



Clinical Laboratory, CLIA #44D071250
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Please register in Admitting Monday-Friday 6 a.m. - 9 p.m.
 Saturday & Sunday 8 a.m. - 4 p.m.

After Admitting closes, please register in the Emergency Department

Outpatient Laboratory Orders

Patient Name: _____ Sex: _____ DOB: _____
Last First M.I.

STANDING ORDERS CENTRAL LINE ACCESS PROTOCOL

Insurance: Primary: _____ Secondary: _____

Diagnosis/Reason for test: _____

Primary Care Physician: _____

ICD10 Codes (enter all that apply)

FILL IN BOX COMPLETELY OR CIRCLE TESTS ORDERED

ALLERGY PANELS

- RAST Childhood Allergy Panel
- RAST EGG component
- RAST Food (10)
- RAST Food (15)
- RAST GI
- RAST Milk component
- RAST Peanut +Reflex w/component
- RAST Resp (Zone5)
- RAST SouthEast (environment)
- RAST TreeNut w/component

CHEMISTRY PANELS

- ELECTROLYTE (LYTES)
(NA,K,CO2,CL)
- BMP (BASIC METABOLIC PANEL)
(LYTES + BUN, CREAT, GLUC, CA)
- CMP (COMP METABOLIC PANEL)
(BMP + ALB, ALT, AST, ALKP, TBIL, TP)
- HEPATIC FUNCTION [HFP]
(ALB, PROT, ALKP, AST, ALT, DBIL, TBIL)
- LIPID
(CHOL, TRIG, HDL, LDL, VLDL, CHOL/HDL)
- RENAL FUNCTION [RFP]
(ALB, CA, CO2, CL, CREAT, GLUC, PHOS, K, NA, BUN)

CHEMISTRY TESTS

- ALT (SGPT)
- AST (SGOT)
- AMYLASE
- BETA-HCG (SERUM, QUANTITAT)
- BILIRUBIN DIRECT (DBIL)
- BILIRUBIN NEONATAL (NBIL)
- BILIRUBIN TOTAL (TBIL)
- UREA NITROGEN (BUN)
- COMPLEMENT C-3 (C3)
- COMPLEMENT C-4 (C4)
- CK (CREATININE KINASE)
- CK-MB
- CALCIUM (CA)
- CHOLESTEROL
- CORTISOL
- CREATININE
- C-RP (C-REACTIVE PROTEIN)
- FERRITIN

- FSH (FOLLICU STIMULAT HORM)
- GGT (GGTP or GAMMA-GT)
- GLUCOSE
- HGB A1C (GLYCOHEMOGLOBIN)
- IMMUNOGLOBULIN A (IgA)
- IMMUNOGLOBULIN E (IgE)
- IMMUNOGLOBULIN G (IgG)
- IMMUNOGLOBULIN M (IgM)
- IMMUNOGLOB G (IgG) SUBCLASS
- INSULIN
- IRON (FE)
- TOT IRON BIND CAP (TIBC) %SAT
- LEAD QUANT. WHOLE BLOOD
- LUTEINIZING HORMONE (LH)
- LIPASE
- MAGNESIUM (MG)
- PHOSPHORUS (PO4)
- PREALBUMIN
- PROLACTIN
- PROTEIN
- T4 FREE [FREETA4]
- TESTOSTERONE TOTAL
- THYROID PEROXIDASE AB (TPO)
- TSH (THYROID STIMULAT HORM)
- THYROGLOBULIN ANTIBODY
- TRIGLYCERIDES
- URIC ACID
- Vitamin D 25 HYDROXY (TOTAL)

HEMATOLOGY/COAG TESTS

- CBC WITH AUTOMATED DIFF
- HH (HEMOGLOBIN & HEMATOCRIT)
- PLATELET COUNT
- RETICULOCYTE COUNT
- ESR (SEDIMENTATION RATE)
- BLOOD SMEAR FOR PATH REVIEW
- PT/INR (PROTHROMBIN TIME)
- aPTT (ACT PART THROMBO TIME)

