

GENERAL LAB ORDER FORM



BON SECOURS LABORATORY SERVICES

150 Kingsley Lane • Norfolk, VA 23505 • 757/889-5141 • FAX 757/889-4870

PATIENT (LAST NAME, FIRST) _____ (PLEASE PRINT OR TYPE)

SEX	BIRTHDATE			SOCIAL SECURITY NUMBER	CHART#
	Month	Day	Year		

ORDERING PHYSICIAN _____

COLLECTION DATE/TIME			
Month	Day	Year	AM / PM

CHECK APPROPRIATE BOX FOR BILLING:

- BILL CLIENT ACCOUNT
- BILL PATIENT (PATIENT ADDRESS REQUIRED)
- BILL INSURANCE (PLEASE COMPLETE BELOW)

PRIORITY

STAT

FAX RESULTS TO: _____

CALL RESULTS TO: _____

COPY TO: _____

Patient Address: _____

City: _____ State: _____ ZIP: _____ Phone: _____

Diagnosis/Symptoms (ICD-10 code): _____

REQUIRED INSURANCE BILLING INFORMATION

Primary Insurance _____	Secondary Insurance _____
Policy Number _____ Grp # _____	Policy Number _____ Grp # _____
Subscriber _____ D.O.B. _____	Subscriber _____ D.O.B. _____
Subscriber Relationship _____	Subscriber Relationship _____
Guarantor Name/Relationship _____	

ADVANCE BENEFICIARY NOTICE (ABN) INFORMATION

ABN attached If the diagnosis code for your patient DOES NOT meet the Medicare governed medical necessity requirements or the test is being performed more frequently than Medicare allows, an ABN must be completed (these tests are shaded in green with *).

REFLEX TESTING

Dependent upon initial results, reflex testing may be done at an additional charge.

