



Laboratory
PH: 937-641-5100 • Fax: 937-641-3326 • Courier: 937-641-5100
One Children's Plaza • Dayton, OH 45404-1815
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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: _____

Specimen Source: _____

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 | Diagnosis: _____

PANELS	TEST CODE	ICD-10
Basic Metabolic Panel	BMP	
Bilirubin Panel	BILI	
Comp Metabolic Panel	CPM	
Electrolyte Panel	LYT2	
Acute Hepatitis Panel	ACHSP	
Lipid Panel	FATS	
Liver Function Panel	LIVR	
Newborn Screen	SN	
Renal Function Panel	RNL	

ROUTINE CHEMISTRY

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	

SCHEDULED LAB

Sweat Chloride	SWEAT	
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VIROLOGY

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	PCRCD	
Pertussis by PCR	PCRBP	

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/reflex	FD13	
Milk w/reflex	FD2	
Egg white w/reflex	FD1	
Food Allergy Profile	FAP	
Respiratory Allergy Profile	RAP	
RPR(STS)	RPR	
Rubella Titer	RUBE	
Urinalysis (Reflex Microscopic) see back for criteria	URA	
Urinalysis (Dip Stick Only)	UAD	
Urinalysis (w/Microscopic)	URSP	

MICROBIOLOGY/VIROLOGY

GC and Chlamydia PCR	NCPCR	
Genital Culture Routine	GENC	
Group A Strep Culture Only	THRC	
Rapid Strep, A PCR	SAPCR	
Rotavirus EIA	ROTO	
Giardia/Crypto EIA	GIAR	
Ova & Parasite	OP	
Stool Occult Blood	OCBL	
Stool Cult Routine (Sal/Shig/camp/E.coli)	STOR	
Stool Cult (Yersinia)	STOY	
Urine Cult. =	UCCA	
Other Cult. Source =	URCR	
Quantiferon	TBBT	
EBV Battery Titers	EBB	
MUMPS Immune Status	MUMI	
Measles Immune Status	MEAI	
Measles Disease Titer	MEAD	
VZV Immune Status	VZI	
VZD Disease AB	VZD	
RSV, INFL A/B, SARS PCR	COVD4	
GastroInfectious Disease Panel	GIDP	
Respiratory Infectious Disease Panel	RIDPC	
B.pertussis/parapertussi PCR	BPPCR	

SPECIALTY CHEMISTRY	TEST CODE	ICD-10
Amikacin	AMIK	
Amino Acid - Plasma	AAPP	
Estradiol	ESTRAD	
Ferritin	FERR	
Folate	FOLATE	
FSH	FSH	
Hemoglobin Electrophoresis	HGBEVL	
IGF Binding Protein-3	IGFBP3	
IGF1	IGF1	
Insulin Level	INSU	
LH	LH	
Lead, capillary	LEADC	
Lead, venous	LEAD	
Procalcitonin	PCT	
Prolactin	PROL	
Testosterone	TESTOT	
Free T4	FT4	
T4	T4	
TSH	TSH	
Free T3	FREET3	
T3	T3T	
Thyroid Antibody Panel	ATAGC	
Tissue Transglutaminase IGA	TTGIGA	
Vitamin B ₁₂	VITB12	
Vitamin D	VITD	

TDM'S

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	

HEMATOLOGY

Hemoglobin/Hematocrit	HH	
CBC without Diff.	BCP	
CBC with reflex to Diff.	CBCP	
(See back for criteria)		
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.

[illegible]