



# Indiana University Health

IU Health System Pathology Laboratories  
 350 W. 11th Street, Room 5013  
 Indianapolis, IN 46202-4108  
 317.491.6000 or 800.433.0740  
 Fax: 317.491.6001

1) Patient Legal Name (Last, First MI)		DOB	2) ( ) STAT	Date/Time of Collection
Patient Social Security #	Race	MR#/Alternate Pt ID	Phone Results To:	
Patient Address		Phone	Fax Results To:	
City, State, Zip		M F	4) <b>BILL PATIENT/INSURANCE COMPANY</b>	

ATTACH A COPY OF FACE SHEET AND INSURANCE CARD - ALL required (highlighted) fields must be complete to bill patient's insurance company. Specimen will be registered as patient self-pay and bill will be the responsibility of the patient if required information is not provided.

3) Physicians Signature			Order Date	Print Physicians Name (F, MI, L)	Group Physicians	Primary Insurance		
Client (Clinic/Physician) Information						Company Name:		
						IUP Policy # _____ Group #/Name:		
						Insurance Co. Address:		
Drug Monitoring Tests		Urine Times Tests		Patient	City: _____ State/Zip: _____			
Last Dose:	Start:	Stop:	HT					
Date:	Date:	Date:	WT					
Time:	Time:	Time:		Relationship to Patient:				

Notice: Medicare will only pay for tests that meet the Medicare definition of "Medical Necessity". Medicare may deny payment for a test that the physician believes is appropriate, such as a screening test. If a test is being ordered as a screen, be certain the patient has signed the Advanced Beneficiary Notice (ABN) located on back of this requisition.

5) ICD Diagnosis Codes (Enter ALL that apply)				1	2	3
				4	5	6
				7	8	

Code	X	Test Name	M/L/Tube	Code	X	Test Name	M/L/Tube	Code	X	Test Name	M/L/Tube	Panels		
1020		* ABO and Rh	6/L	6728		Dilantin (Phenytoin)	6/G	6017		Potassium	4.5/LG	6917	Basic Metabolic (BMP)	4.5/LG
6046		Albumin	4.5/LG	7951		Drugs of Abuse Scn Ur	10/UT	6413		Prealbumin	5/GO	Na,K,Chloride,CO2,BUN,Calcium,Creat,Glucose		
6002		Alkaline Phos	4.5/LG	7011		Ferritin	3/OR	7022		Preg Test Serum	5/GO	6918	Comprehensive Metabolic	4.5/LG
6004		Amylase	4.5/LG	544		Fibrinogen	3/B	7117		Preg Test Ur	10/UC	BMP,Albumin,Alk Phos,Bili-T,Protein-t,SGOT,SGPT		
4826		ANA	5/GO	6524		FK506 (Prograf)	3/L	7223		Progesterone	3/OR	6045	Electrolytes (Lytes) Na,K,CL,CO2	4.5/LG
4703		ASO	5/GO	6689		Folate	3/OR	6924		Prolactin	3/OR	6925	Hepatic Function	4.5/LG
7323		Beta HCG (B-HCG)	4.5/LG	7012		FSH	3/OR	6400		Protein Elect Ser	5/GO	Albumin,Alk Phos,Bili-T,Bili-d,Protein-T,SGOT,SGPT		
6005		Bili Fractions	4.5/LG	3116		Gentamicin Post	6/G	6045		Protein, total	4.5/LG	6131	Hepatitis Screen QN	5/GO
6006		Bilirubin Total	4.5/LG	3118		Gentamicin Pre	6/G	7231		PSA	3/OR	HepA IgM QL,Hep B Surf AG QL,Hep B Core-IgM QL,Hep CAB QL		
6000		BNP P/QN	6/L	3117		Gentamicin Random	6/G	7085		PTH Intact	6/L	6032	Iron Profile (Iron, UIBC)	5/GO
6009		BUN	4.5/LG	6970		GGT	4.5/LG	542		PT/INR	3/B	6039	Lipid Panel (Trig,Chol,HDL,LDL)	4.5/LG
6010		Calcium	4.5/LG	6254		Gluc Tol. 100 GM 3 HR	6/GR	543		PTT	3/B	6102	* Obstetric Panel	3L+6L+5GO
6155		Calcium Ionized	4.5/LG	6252		Gluc Tol. 50 GM 1HR	6/GR	115		Retlc	3/L	ABO/RH,Coombs-I,CBC,HepBSurfAG,Rubella IgG,Syphilis RPR		
126		CBC/PLT	3/L	6025		Glucose	4.5/LG	6330		Rheumatoid Factor	5/GO	* 28 Week Obstetric Panel: BARRERESQOGL		
127		CBC/PLT/DIFF	3/L	6021		Glucose Fasting	4.5/LG	4561		Rubella IgG BA QN	5/GO	6252 Gluc Tol GM 1hr,126 CBC/PII,4659 RPR,1130 Coombs,Indirect		
294		CD4 T Cell Follow	6/G+3/L	65147		H. Pylori Ag Stool EIA QL	1/SC	6016		Sodium	4.5/LG	6057	Renal Function Panel	4.5/LG
293		CD4 T Cell Initial	6/G+3/L	6027		HDL Cholesterol	4.5/LG	110		Sed Rate (ESR)	3/L	Sodium,Potassium,Chloride,Total carbon dioxide,Glucose,Urea,		
7321		CEA	3/OR	6318		Hemoglobin A1c HPLC	3/L	6048		SGOT (AST)	4.5/LG	Creatinine,Calcium,Albumin,Phosphorus+calculation of the eGFR		
6018		Chloride	4.5/LG	7202		Hepatitis A IgM QL	5/GO	6049		SGPT (ALT)	4.5/LG	*Any test in panels above can be ordered individually		
6012		Cholesterol	4.5/LG	7205		Hepatitis B Core IgM	5/GO	4659		Syphilis Treponem IgG	5/GO	Microbiology		
6518		CKMB	3/OR	7206		Hepatitis B Surf AB QN	5/GO	6940		T4 Free Direct	3/OR	Must Indicate Source:		
4610		CMV IgG EIA QN	5/GO	7201		Hepatitis B Surf AG QL	5/GO	10078		TSH w/Free T4 Reflex	3/OR	3007	Blood Culture	1Set/BC
4806		CMV IgM QN	5/GO	7215		Hepatitis C AB QL	5/GO	7332		Testosterone Total	3/OR	3010	Body Fld Culture + Stn	1/SC
6019		CO2 (Bicarb)	4.5/LG	4500		HIV-1/HIV-2 AB	5/GO	7027		Thyroxine (T4)	3/OR	10321	C. diff Testing Algorithm	1/SC
1120		* Coombs, Direct	6/L	6031		Iron	4.5/LG	6050		Triglyceride	4.5/LG	3054	Chlamydia PCR QL	1/COBAS
1130		* Coombs, Indirect	6/L	6215		LDH	4.5/LG	7339		TSH	3/OR	3058	Gonorrhea PCR QL	1/COBAS
7005		Cortisol	3/OR	7363		LDL, measured	4.5/LG	6052		Uric Acid	4.5/LG	3127	Trich PCR QL	1/COBAS
6013		Creatine Kinase (CK)	4.5/LG	7164		Lead Bld QN	3/T	299		Urinalysis	4/UT	3042	Genital Group B Beta Strep	1/SS
6014		Creatinine	4.5/LG	6038		Lipase	4.5/LG	6755		Valproic Acid	5/GO	3062	Ova & Parasite Screen	1/OP
6061		Creat Clear Ur Tm	10UJ+4.5/LG	6041		Magnesium	4.5/LG	4541		Vancomycin Post	6/G	3034	Stool Culture	1/CB
4571		CRP	4.5/LG	6367		Microalb/Crt Ran QN	10/UC	4568		Vancomycin Pre	6/G	3071	Rapid Grp A Strep Scn	1/SS
4572		CRP High Sensitivity	5GO	4738		Mono Heterophile AB QL	5/GO	3143		Vancomycin Rnd	6/G	3033	Respiratory Culture + Stn	1/SC
6865		Cyclosporine	3/L	6723		Phenobarbital	6/G	6691		Vitamin B12	3/OR	10205	Throat Group A Strep PCR	1/SS
6857		Digoxin	6/G	6043		Phosphorus	4.5/LG	7597		25-OH Vit D2+D3	5/GO	3037	Urine Culture	1/UrC
Tubes Rec'd												4900	Viral Culture	1/VT
* Blood bank specimens require separate tubes & 2 signatures on label												3039	Wound Culture + Stn	1/SC
___ANAS-Anaerobic Transport	___G-Green	___LG-Light Green	___SS-Sterile Swab	___UJ-24 Hr Urine Cont								3109	Trich Prep (Vag Panel)	1/Affirm
___B-Blue	___GO-Gold	___OP-Parapak	___T-Tan	___UT-Urine Transport								Other Tests:		
___BC-Bactec Blood Bottle	___GR-Grey	___OR-Orange	___UC-Urine Cup	___VT-Viral Transport										
___CB-Cary Blair	___L-Lavender	___SC-Sterile Container	___UrC-Grey urine tube	Total # Tubes Rec'd										



