# OB/GYN Requisition

**0-000001**

**LI PATH**

**1-888-4-LIPATH**
**(1-888-454-7284)**

## PATIENT INFORMATION

| | | |
|---|---|---|
| Name (Last, First) | | |
| In care of: | | |
| Patient/Insured's Address | | Apt. # |
| City | State | Zip |
| ☐Male ☐Female | Date of Birth (Month/Day/Year) | Patient I.D. |
| Insured's E-mail Address | | |

## SPECIMEN INFORMATION

| | | | |
|---|---|---|---|
| Date Collected | Time Collected ☐ AM ☐ PM | Fasting ☐ Non Fasting ☐ | Timed Urine Collected: Volume ml. |
| Patient Tel. # | | ☐Call Results | Duration of Collection Hours |
| Comments (To Print on Report) | | | |

## PLEASE BILL TO:

☐ Patient ☐ Insurance ☐ Physician Acct.

| | |
|---|---|
| Insured's Name (if different from Patient) | Patient Relationship to Insured ☐ Self ☐ Spouse ☐ Dependent |
| Primary Insurance Name and Plan | Employer/Group Name |
| Policy I.D. Number | Group/Plan # |
| Insurance Claim Office Address | |
| City | State / Zip |

## ORDERING PHYSICIAN INFORMATION

## ICD DX CODES

All tests in blue or maked 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 | |
|---|---|---|---|
| 521 | | BASIC METABOLIC PANEL | S |
| 523 | | COMPREHENSIVE METABOLIC PANEL | S |
| 956 | | ELECTROLYTE PANEL | S |
| 554 | | HEPATIC FUNCTION PANEL | S |
| 1062 | | HEPATITIS PANEL, ACUTE | S |
| 962 | | LIPID PANEL | S |
| 2934 | | OBSTETRICAL PANEL | L/Y/S |
| 3028 | | RENAL FUNCTION PANEL | S |
| | | **ALPHABETICAL TESTING** | |
| 91342 | | ABO & Rh Blood Typing | L or Y |
| 821 | | ANA, IFA w/rfx to pattern & titer | S |
| 91338 | | Antibody Screen, RBC | Y |
| 109 | | CRP (C-Reactive Protein) | S |
| 216 | | Cholesterol | S |
| 358 | | DHEA-Sulfate | S |
| 224 | | Glucose | G or S |
| 548 | | Glucose, Gestational Screen | G |
| 3276 | | Glucose Tolerance, OB 3 hr GGT | G |
| 544 | | Hemoglobin A1C | L |
| 133 | | Homocysteine | S |
| 811 | | Insulin | S |

| TEST# | ✓ | ALPH TESTING (cont'd) | |
|---|---|---|---|
| 227 | | Lipase | S |
| 128 | | Rheumatoid Factor (RF) | S |
| 2629 | | Urinalysis | U |
| 2001 | | Vitamin D, 25-OH | S |
| | | **HEMATOLOGY** | |
| 402 | | CBC w Diff & Plts | L |
| 3257 | | CBC w Plts (no Diff) | L |
| 1065 | | Hemoglobin & Hematocrit | L |
| 471 | | Platelet Count (manual) | L |
| 4775 | | Hgb Electrophoresis | L |
| 120 | | PTT | B |
| 114 | | PT/INR (therapeutic) | B |
| 3162 | | PT/INR (pre-surgical) | B |
| 407 | | Sed Rate (ESR) | L |
| | | **THYROID** | |
| 3228 | | TSH | S |
| 209 | | T4, Total | S |
| 1300 | | T3, Total | S |
| 192 | | T3, Free | S |
| 207 | | T3, Uptake | S |
| 3213 | | T4, Free | S |
| 2292 | | Thyroid Antibodies (TPO/TG) | S |

| TEST# | ✓ | TUMOR MARKERS | |
|---|---|---|---|
| 4850 | | AFP | S |
| 619 | | CA-125 | S |
| 4855 | | CA-15-3 | S |
| 4860 | | CA-19-9 | S |
| 3303 | | CEA | S |
| | | **STDS** | |
| 490 | | Chlamydia/GC RNA/TMA | ▲ |
| 492 | | Chlamydia, RNA/TMA | ▲ |
| 493 | | GC RNA/TMA | ▲ |
| 3461 | | RPR w/rfx to confirmation | S |
| 3790 | | HIV Ab/Ag Combo (4th Gen) | S |
| 3995 | | HSV, 1/2 IgG w/rfx IgM | S |
| 9127 | | BV VAGINITIS: Candida Gardnerella, Trichomonas | • |
| 9929 | | MULTISWAB: GC, CT, Trich, Candida, Gardnerella | ▲ |

| TEST# | ✓ | VIROLOGY | |
|---|---|---|---|
| 859 | | Hep A IgM | S |
| 860 | | Hep B Core Ab w/rfx IgM | S |
| 802 | | Hep Bs AG w/rfx confirmation | S |
| 822 | | Hep Bs Ab Quant | S |
| 395 | | Hep C Ab w/rfx confirmation | S |
| 869 | | Measles IgG (Rubeola) | S |
| 319 | | Mumps IgG | S |
| 2681 | | Rubella IgG | S |
| 669 | | Varicella IgG | S |
| 2046 | | MMR | S |
| 2683 | | MMR/VZV | S |
| 4015 | | Toxo Abs, IgG, IgM | S |
| 432 | | CMV AB IgG | S |
| | | **GENETICS** | |
| 2001933 | | Cystic Fibrosis, 32 Mutations | L |
| 7911 | | Spinal Muscular Atrophy (SMA) | L |
| 2009033 | | Fragile X (FMRI) w/rfx | L |

