

General Test Requisition

G-000001



LI PATH

1-888-4-LIPATH

(1-888-454-7284)

PATIENT INFORMATION			SPECIMEN INFORMATION			
Name (Last, First)			Date Collected	Time Collected	<input type="checkbox"/> AM <input type="checkbox"/> PM	Fasting <input type="checkbox"/> Non Fasting <input type="checkbox"/>
In care of:			Patient Tel. #		<input type="checkbox"/> Call Results	Timed Urine Collected Volume: _____ ml.
Patient/Insured's Address			Comments (To Print on Report)			
City State Zip			PLEASE BILL TO:			
<input type="checkbox"/> Male Date of Birth (Month/Day/Year) Patient I.D. <input type="checkbox"/> Female			<input type="checkbox"/> Patient <input type="checkbox"/> Insurance <input type="checkbox"/> Physician Acct.			
Insured's E-mail Address			Insured's Name (if different from Patient)		Patient Relationship to Insured <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent	
			Primary Insurance Name and Plan		Employer/Group Name	
ORDERING PHYSICIAN INFORMATION			ICD DX CODES			
			Policy I.D. Number		Group/Plan #	
			Insurance Claim Office Address			
			City		State Zip	

All tests in blue or marked w/an * require medical necessity for diagnosis and treatment of the patient. In many instances, Medicare does not pay for these services. An Advance Beneficiary Notice should be reviewed and signed by the patient.

PROFORMA 973-882-8666

TEST#	✓	PANELS	TEST#	✓	ALPH TESTING (cont'd)	TEST#	✓	TUMOR MARKERS	TEST#	✓	ANEMIA	TEST#	✓	HORMONES
521		BASIC METABOLIC PANEL S	235		Potassium S	4850		AFP S	643		Ferritin S	7901		Estrogens S
523		COMPREHENSIVE METABOLIC PANEL S	128		Rheumatoid Factor (RF) S	619		CA-125 S	810		Folate S	615		Estradiol S
			2629		Urinalysis U	4855		CA-15-3 S	620		Iron S	812		FSH S
956		ELECTROLYTE PANEL S	241		Uric Acid S	4860		CA-19-9 S	621		Iron/TIBC S	534		LH S
554		HEPATIC FUNCTION PANEL S	2001		Vitamin D, 25-OH S	3303		CEA S	815		Vitamin B-12 S	124		HCG Quant S
1062		HEPATITIS PANEL, ACUTE S			HEMATOLOGY	2678		PSA, Free & Total S	8327		Vit B-12/Folate S	851		Progesterone S
962		LIPID PANEL S	402		CBC w Diff & Plts L	462		PSA, Total S			VIROLOGY	835		Prolactin S
2934		OBSTETRICAL PANEL L/Y/S	3257		CBC w Plts (no Diff) L			STDS	859		Hep A IgM S	2492		Testosterone, Total S
3028		RENAL FUNCTION PANEL S	1065		Hemoglobin & Hematocrit L	490		Chlamydia/GC RNA/TMA ▲	860		Hep B Core Ab w/rfx IgM S	2532		Testosterone Free & Total S
		ALPHABETICAL TESTING	471		Platelet Count (manual) L	492		Chlamydia, RNA/TMA ▲	802		Hep Bs AG w/rfx confirmation S			THERAPEUTIC DRUGS
91342		ABO & Rh Blood Typing L or Y	4775		Hgb Electrophoresis L	493		GC RNA/TMA ▲	822		Hep Bs Ab Quant S	809		Digoxin R
1912		ANA, IFA w/rfx to pattern & titer S	120		PTT B	3461		RPR w/rfx to confirmation S	395		Hep C Ab w/rfx confirmation S	824		Dilantin (Phenytoin) R
208		Amylase S	114		PT/INR (therapeutic) B	3790		HIV Ab/Ag Combo (4th Gen) S	869		Measles IgG (Rubeola) S	20038		Lithium R
91338		Antibody Screen, RBC Y	3162		PT/INR (pre-surgical) B	3995		HSV, 1/2 IgG w/rfx IgM S	319		Mumps IgG S	833		Phenobarbital R
549		Bilirubin, Direct S	407		Sed Rate (ESR) L	9127		BV VAGINITIS: Candida Gardnerella, Trichomonas •	2681		Rubella IgG S	612		Tegretol (Carbamazepine) R
210		Bilirubin, Total S			THYROID			MULTISWAB: GC, CT, Trich, Candida, Gardnerella ▲	2046		MMR S	838		Theophylline R
2648		BNP L	3228		TSH S	9929			2683		MMR/VZV S			MICROBIOLOGY
211		BUN S	209		T4, Total S						1500			Urine Culture
218		Creatinine S	1300		T3, Total S			THIN PREP ✓	SURE PATH ✓		1509			Throat Culture
109		CRP (C-Reactive Protein) S	192		T3, Free S			5015			1508			Strep, Rapid Screen (Throat)
685		CRP, Cardio (high sensitivity) S	207		T3, Uptake S	1369		5018			9101			Group B Strep
216		Cholesterol S	3213		T4, Free S	1314		5018			9100			Genital Culture
843		GGTP G or S	2292		Thyroid Antibodies (TPO/TG) S	8580		9011			9121			Stool Culture
224		Glucose S				9473		9509			2002272			Ova & Parasites, Stool (O&P Kit)
544		Hemoglobin A1C S				9471		9019						
99359		H. Pylori Ab IgG G												
133		Homocysteine S												
844		Lead T												
2689		Lyme Disease Ab w/rfx WB S												
227		Lipase S												
938		Magnesium S												
119		Mononucleosis Screen S												
2708		NMR, Lipoprofile test B												
												PATIENT INFORMATION		
												SOURCE: <input type="checkbox"/> Vaginal <input type="checkbox"/> Cervical <input type="checkbox"/> Endocervical <input type="checkbox"/> Other		
												History:		
												<input type="checkbox"/> Normal Exam (no prior Abnl PAP) <input type="checkbox"/> Hysterectomy <input type="checkbox"/> Abnl PAP w/in 3 years <input type="checkbox"/> Pregnant <input type="checkbox"/> Postmenopausal <input type="checkbox"/> Gyn Malignancy <input type="checkbox"/> Postpartum <input type="checkbox"/> Pelvic radiation <input type="checkbox"/> Abnl Gyn exam <input type="checkbox"/> Hormone Therapy <input type="checkbox"/> No PAP w/in 7 years <input type="checkbox"/> Other <input type="checkbox"/> Postmeno, Bleeding <input type="checkbox"/> Postcoital Bleeding		
												LMP:		
												Clinical Info:		

