDULE AN AN APPOINTMENT CALL:  
 Centralized Scheduling: 402-644-7121  
 Centralized Scheduling Fax: 800-371-4926**

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| <p><b>CHEMISTRY</b></p> <p>LYTEPN <input type="checkbox"/> Electrolyte Panel<br/>       HFP <input type="checkbox"/> Hepatic Function Panel<br/>       BMP <input type="checkbox"/> Basic Metabolic Panel<br/>       COMPN <input type="checkbox"/> Comp Metabolic Panel<br/>       RENAL <input type="checkbox"/> Renal Function Panel<br/>       LIPSC <input type="checkbox"/> Lipid Screen<br/>       ALB <input type="checkbox"/> Albumin<br/>       ALKP <input type="checkbox"/> Alkaline Phosphatase<br/>       SGPT <input type="checkbox"/> ALT, SGPT<br/>       AMON <input type="checkbox"/> Ammonia<br/>       AMY <input type="checkbox"/> Amylase<br/>       SGOT <input type="checkbox"/> AST, SGOT<br/>       BILID <input type="checkbox"/> Bilirubin, Direct<br/>       BILIT <input type="checkbox"/> Bilirubin, Total<br/>       BNP <input type="checkbox"/> BNP (Brain Natr. Peptide)<br/>       BUN <input type="checkbox"/> Urea Nitrogen, BUN<br/>       CRPA <input type="checkbox"/> C-Reactive Protein<br/>       S4698 <input type="checkbox"/> CA 19.9<br/>       S29256 <input type="checkbox"/> CA 125<br/>       CA2729 <input type="checkbox"/> CA 27.29<br/>       CA <input type="checkbox"/> Calcium<br/>       ICA <input type="checkbox"/> Ionized Calcium<br/>       CCRP <input type="checkbox"/> Cardio CRP<br/>       CEA <input type="checkbox"/> CEA<br/>       CL <input type="checkbox"/> Chloride<br/>       CHOL <input type="checkbox"/> Cholesterol, Total<br/>       CR <input type="checkbox"/> Creatinine<br/>       CPK <input type="checkbox"/> CK, Total<br/>       CPKMB <input type="checkbox"/> CK, Isoenzymes<br/>       CORT <input type="checkbox"/> Cortisol<br/>       ESTD <input type="checkbox"/> Estradiol<br/>       FER <input type="checkbox"/> Ferritin<br/>       FOL <input type="checkbox"/> Folic Acid<br/>       FSH <input type="checkbox"/> FSH<br/>       GGT <input type="checkbox"/> GGT<br/>       GLUC <input type="checkbox"/> Glucose<br/>         <input type="checkbox"/> Glucose Tolerance ___Hrs.<br/>       GTPREG <input type="checkbox"/> Glucose Tolerance, OB<br/>       PREG <input type="checkbox"/> HCG, serum, Qual<br/>       HCGTA <input type="checkbox"/> HCG, serum, Quant<br/>       HAIC <input type="checkbox"/> Hemoglobin A1C<br/>       HACUTE <input type="checkbox"/> Hepatitis Panel, Acute w/Refl<br/>       S8475 <input type="checkbox"/> Hepatitis B Surf Ab, Immune Status<br/>       S498 <input type="checkbox"/> Hep. B surf Ag w/Refl conf.<br/>       S8472 <input type="checkbox"/> Hepatitis C Ab<br/>       HIVSR <input type="checkbox"/> HIV 1, 2 Ag/Ab<br/>       IRN <input type="checkbox"/> Iron, Total<br/>       TIBC <input type="checkbox"/> Iron, Total, IBC<br/>       LDH <input type="checkbox"/> LDH<br/>       LH <input type="checkbox"/> LH<br/>       LIPN <input type="checkbox"/> Lipase<br/>       MG <input type="checkbox"/> Magnesium<br/>       PHOS <input type="checkbox"/> Phosphorus<br/>       K <input type="checkbox"/> Potassium<br/>       PROG <input type="checkbox"/> Progesterone<br/>       S746 <input type="checkbox"/> Prolactin</p> | <p>TP <input type="checkbox"/> Protein, Total<br/>       PSAG <input type="checkbox"/> PSA, Diagnostic<br/>       PSAGM <input type="checkbox"/> PSA, Screening<br/>       S964 <input type="checkbox"/> Rubeola, IgG Ab<br/>       S802 <input type="checkbox"/> Rubella, IgG Ab<br/>       NA <input type="checkbox"/> Sodium<br/>       S873 <input type="checkbox"/> Testosterone<br/>       TRIG <input type="checkbox"/> Triglycerides<br/>       TROPHS <input type="checkbox"/> Troponin, High<br/>       TSH <input type="checkbox"/> TSH<br/>       RTSH <input type="checkbox"/> TSH w/Reflex to Free T4<br/>       FT4IM <input type="checkbox"/> T-4 (Thyroxine), Free<br/>       UAC <input type="checkbox"/> Uric Acid<br/>       B12 <input type="checkbox"/> Vitamin B12</p> <p><b>TDM/TOXICOLOGY</b></p> <p>DIG <input type="checkbox"/> Digoxin<br/>       LITH <input type="checkbox"/> Lithium<br/>       DILAN <input type="checkbox"/> Phenytoin (Dilantin)<br/>       GENT <input type="checkbox"/> Gentamycin Trough<br/>       TEG <input type="checkbox"/> Carbamazepine (Tegretol)<br/>       VALP <input type="checkbox"/> Valproic Acid<br/>       VANT <input type="checkbox"/> Vancomycin Trough<br/>       ALC <input type="checkbox"/> Blood Alcohol<br/>       TRIAM <input type="checkbox"/> Urine Drug Screen</p> <p><b>HEMATOLOGY / COAG</b></p> <p>HGB <input type="checkbox"/> Hemoglobin<br/>       HCT <input type="checkbox"/> Hematocrit<br/>       PLT <input type="checkbox"/> Platelet Count<br/>       WBC <input type="checkbox"/> White Blood Count<br/>       HP5P <input type="checkbox"/> CBC AUTO DIFF<br/>       HEM8 <input type="checkbox"/> CBC, W/O DIFF<br/>       PTMN <input type="checkbox"/> Prottime, W/INR<br/>       PTTS <input type="checkbox"/> PTT, Activated<br/>       ESR <input type="checkbox"/> Sed Rate, Westergren<br/>       RETIC <input type="checkbox"/> Reticulocyte Count<br/>       HSDIMR <input type="checkbox"/> D-Dimer<br/>       FIB <input type="checkbox"/> Fibrinogen</p> <p><b>OTHER</b></p> <p>UMACR <input type="checkbox"/> UA, Complete<br/>       URTC <input type="checkbox"/> UA, If Pos. w/ Refl to Culture<br/>       FFNN <input type="checkbox"/> Fetal Fibronectin</p> <p><b>MICROBIOLOGY / SEROLOGY</b></p> <p>RPRB <input type="checkbox"/> RPR w/Reflex<br/>       MONOT <input type="checkbox"/> Mono Screen<br/>       MRSAD <input type="checkbox"/> MRSA (Nasal), DNA<br/>       RVP <input type="checkbox"/> Respiratory Viral Panel<br/>       STOB <input type="checkbox"/> Stool Occult Bld, Diagnostic<br/>       OB3 <input type="checkbox"/> Stool Occult Bld, Screening<br/>         <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 Specimens<br/>       GIP <input type="checkbox"/> Gastrointestinal Panel<br/>       CTNG <input type="checkbox"/> Chlamydia &amp; Gonorrhea DNA<br/>       CDIF <input type="checkbox"/> C.Difficile toxigeno DNA<br/>       COV19 <input type="checkbox"/> Cov19, PCR</p> |
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BILL TO: <input type="checkbox"/> CLIENT <input type="checkbox"/> PATIENT AND/OR INSURANCE			
PRINT PATIENT NAME (LAST, FIRST, MIDDLE)			
PATIENT SOCIAL SECURITY NO.		DATE OF BIRTH: M / M / D / D / YEAR / SEX	
ORDERING PHYSICIAN NAME: FIRST LAST			
Medicare Limited Coverage Tests: Highlighted tests may not be covered for the reported diagnosis or have prescribed frequency rules for coverage.		Separate ABN enclosed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>DIAGNOSIS CODE(S) FOR DIAGNOSIS, SYMPTOM OR COMPLAINT (MUST BE PROVIDED)</b>			
PHYSICIAN SIGNATURE:			
For any patient of any payor (including Medicare and Medicaid) that has a medical necessity requirement, you should only order those tests which are medically necessary for the diagnosis and treatment of the patient.			
<b>SPECIMEN INFORMATION:</b>			
DATE COLLECTED	TIME <input type="checkbox"/> AM <input type="checkbox"/> PM	COLLECTED BY:	<input type="checkbox"/> FASTING ____HRS FASTING
URINE TOTAL VOLUME _____ mls	HRS. OF COLLECTIONS _____ hrs.	<input type="checkbox"/> FAX RESULTS TO: ( )	
SEND DUPLICATE REPORT TO:			
PHYSICIAN NAME: _____			<b>VERBAL ORDERS - LAB</b>
COMMENTS / INSTRUCTIONS TO LAB:			
<p><b>FOR LAB USE ONLY:</b></p> <p style="font-size: 2em; color: lightblue; opacity: 0.5;">PLACE STICKER HERE</p>			
<b>MICRO / CULTURES</b>		<b>FOR LAB USE ONLY:</b>	
URCO <input type="checkbox"/> Urine, Midstream,* Indwelling Cath URCCO <input type="checkbox"/> Urine, Quick Cath GRPAD <input type="checkbox"/> Group A Strep DNA RESCO <input type="checkbox"/> Sputum* WDCO <input type="checkbox"/> Wound, deep (anaerobic, aerobic*) SKINO <input type="checkbox"/> Wound, Superficial* FUCZ <input type="checkbox"/> Fungal* AFCZ <input type="checkbox"/> Mycobacterium (TB)* BLCO <input type="checkbox"/> Blood Culture*		MR # _____ ACCT # _____ Blood: <input type="checkbox"/> lav <input type="checkbox"/> SST <input type="checkbox"/> blue <input type="checkbox"/> red <input type="checkbox"/> other _____ Urine: <input type="checkbox"/> grey <input type="checkbox"/> jungle <input type="checkbox"/> no preserv.	
Other: _____		Culture Site: _____ <input type="checkbox"/> Gram Stain	
*Additional charge for ID and susceptibilities			

**CONFIDENTIALITY NOTICE:** This e-mail, facsimile, or letter and any files or attachments transmitted with it contains information that is confidential and privileged. This information is intended only for the use of the individual(s) and entity(ies) to whom it is addressed. If you are the intended recipient, further disclosures are prohibited without proper authorization. If you are not the intended recipient, any disclosure, copying, printing, or use of this information is strictly prohibited and possibly a violation of federal or state law and regulations. If you have received this information in error, please notify the sender and destroy all copies of this message immediately.