



# Laboratory

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 One Children's Plaza • Dayton, OH 45404-1815 • childrensdayton.org

PLEASE PRINT (ALL INFORMATION IS REQUIRED)

Date of Request: \_\_\_\_\_

### PATIENT INFORMATION

Patient's Name: \_\_\_\_\_  
 M  F DOB: \_\_\_\_\_  
 Parent/Guardian Name(s): \_\_\_\_\_  
 Primary Number: \_\_\_\_\_

### Specimen Collection

Date: \_\_\_\_\_ Time: \_\_\_\_\_  
 Tech: \_\_\_\_\_  
 ABN has been obtained and sent to the hospital.

### REFERRING PROVIDER INFORMATION

Referring Provider (PRINT): \_\_\_\_\_  
 Call to: \_\_\_\_\_ Fax to: \_\_\_\_\_  
 Copy to: \_\_\_\_\_

**Use office stamp in this space:**

Provider Address: \_\_\_\_\_

Provider Phone: \_\_\_\_\_

**Provider Signature (required):** \_\_\_\_\_

STAT  Same Day  Fax Results  Call Results

ICD-10 I Diagnosis: \_\_\_\_\_

PANELS	TEST CODE	ICD-10
Basic Metabolic Panel	BMP	
Bilirubin Panel	BLI	
Comp Metabolic Panel	CPM	
Electrolyte Panel	LYT2	
Hepatitis Panel	ACHSP	
Lipid Panel	FATS	
Liver Function Panel	LIVR	
Newborn Screen	SN	
Renal Function Panel	RNL	
<b>ROUTINE CHEMISTRY</b>		
Albumin	ALB	
Alk Phos	ALP	
ALT	GPT	
Ammonia	AMON	
Amylase	AMY	
AST	GOT	
BUN	BUN	
Bilirubin, Direct	DBIL	
Bilirubin, Total	TBIL	
Calcium	CA	
Calcium, Ionized	ICA	
Carbon Dioxide	CO2	
Chloride	CL	
Cholesterol	CHOL	
CK	CK	
Creatinine	CREA	
Glucose	GLU	
Hemoglobin A1c	HA1C	
Iron	IRN	
IBC/TIBC	TIBCC	
Lactic Acid	LA	
LD	LDH	
Lipase	LIP	
Magnesium	MG	
Phosphorus	PHOS	
Potassium	K	
Sodium	NA	
Total Protein	TP	
Triglyceride	TRIG	
Uric Acid	URCA	
<b>SCHEDULED LAB</b>		
Sweat Chloride	SWCL	
<b>SCHEDULED LAB</b>		
PCR for Adenovirus	PCRADV	
PCR for CMV (Cytomegalovirus)	PCRCMV	
PCR for HSV in CSF, skin lesion	PCHSV	
PCR for HSV in blood	PCGSVB	
PCR for VZV (Varicella zoster virus)	PCRZV	
GC/Chlamydia Urine PCR	NCPCR	
Rapid Inf. Disease PCR	RIDPC	
Gastro ID PCR	GIDP	
C Diff PCR	PCRCDD	

URINE/SEROLOGY	TEST CODE	ICD-10
Amino Acid - Urine	AMACU	
Comprehensive Drug	QUDS	
Drugs of Abuse Screen Urine	BDSU	
Hepatitis B Surface Ab	HBAB	
Hepatitis B Surface Ag	BSAG	
HIV Antibody	HIV	
IgE	IGE	
Immunoglobulins (IgG, IgA, IgM)	IMGL	
Infectious Mono	IFM	
Microalbumin (12hr, 24hr or Random)	MIALB	
Organic Acid - Urine	ORGAU	
Pregnancy, Qual, Serum	HCG	
Pregnancy, Qual, Urine	UCG	
Nut Allergen Panel	NUT1P	
Egg Component	EGGCOP	
Milk Component	MILKCP	
GI Distress Panel	GIDS	
Peanut Component	PEACOP	
Peanut w/o reflex	FD13	
Milk w/o reflex	FD2	
Egg white w/o reflex	FD1	
Food Allergy Profile	FAP	
Respiratory Allergy Profile	RAP	
RPR (STS)	RPR	
Rubella Titer	RUBE	
Urinalysis (Reflex Microscopic)	URA	
Urinalysis (Dip Stick Only)	UAD	
Urinalysis (w/Microscopic)	URSP	
<b>MICROBIOLOGY/VIROLOGY</b>		
Chlamydia PCR Source	PCRCH	
Genital Culture Routine	GENC	
Group A Strep Culture Only	THRC	
Influenza-EIA	RFLU	
RSV - EIA	RSVE	
Rapid Strep, K PCR	SAPCR	
Rotavirus EIA	ROTO	
Giardia/Crypto EIA	GIAR	
Ova & Parasite	OP	
Stool Occult Blood	OCBL	
Stool Cult Routine (Sai/Shig/camp/E.coli)	STOR	
Stool Cult (Yersinia)	STOY	
Urine Cult =	UCCA	
Other Cult. Source =	URCR	
Quantiferon	TBTT	
EBV Battery Titers	EBB	
Mumps	MUMI	
Measles Immune Status	MEAI	
Measles Disease Titer	MEAD	
VZV Immune Status	VZI	
VZD Disease AB	VZD	

SPECIALTY CHEMISTRY	TEST CODE	ICD-10
Amikacin	AMIK	
Amino Acid - Plasma	AAPP	
Estradiol	ESTD	
Ferritin	FERR	
Folate	FOLATE	
FSH	FSH	
Hemoglobin Electrophoresis	HGBEVL	
IGF Binding Protein-3	IGFBP3	
IGF1	CIGF1	
Insulin Level	INSU	
LH	LH	
Pregnancy, Qual HCG	HCG	
Procalcitonin	PCT	
Prolactin	PROL	
Testosterone	TESC	
Free T4	FT4	
T4	T4	
TSH	TSH	
Free T3	FREET3	
T3	T3	
Thyroid Antibody Panel	ATAGC	
Tissue Transglutaminase	TTGIGA	
Vitamin B <sub>12</sub>	VITB12	
Vitamin D	VITD	
<b>TDM'S</b>		
Acetaminophen	ACTM	
Cyclosporine	CYCB	
Depakene (valproic Acid)	VALP	
Digoxin	DIG	
Dilantin (Phenytoin)	PTN	
FK5 (Tacrolimus)	FK5	
Gentamycin	GENT	
Methotrexate	XATB	
Phenobarbital	PHNO	
Salicylate	SAL	
Tegretol (Carbamazepine)	CRBA	
Theophylline	THEO	
Vancomycin	VANC	
<b>HEMATOLOGY</b>		
Hemoglobin/Hematocrit	HH	
Bloodcount, Hemogram+Pit	BCP	
CBC without Diff. (See back for criteria)	CBPC	
CBC with Manual Diff	CBCM	
Fibrinogen	FBG	
Protine/INR (PT)	PTX	
PTT/APTT	PTTX	
Reticulocyte Count	RET	
Sed Rate	SED	

**NOTICE TO PHYSICIANS:** Medicare, Medicaid and certain commercial insurances do not reimburse for screening or other tests that are not medically necessary to diagnose and treat the patient's current symptoms and condition. The ordering physician certifies that the above test(s) meet relevant medical necessity criteria or have been identified as screening. Advance Beneficiary Notices (ABNs) must be obtained for non-covered tests.