PROCEDURES	ICD-10	PROCEDURES	ICD-10	PANELS	ICD-10
ANARL # <input type="checkbox"/> ANA Antibodies SST		IMEUL <input type="checkbox"/> Immunofix Electrophor Ur 24Hr UR	UR	CH7 * <input type="checkbox"/> Basic Metabolic Panel 2000 SST	
APTT * <input type="checkbox"/> APTT (Partial Thrombo. Time) LB		IRN * <input type="checkbox"/> Iron Serum SST	SST	MP * <input type="checkbox"/> Comp Metabolic Panel 2000 SST	
BUN <input type="checkbox"/> Blood Urea Nitrogen SST		IP * <input type="checkbox"/> Iron Total & TIBC Panel SST	SST	LYTES <input type="checkbox"/> Electrolytes SST	
PBNPB * <input type="checkbox"/> B-Type Natriuretic Peptide SST		LHS <input type="checkbox"/> LH-Serum SST	SST	LIVR * <input type="checkbox"/> Liver Function Panel SST	
CA <input type="checkbox"/> Calcium SST		MG * <input type="checkbox"/> Magnesium Serum SST	SST	HEPAP * <input type="checkbox"/> Hepatitis Prof II Acute SST	
CBCNO * <input type="checkbox"/> CBC Complete No Differential L		UMCAR <input type="checkbox"/> Microalbumin Urine, Random UR	UR	LIPID * <input type="checkbox"/> Lipid Panel SST	
CBCA * <input type="checkbox"/> CBC W/Auto Differential L		OCBLB * <input type="checkbox"/> Occult Blood (Feces) S	S	LIPDL * <input type="checkbox"/> Lipid Panel with Reflex LDL SST	
CEA * <input type="checkbox"/> CEA RIA Or EIA SST		OCBLS * <input type="checkbox"/> Occult Blood Screen S	S	OBPRO <input type="checkbox"/> Obstetrics Panel 2P, 2SST, L	
CREA <input type="checkbox"/> Creatinine Blood SST		HOCBL3 * <input type="checkbox"/> Occult Blood Screen x3 S	S	RENL <input type="checkbox"/> Renal Function Panel SST	
MCRCL <input type="checkbox"/> Creatinine Clearance Test U,SST		K <input type="checkbox"/> Potassium Blood SST	SST	MICROBIOMY TESTING ICD-10	
VALP <input type="checkbox"/> Valproic Acid (Valproic Acid) Red		PROL <input type="checkbox"/> Prolactin SST	SST	<small>(Susceptibilities and/or identifications will be performed on selected pathogens at an additional charge.)</small>	
DIG <input type="checkbox"/> Digoxin Red		SPEL <input type="checkbox"/> Protein Electrophoresis Serum SST	SST	HAFBC <input type="checkbox"/> AFB Culture (Excl. Blood) & Smear	
PTN <input type="checkbox"/> Dilantin (Phenytoin) R		APTHR * <input type="checkbox"/> Prothrombin Time LB	LB	HCTNG <input type="checkbox"/> Chlamydia & GC Amplified	
FERR * <input type="checkbox"/> Ferritin SST		PSA * <input type="checkbox"/> PSA Prostate Specific Antigen SST	SST	HCTA <input type="checkbox"/> Chlamydia Amplified	
FOLB * <input type="checkbox"/> Folic Acid (Serum Folate) SST		PSAS * <input type="checkbox"/> PSA Screening SST	SST	HNGA <input type="checkbox"/> GC Amplified	
FSHS <input type="checkbox"/> FSH-RIA SST		RETIC <input type="checkbox"/> Reticulocyte Count L	L	CPROBL <input type="checkbox"/> Chlamydia/GC DNA	
GGT * <input type="checkbox"/> Gamma Glytamy Transp SST		RA # <input type="checkbox"/> Rheumatoid Factor SST	SST	CLDIFT <input type="checkbox"/> Clostridium Difficile Toxin	
GLU * <input type="checkbox"/> Glucose Blood GRAY/SST		RPR # <input type="checkbox"/> RPR SST	SST	HANAC <input type="checkbox"/> Culture Anaerobic	
HCGN * <input type="checkbox"/> HCG Beta Quantitative SST		ESRA * <input type="checkbox"/> Sedimentation Rate L	L	HFUNG <input type="checkbox"/> Culture Fungi Other Source	
HA1C * <input type="checkbox"/> Hemoglobin A1C L		SGOT <input type="checkbox"/> SGOT/AST SST	SST	HGENC <input type="checkbox"/> Culture Genital	
HGBEL # <input type="checkbox"/> Hemoglobin Electrophoresis L		GPT <input type="checkbox"/> SGPT/ALT SST	SST	HCULL <input type="checkbox"/> Culture Herpes Virus	
HBSABB * <input type="checkbox"/> Hepatitis B Surface Antibody SST		FRT3 <input type="checkbox"/> T3 Free SST	SST	HRESC <input type="checkbox"/> Culture Respiratory Tract	
HBAGB * <input type="checkbox"/> Hepatitis B Surface Antigen SST		FT4 * <input type="checkbox"/> T4 Free SST	SST	HSTC <input type="checkbox"/> Culture Stool	
HCGABB * <input type="checkbox"/> Hepatitis C Antibody SST		TESTL <input type="checkbox"/> Testosterone, Male SST	SST	HSTRPA <input type="checkbox"/> Culture Throat Strep	
HSVRL <input type="checkbox"/> Herpes Simplex I & II Igg SST		TSH * <input type="checkbox"/> Thyroid Stim Hormone SST	SST	HUC * <input type="checkbox"/> Culture Urine	
HSVML <input type="checkbox"/> Herpes Simplex I & II Igm SST		UA <input type="checkbox"/> UA Dip Only No Reflex UR	UR	HWDC <input type="checkbox"/> Culture Wound	
HHIV12 * <input type="checkbox"/> HIV-1/HIV-2 SST		UA <input type="checkbox"/> Urinalysis Routine UR	UR	HEARCS <input type="checkbox"/> Culture, Ear	
HPYAL <input type="checkbox"/> H. Pylori Antibodies IGG, IGA SST		URPUQ <input type="checkbox"/> Urine Protein, 24 Hr U	U	HEYCS <input type="checkbox"/> Culture, Eye	
IFEPEL <input type="checkbox"/> Immunofix Electrophor Serum SST		VAPL * <input type="checkbox"/> VAP Cholesterol SST	SST	HFLUAB <input type="checkbox"/> Influenza A & B Viral AGS	
		B12X * <input type="checkbox"/> Vitamin B 12 SST	SST	HNC <input type="checkbox"/> Culture, Nose	
				OAPEL <input type="checkbox"/> Ova & Parasites	
				HTC <input type="checkbox"/> Throat Culture	

ADDITIONAL TESTS (PLEASE INCLUDE ICD-10)