

## Laboratory Services Order Form

Facility Name:	Ordering Physician:		
Patient Name:	DOB:	Social Security #:	
Date & Time of Collection:		Please Choose One: <input type="checkbox"/> FASTING _____ Hours	
DATE:     /     /		<input type="checkbox"/> NON-FASTING	
TIME: _____			

CHEMISTRY PANELS	✓	DIAGNOSIS	MISC. TESTS	✓	DIAGNOSIS
Electrolytes		DX:	Beta HCG Quant		DX:
Cholesterol		DX:	Bioavail. Testosterone		DX:
CMP		DX:	C- Reactive Protein		DX:
Ammonia		DX:	CBC		DX:
B12		DX:	ESR		DX:
Amylase		DX:	Hgb/Hct		DX:
CK		DX:	hsCRP-Cardiac		DX:
Chemistry		DX:	MONO		DX:
D-Dimer		DX:	Pregnancy Serum		DX:
Direct LDL		DX:	Pregnancy Urine		DX:
BNP		DX:	Protime		DX:
Folate		DX:	PTH		DX:
BMP		DX:	Retic Count		DX:
CA 15-3		DX:	Strep Screen		DX:
CEA		DX:	Strep Screen Conf.		DX:
Glucose		DX:	Urinalysis		DX:
HbgA1c		DX:	Urinalysis w/ Flex		DX:
Free T4		DX:	Urine Microalbumin		DX:
Ferritin		DX:	Vitamin D, 25		DX:
HDL		DX:	Urine Culture		DX:
Hepatic		DX:	CC CATH VOIDED		
Iron		DX:	Culture of:		DX:
Lipase		DX:	Site:		
Lipid Profile		DX:	Other Tests:		
Magnesium		DX:			
Potassium		DX:			
Procalcitonin (PCT)		DX:			
PSA(Diagnostic)		DX:			
PSA(Screen)		DX:			
T3		DX:			
T4		DX:			
Total Iron Bind.		DX:			
Trig		DX:			
TSH		DX:			

Physician Signature: \_\_\_\_\_ Date/Time: \_\_\_\_\_

Printed Physician Name: \_\_\_\_\_