



DT18123

# Children's Healthcare of Atlanta LABORATORY OUTPATIENT REQUISITION FORM

Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

MRN# \_\_\_\_\_

Account/HAR# \_\_\_\_\_

PATIENT IDENTIFICATION

 **STAT**

Insurance Info: Bill to: Insurance: \_\_\_\_\_ Group # \_\_\_\_\_

Pre-Cert # \_\_\_\_\_

Order for Collection Date: \_\_\_\_\_ Time: \_\_\_\_\_

 Phone results to \_\_\_\_\_ Fax results to \_\_\_\_\_**Diagnosis Code (ICD-10) (signs or symptoms: R/O codes unacceptable):** \_\_\_\_\_

Physician name (print) \_\_\_\_\_ Physician signature \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

Chemistry Panels		Hematology		Chemistry		Chemistry	
<b>Electrolyte Panel**</b> Cl, CO <sub>2</sub> , K, Na (LYTES)		CBC	(CBC)	Alanine Aminotransferase	(ALT)	Immunoglobulin A	(IGA)
		CBC w/Diff	(CBCD)	Aspartate Aminotransferase	(AST)	Immunoglobulin G	(IGG)
<b>Basic Metabolic Panel**</b> Ca, CO <sub>2</sub> , Cl, Creat, Glu, K, Na, BUN (BMPL)		Erythrocyte Sedimentation Rate	(ESR)	Albumin	(ALB)	Immunoglobulin M	(IGM)
		Reticulocyte Count	(RETIC)	Alkaline Phosphatase	(ALKP)	Immunoglobulin E	(TIGE)
<b>Renal Function Panel**</b> Alb, Ca, CO <sub>2</sub> , Cl, Creat, Glu, Phos, K, Na, BUN (RFP)		D-Dimer	(DDIM)	Ammonia	(AMON)	Lead	(LEAD)
		Prothrombin Time w/INR	(PT)	Amylase	(AMY)	Lipase	(LIPA)
<b>Hepatic Function Panel**</b> Alb, TBili, DBili, Alk Phos, TP, ALT AST (HFP)		Activated Partial Thrombin Time	(APTT)	Bilirubin, Total and direct	(BILI)	Magnesium	(MG)
		Prothrombin Time/APTT	(PTPTT)	Bilirubin, total	(BILITO)	Mono Test	(MONOTS)
<b>Comprehensive Metabolic Panel**</b> Alb, TBili, Ca, CO <sub>2</sub> , Cl, Creat, Glu, Alk Phos, K, TP, Na, ALT, AST, BUN (CMP)		Fibrinogen	(FIBR)	Blood Urea Nitrogen	(BUN)	Parathyroid Hormone Intact	(PTHNT)
		TBNK	(TBNK)	Calcium	(CA)	Phenobarbital	(PHENO)
<b>Lipid Panel</b> Chol, Trig, HDL, LDL, VLDL (LIPP)		Heparin Assay	(HEPASY)	Complement 3	(C3)	Phosphorus	(PHOS)
		TBNK RA/RO	(TBNKRA)	Complement 4	(C4)	Pregnancy Serum	(SPREG)
<b>Glucose Tolerance Test</b> <b>2Hr Only</b> (GTT2H)		<b>Blood Bank</b>		Cholesterol	(CHOL)	Pregnancy Urine	(UPREG)
		Blood Type ABO and RH (ABORH)		C-Reactive Protein	(CRP)	Rapamycin/Sirolimus	(RAPAMY)
<b>Microbiology</b>		Type and Screen	(TYSC)	Creatinine	(CREAT)	Sodium	(Na)
Blood Culture	(CUBLD)	Direct Coombs	(DAT)	Creatinine Phosphokinase	(CK)	Tacrolimus	(TAC)
Cystic Culture	(CUCYST)	Isohemagglutinin Titer	(ISOHEM)	Ferritin	(FER)	Thyroxine	(T4)
Stool Culture	(CUSTOL)	<b>Other Tests:</b>		Glucose	(GLU)	Thyroxine Free	(T4FREE)
Urine Culture	(CURINE)			HIV-1 P24 Ag and HIV-1-2 Ab with Reflex	(HIVCMB)	Thyroid Stimulating Hormone	(TSH)
Fecal Fat, Qual.	(FFATQL)	<b>Miscellaneous Testing</b>				Triiodothyronine	(T3)
Occult Blood Stool	(OCBLDS)	B. pertussis and B. parapertussis PCR (BPPCR)		Hemoglobin A1C	(HBAICU)	Triglyceride	(TRIG)
Ova & Parasites	(OVAPAR)	CMV by PCR (CMVQT)		Hepatitis B Surface Antigen	(HBAGP)	Urinalysis with reflex to culture	(UA)
Wound Culture, superficial	(CUWND)	EBV by PCR (EBVQT)		Hepatitis Acute Serology Panel	(HBACUT)	Urinalysis without reflex to culture	(UAN)
Ear Culture	(CUEAR)	C. difficile by PCR (CDTPCR)		Iron w/Iron Binding Capacity	(IRONB)	Vitamin D, 25-hydroxy	(VITAMD)
Eye Culture	(CUEYE)	Sweat Chloride (SWCL)		Iron	(IRON)	Vancomycin	(VANR)
<b>Other Tests:</b>		<b>Appointment Needed:</b> <b>(404-785-6014)</b>					

**\*\*Diagnosis coding needs to support the medical necessity of each component of the ordered panel in order to be submitted to government sponsored payers (Medicare, Medicaid, Tricare).**

Physician address: \_\_\_\_\_

Scottish Rite Campus: 1001 Johnson Ferry Road, NE, Atlanta, GA 30342

Egleston Campus: 1405 Clifton Road, NE, Atlanta, GA 30322

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Laboratory 404-785-5276, Fax 404-785-4542

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