URINE TESTS

- Specify: Random CC Cath
- URINALYSIS ROUTINE (UA)
 - URINE MICROSCOPIC
 - CREATININE URINE
 - URINE CALCIUM CREAT RATIO
 - PROTEIN URINE

- PROT/CREAT RATIO URN RANDOM
 - MICROALBUMIN
- Specify: Random or # of hrs: _____
- URINE DRUG SCREEN [URNDRUGS]
 - HCG (URINE, QUALITATIVE)
 - CULTURE URINE ROUTINE

STOOL TESTS

- CALPROTECTIN STOOL★
- CLOSTRIDIUM DIFF DNA
- CRYPTOSPORIDIUM & GIARDIA Ag
- HELICOBACTER PYLORI AG STOOL★
- OCCULT BLOOD (GUA)EC FECEs
- OVA AND PARASITES (O&P) STOOL★
O&P Specimens: x _____
- STOOL ELASTASE★
- STOOL FAT QUALITATIVE★
- STOOL ROTAVIRUS Ag (RAPID)
- CULTURE STOOL ROUTINE
- STOOL LACTOFERRIN (LEUKOCYTES)

MICROBIOLOGY/INFECTIOUS DISEASE

- CULTURE ABSCESS ROUTINE
Source: _____
- CULTURE BLOOD
- CULTURE BORDETELLA PERTUSSIS★
- CULTURE CHLAMYDIA★
- CULTURE GC
- GCCTDNAPCR
- CULTURE EAR RIGHT LEFT
- CULTURE EYE RIGHT LEFT
- CULTURE FUNGUS★
Source: _____
- CULTURE NASOPHARYNGEAL
- CULTURE REFERRAL AEROBIC ISOLATE
- CULTURE REFERRAL URINE ISOLATE
- CULTURE SPUTUM
- CULTURE THROAT COMPLETE
- CULTURE TRACHEAL ASPIRATE
- CULTURE VIRAL COMPREHENSIVE★
- CULTURE WOUND
Source: _____
- GRAM STAIN
Source: _____
- KOH PREP
- PINWORM PREP
- INFLUENZA A/B/ ANTIGEN (RAPID)

- RAPID STREP A ANTIGEN SCREEN
- RSV ANTIGEN (RAPID)
- MYCOPLASMA PNEUMONIAE DNA
- GI PATHOGEN PANEL, PCR
- RESPIRATORY PATHOGEN PANEL, PCR
- MENINGITIS PANEL PCR
- BORDETELLA PERTUSSIS DNA
- HERPES Simplex Virus 1 & 2 DNA
- STREP A DNA

SEROLOGY TESTS

- ANA (ANTI-NUCLEAR ANTIBODY)
- ANA PROFILE★
- ANTI-STREPTOLYSIN O (ASO) TITER
- CMV IgG/IgM ANTIBODY TITER★
- EBV (EPSTEIN-BARR) AB PROFILE★
- HEPATITIS DIAGN PANEL (A,B,C)★
- HEPATITIS C ANTIBODY★
- HIV 1,2 AB W/ REFLEX★
- LYME DISEASE IgG/IgM AB CASCADE★
- RHEUMATOID FACTOR (RA)
- RPR★
- TRANSGLUTAMINASE IgG & IgA Ab★

Additional Tests:

- _____
- _____
- _____
- _____

Time of Collection:
Date of Collection:

★ Denotes tests that are sent to a reference lab for testing.

Notification to Physicians and Other Persons Legally Authorized to Order Tests for Which Reimbursement Will Be Sought: Medicare and other payers will pay only for tests that meet the Medicare coverage criteria and are reasonable and necessary to treat or diagnose an individual patient. Medicare and other payers do not pay for tests for which documentation, including the patient record, does not support that the tests were reasonable and necessary. Medicare generally does not cover routine screening tests even if the physician or other authorized test ordered considers the tests appropriate for the patient.

Date: _____ Provider's Signature: _____