| TEST# | ✓ | HORMONES | |
|---|---|---|---|
| 3764 | | Cortisol AM | S |
| 3766 | | Cortisol PM | S |
| 7901 | | Estrogens | S |
| 615 | | Estradiol | S |
| 812 | | FSH | S |
| 534 | | LH | S |
| 124 | | HCG Quant | S |
| 851 | | Progesterone | S |
| 835 | | Prolactin | S |
| | | **ANEMIA** | |
| 643 | | Ferritin | S |
| 810 | | Folate | S |
| 620 | | Iron | S |
| 621 | | Iron/TIBC | S |
| 815 | | Vitamin B-12 | S |
| 8327 | | Vitamin B-12/Folate | S |
| | | **MICROBIOLOGY** | |
| 1500 | | Urine Culture | |
| 1509 | | Throat Culture | |
| 1508 | | Strep, Rapid Screen (Throat) | |
| 9101 | | Group B Strep | |
| 9100 | | Genital Culture | |
| 9121 | | Stool Culture | |
| 2002272 | | Ova & Parasites, Stool (O&P Kit) | |
| 9103 | | Wound (Provide Source): | |

| THIN PREP | ✓ | SURE PATH | ✓ | GYN-CYTOLOGY |
|---|---|---|---|---|
| 1369 | | 5015 | | PAP only |
| 1314 | | 5018 | | PAP w/rfx HPV (HR) |
| 8580 | | 9011 | | PAP w/HPV (HR) |
| 9473 | | 9509 | | PAP w/HPV & GC, CT, TRICH |
| 9471 | | 9019 | | PAP w/rfx HPV, GC, CT, TRICH |
| 9507 | | 9021 | | PAP w/HPV, GC, CT, TRICH w/ rfx 16/18 |
| 9659 | | 9511 | | PAP w/rfx HPV, GC, CT, TRICH w/rfx 16/18 |
| 1310 | | 5016 | | HPV HR w/rfx Genotype 16/18 (HR) ONLY |

**Required for Maternal Screening** ☐Repeat Sample

6164 ☐ AFP, Single Screen ☐ A 1st Trimester (10.0-13.7 wks gestation)

Maternal Weight ____ lbs. Nuchal translucency ______ mm _________

☐ A Singleton ☐ A Multiple ☐ A IVF ☐ A Crown Rump Length ___ cm

6116 ☐ AFP, Quad Screen ☐ 2nd Trimester (15.0-21.9 wks gestation)

**Mother's Ethnic Origin** ☐ White ☐ Black ☐ Asian ☐ Hispanic ☐ Other

**Insulin Dependent Diabetic:** ☐ Yes ☐ No

**Family History:** ☐ DS ☐ Neural Tube Defect **LMP:** ____/____/____

**Ultrasound Date:** ____/____/____ **GA on date of US** ____/____/____

I have received information regarding the nature of the AFP screening process.

**Patient Signature** ______________________________

I authorize the testing of this specimen for Alpha-Fetoprotein/AFP and have informed the patient about the test.

**Physician Signature** ______________________________

## PATIENT INFORMATION

**SOURCE:** ☐ Vaginal ☐ Cervical ☐ Endocervical ☐ Other

**History:**

- ☐ Normal Exam (no prior Abnl PAP)
- ☐ Pregnant
- ☐ Postpartum
- ☐ Hormone Therapy
- ☐ Hysterectomy
- ☐ Postmenopausal
- ☐ Pelvic radiation
- ☐ No PAP w/in 7 years
- ☐ Postmeno, Bleeding
- ☐ Postcoital Bleeding
- ☐ Abnl PAP w/in 3 years
- ☐ Gyn Malignancy
- ☐ Abnl Gyn exam
- ☐ Other

**LMP:**

| 635 | | Tissue Pathology (Biopsy) |
|---|---|---|

**Source(s):**

**Clinical Info:**

| 0-000001 | 0-000001 | 0-000001 | 0-000001 | 0-000001 | 0-000001 |
|---|---|---|---|---|---|

## Panel Componets

521 **BASIC METABOLIC PANEL:**
- BUN
- B/C Ratio
- $CO_2$
- Calcium
- Chloride
- Creatinine
- GFR
- Glucose
- Potassium
- Sodium

523 **COMPREHENSIVE METABOLIC PANEL:**
- A/G Ratio
- Albumin
- Alk Phos
- AST
- ALT
- Bilirubin, Total
- BUN
- B/C Ratio
- $CO_2$
- Calcium
- Chloride
- Creatinine
- GFR
- Globulin
- Glucose
- Potassium
- Total, Protein
- Sodium

956 **ELECTROLYTE PANEL:**
- $CO_2$
- Chloride
- Potassium
- Sodium

554 **HEPATIC FUNCTION PANEL:**
- Albumin
- Alk Phos
- ALT
- AST
- Bilirubin, Direct
- Bilirubin, Total
- Total, Protein

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

962* **LIPID PANEL:**
- Cholesterol
- Triglycerides
- HDL
- LDL
- Chol/HDL Ratio

2934 **OBSTETRICAL PANEL:**
- CBC w/diff
- ABO/Rh
- AB Screen
- Hep BS AG
- RPR
- Rubella

3028 **RENAL FUNCTION PANEL:**
- Albumin
- Calcium
- $CO_2$
- Chloride
- Glucose
- Phosphorous
- Potassium
- Sodium
- BUN
- Creatinine

### 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.