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Panel Componets

<p>521 BASIC METABOLIC PANEL: BUN B/C Ratio CO₂ Calcium Chloride Creatinine GFR Glucose Potassium Sodium</p>	<p>956 ELECTROLYTE PANEL: CO₂ Chloride Potassium Sodium</p> <p>554 HEPATIC FUNCTION PANEL: Albumin Alk Phos ALT AST Bilirubin, Direct Bilirubin, Total Total, Protein</p>	<p>2934 OBSTETRICAL PANEL: CBC w/diff ABO/Rh AB Screen Hep BS AG RPR Rubella</p> <p>3028 RENAL FUNCTION PANEL: Albumin Calcium CO₂ Chloride Glucose Phosphorous Potassium Sodium BUN Creatinine</p>
<p>523 COMPREHENSIVE METABOLIC PANEL: A/G Ratio Albumin Alk Phos AST ALT Bilirubin, Total BUN B/C Ratio CO₂ Calcium Chloride Creatinine GFR Globulin Glucose Potassium Total, Protein Sodium</p>	<p>1062 HEPATITIS PANEL, ACUTE: Hep A AB Total w/rfx IGM Hep B Core AB w/rfx IGM Hep BS AG Hep BS AB, QL Hep C Ab w/rfx confirmation</p> <p>962* LIPID PANEL: Cholesterol Triglycerides HDL LDL Chol/HDL Ratio</p>	

SPECIMEN TYPE KEY

B = Blue Top	FS = Frozen Serum	U = Random Urine	SC = Sterile Container
▲ = Aptima	G = Gray Top	R = Red Top Tube (No Barrier)	Y = Yellow Top (ACD Solution)
C = Culturette	L = Lavender Top	S = Spun Barrier Tube	

***ALL THE FOLLOWING REFLEX TESTS WILL BE PERFORMED AT AN ADDITIONAL CHARGE**

ANA w/reflex: If positive, titer and pattern will be performed.

B. burgdorferi Ab, Early w/reflex: If B. burgdorferi Antibody Screen is positive or equivocal, an IgM by Western Blot and an IgG by Western Blot will be performed.

Beta-Step Culture Throat: If Culture is positive serological grouping will be performed.

HBsAg w/reflex: HBsAg borderline or positive samples will be confirmed by neutralization.

Hepatitis Panel, Acute w/reflex: HBsAg borderline or positive samples will be confirmed by neutralization.

Herpes Simplex Virus: Confirmation and typing will be performed on all positive samples.

HIV Ag/Ab Combo: If positive, confirmatory testing will be performed.

Microbiology: Most positive cultures will reflex to drug sensitivities.

RPR w/reflex: If screen is reactive, confirmatory testing will be performed.

DETERMINING NECESSITY OF ADVANCED BENEFICIARY NOTICE (ABN) COMPLETION*

1. **Diagnose.** Determine your patient's diagnosis.
2. **Document.** Write the diagnosis code (s) on the front of the requisition that indicates the reason for testing.
3. **Verify:** Determine if the laboratory test(s) ordered for the patient is subject to Local Coverage Determination or National Coverage Determination. This information can be located in the policies published by CMS, the local Medicare carrier, or the "Documenting Medical Necessity of Laboratory Services" booklet provided by your LI Path representative.
4. **Review.** If the diagnosis code for your patient **does not** meet the medical necessity requirements set forth by Medicare or the test is being performed more frequently than Medicare allows, an ABN should be completed.

*An ABN should be completed for all tests that are considered investigational (experimental or for research use) by Medicare.