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Patient Social Security #	Race	MR#/Alternate Pt ID		Phone Results To:
Patient Address		Phone		Fax Results To:

City, State, Zip	M	F	4) <b>BILL FACILITY/CLIENT</b> Attention PFN: do <b>not</b> register, send patient directly back to lab
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3) Physicians Signature	Order Date	Print Physicians Name (F, MI, L)	Group Physicians
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Client (Clinic/Physician) Information

<b>Drug Monitoring Tests</b>	<b>Urine Times Tests</b>	<b>Patient</b>
Last Dose:	Start:	HT
Date:	Date:	WT
Time:	Time:	

Code	X	Test Name	ML/Tube	Code	X	Test Name	ML/Tube	Code	X	Test Name	ML/Tube	Panels	
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7323		Beta HCG (B-HCG)	4.5/LG	7012		FSH	3/OR	6400		Protein Elect Ser	5/GO	Albumin,Aik Phos,Bili-T,Bili-d,Protein-T,SGOT,SGPT	
6005		Bili Fractions	4.5/LG	3116		Gentamicin Post	6/G	6045		Protein, total	4.5/LG	6131	Hepatitis Screen QN 5/GO
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4572		CRP High Sensitivity	5GO	4738		Mono Heterophile AB QL	5/GO	3143		Vancomycin Rnd	6/G	3033	Respiratory Culture + Stn 1/SC
6865		Cyclosporine	3/L	6723		Phenobarbital	6/G	6691		Vitamin B12	3/OR	10205	Throat Group A Strep PCR 1/SS
6857		Digoxin	6/G	6043		Phosphorus	4.5/LG	7597		25-OH Vit D2+D3	5/GO	3037	Urine Culture 1/Urc

Tubes Rec'd		* Blood bank specimens require separate tubes & 2 signatures on label		4900	Viral Culture	1/VT
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B-Blue	GO-Gold	OP-Parapak	T-Tan	3109	Trich Prep (Vag Panel)	1/Affirm
BC-Bactec Blood Bottle	GR-Grey	OR-Orange	UC-Urine Cup	Other Tests:		
CB - Cary Blair	L-Lavender	SC-Sterile Container	Urc-Grey urine tube	Total # Tubes Rec'd _____		