



Dept of Pathology & Laboratory Medicine
 2401 Gillham Rd
 Kansas City, MO 64108
 (816) 234-3835

General Laboratory Collection Requisition

Outpatient Collection locations: Adele Hall (816) 234-1530 Broadway (816) 960-8460 East (816) 478-5211
 Northland (816) 413-2520 Kansas (913) 696-8210

Patient's Name: Last	First	Middle	Birthdate	Gender
Address			City, State, Zip	Phone

Client/Practice Name	Address	City, State, Zip	Phone
Ordering Provider	Clinician Signature		Fax
ICD 10 (Diagnosis)	MEDICAL NECESSITY REGULATIONS: at the government's request, the Lab would like to remind all physicians that when ordering tests expected to be paid under federal health care programs, such as Medicare and Medicaid, the testing must meet the following conditions: (1) included as covered services, (2) reasonable, (3) medically necessary for the treatment and diagnosis of the patient and (4) not for screening purposes.		

Billing: <input type="checkbox"/> Self-pay <input type="checkbox"/> Insurance - Attach copy of card (both side)	Patient is: <input type="checkbox"/> Child <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Other (specify)
Subscriber: Last, First, MI	Primary: carrier & policy number
Employer	Secondary: carrier & policy number

PANELS AND ALGORITHMS
<input type="checkbox"/> Comprehensive Metabolic Panel Glucose, BUN, Creatinine, Total Protein, Albumin, Calcium, Total Bilirubin, Alk Phos, AST, ALT, Sodium, Potassium, Chloride, CO ₂
<input type="checkbox"/> Basic Metabolic Panel Glucose, BUN, Creatinine, Calcium, Sodium, Potassium, Chloride, CO ₂
<input type="checkbox"/> Hepatic Function Panel Albumin, Total Bili, Direct Bili, Indirect Bili, Alk Phos, Total Protein, ALT, AST
<input type="checkbox"/> Lipid Panel Cholesterol total, Triglycerides, HDL, LDL (calculated)
<input type="checkbox"/> Bilirubin Panel Total, Direct & Indirect
<input type="checkbox"/> Transferrin (Iron) Saturation Panel Iron, measured TIBC, & calculated Transferrin Saturation
<input type="checkbox"/> ANA Algorithm If ANA ELISA is >20 then ANA IFA Titer. If the titer is ≥160 then AENA & dsDNA
<input type="checkbox"/> Celiac Algorithm – Diagnostic For diagnosis of Celiac Disease. INCLUDES IgA level
<input type="checkbox"/> Celiac Algorithm – Monitoring For patients already diagnosed with Celiac Disease
<input type="checkbox"/> TSH Algorithm – Diagnostic For patients >2 year without known or suspected pituitary disease Short stature concerns? do NOT use algorithm; order TSH & FT4
<input type="checkbox"/> Egg Algorithm Egg Whole, if >0.35 add: Egg White, Ovalbumin & Ovomuroid
<input type="checkbox"/> Milk Algorithm Cow Milk, if >0.35 add: Alpha Lactalbumin, Beta Lactoglobulin & Casein
<input type="checkbox"/> Peanut Algorithm Peanut IgE, if >0.10 add: Ara H1, H2, H3, H8 & H9
CMH Test Catalog
ADDITIONAL TESTS:

INDIVIDUAL TESTS	
<input type="checkbox"/> 17-Hydroxyprogesterone	<input type="checkbox"/> Insulin
<input type="checkbox"/> ALT	<input type="checkbox"/> Insulin Like Growth Factor 1
<input type="checkbox"/> Amylase	<input type="checkbox"/> Insulin Like Growth Factor BP3
<input type="checkbox"/> ASO (Anti Streptolysin O)	<input type="checkbox"/> Iron (Fe)
<input type="checkbox"/> AST	<input type="checkbox"/> Lipase
<input type="checkbox"/> Blood Culture (sensitivity if indicated)	<input type="checkbox"/> Lead
<input type="checkbox"/> CBC	<input type="checkbox"/> Lithium
<input type="checkbox"/> CBC with auto differential	<input type="checkbox"/> LH (Luteinizing Hormone)
<input type="checkbox"/> CK	<input type="checkbox"/> Magnesium
<input type="checkbox"/> CRP (C-Reactive Protein)	<input type="checkbox"/> Mono Test
<input type="checkbox"/> CMV Ab Screen IgG <input type="checkbox"/> IgM <input type="checkbox"/>	<input type="checkbox"/> Phosphorous
<input type="checkbox"/> EBV Antibody Profile	<input type="checkbox"/> PT/INR
<input type="checkbox"/> ESR (erythrocyte sedimentation rate)	<input type="checkbox"/> PTT (Partial Thromboplastin Time)
<input type="checkbox"/> Estradiol level	<input type="checkbox"/> Prolactin
<input type="checkbox"/> Ferritin	<input type="checkbox"/> Reticulocyte Count
<input type="checkbox"/> FSH	<input type="checkbox"/> TSH
<input type="checkbox"/> Glucose	<input type="checkbox"/> Free T4
<input type="checkbox"/> GGT	<input type="checkbox"/> Testosterone Total
<input type="checkbox"/> Hemoglobin	<input type="checkbox"/> Valproic Acid
<input type="checkbox"/> Hematocrit	<input type="checkbox"/> Vitamin D, 25-Hydroxy (Vit D deficiency)
<input type="checkbox"/> Hgb A1c	Total Immunoglobulin
<input type="checkbox"/> Hgb Electrophoresis/Thal Screen	<input type="checkbox"/> IgA <input type="checkbox"/> IgE <input type="checkbox"/> IgG <input type="checkbox"/> IgM
Newborn Screen	<input type="checkbox"/> Allergen, IgE (specify or use Allergy Req)
<input type="checkbox"/> Missouri <input type="checkbox"/> Kansas	
<input type="checkbox"/> UTI Screening - Algorithm Urinalysis with reflexive Culture	
<input type="checkbox"/> Urinalysis with reflexive microscopic (NO Culture)	
<input type="checkbox"/> Urinalysis AND microscopic (NO Culture)	
<input type="checkbox"/> Culture, Urine	
<input type="checkbox"/> Culture, Stool E.coli O157, Salmonella, Shigella, Campylobacter & Yersinia with EIA for enterohemorrhagic E.coli	
<input type="checkbox"/> Ova & Parasite <input type="checkbox"/> Giardia/Cryptosporidium <input type="checkbox"/> Foreign Travel	