

**Charleston Area  
Medical Center**

Charleston, West Virginia



**LAB OUTPATIENT ORDER FORM**

PLACE  
PATIENT IDENTIFICATION LABEL  
HERE

General FAX 304-388-7615      Memorial FAX 304-388-9525      Phone 304-388-4190      Women and Children's FAX 304-388-2736  
 Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Date/Time: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ SS #: \_\_\_\_\_ Sex:  M    F      Fasting :  Yes    No  
 Date Collected: \_\_\_\_\_ Time Collected: \_\_\_\_\_ Collected By: \_\_\_\_\_ Priority: \_\_\_\_\_

SPECIAL PROFILES	CPT	LABORATORY	CPT	LABORATORY	CPT
<input type="checkbox"/> BASIC METABOLIC PANEL (BSMBP)	80048	<input type="checkbox"/> ESTRADIOL (ESTD)	82670	<input type="checkbox"/> PROSTATE SPECIFIC ANTIGEN DIAG (PSA)	84153
<input type="checkbox"/> COMPREHENSIVE METABOLIC PANEL (CPMBP)	80053	<input type="checkbox"/> EPSTEIN BARR VIRUS PANEL (EBVS)		<input type="checkbox"/> PROSTATE SPECIFIC ANTIGEN SCREEN (PSAAS)	G-0103
<input type="checkbox"/> ELECTROLYTE PANEL (ELEC)	80051	<input type="checkbox"/> EB VCA IgG (VGAG)	86665	<input type="checkbox"/> PT (PROTHROMBIN TIME) (IPTR)	85610
<input type="checkbox"/> HEPATIC FUNCTION PANEL (HEPAN)	80076	<input type="checkbox"/> EB VCA IgM (VGAM)	86665	<input type="checkbox"/> RETIC COUNT (RETC)	85045
<input type="checkbox"/> LIPID PANEL (LIPDP)	80061	<input type="checkbox"/> EBNA (EBNA)	86664	<input type="checkbox"/> RF ** (RHEUMATOID FACTOR) (RF)	86430
<input type="checkbox"/> OBSTETRIC PANEL (OB PANEL) (OB)	80055	<input type="checkbox"/> EB EA IgG (EBEA)	86663	<input type="checkbox"/> RPR (SYPHILLIS VDRL RPR QL) ** (RPR)	86592
<input type="checkbox"/> RENAL FUNCTION PANEL (RFPAN)	80069	<input type="checkbox"/> FERRITIN (FERRI)	82728	<input type="checkbox"/> RUBEOLA (MEASLES AB SCREEN) (MEAS)	86765
<b>LABORATORY</b>		<input type="checkbox"/> FOLATE (FOLIC ACID) (FA)	82746	<input type="checkbox"/> RUBELLA SEROLOGY (RUB)	86762
<input type="checkbox"/> ALBUMIN (ALB)	82040	<input type="checkbox"/> FSH (FSH)	83001	<input type="checkbox"/> SEDIMENTATION RATE (ESRA)	85652
<input type="checkbox"/> ALKALINE PHOSPHATASE (ALKP)	84075	<input type="checkbox"/> GGT (GGT)	82977	<input type="checkbox"/> SODIUM (NA)	84295
<input type="checkbox"/> ALT (ALT)	84460	<input type="checkbox"/> GLUCOSE (GLU)	82947	<input type="checkbox"/> T3 UPTAKE (T3U)	84479
<input type="checkbox"/> AMYLASE (AMYL)	82150	<input type="checkbox"/> HBSAG (HEPATITIS Bs ANTIGEN)** (HBSAG) (EIA QL HBSAG)	87340	<input type="checkbox"/> TSH (TSH)	84443
<input type="checkbox"/> ANA (ANTINUCLEARANTIBODY)** (ANA)	86038	<input type="checkbox"/> HBSAB (HEPATITIS Bs ANTIBODY) (HBSAB)	86706	<input type="checkbox"/> T4 (THYROXINE) (T4)	84436
<input type="checkbox"/> APTT (APTT)	85730	<input type="checkbox"/> HCV ULTRASENSITIVE VIRAL LOAD (HCVUS)	87521	<input type="checkbox"/> T4 - FREE (FREE-THYROXINE) (FT4)	84439
<input type="checkbox"/> AST (AST)	84450	<input type="checkbox"/> HCV VIRAL LOAD (HCVVL)	87522	<input type="checkbox"/> THEOPHYLLINE (THEO)	80198
<input type="checkbox"/> BUN (BUN)	84520	<input type="checkbox"/> HEPATITIS C ANTIBODY ** (HCV)	86803	<input type="checkbox"/> TOTAL BILIRUBIN (TBIL)	82247
<input type="checkbox"/> CALCIUM (CA)	82310	<input type="checkbox"/> HIV VIRAL LOAD (VIRLD)	87536	<input type="checkbox"/> TOTAL PROTEIN (TP)	84155
<input type="checkbox"/> CBC (CBC)	85025	<input type="checkbox"/> HIV SEROLOGY* ** (HIVS)	86703	<input type="checkbox"/> TRANSFERRIN (TRFS)	84466
<input type="checkbox"/> CBC NO DIFF (CBCN)	85027	<input type="checkbox"/> HCG, QUANTITATIVE (HCGQ)	84702	<input type="checkbox"/> TRIGLYCERIDES (TRIG)	84478
<input type="checkbox"/> CARBAMAZEPINE (TEGRETOL) (CBAM)	80156	<input type="checkbox"/> HDL (HDLL)	83718	START DATE/TIME: _____ STOP DATE/TIME: _____	
<input type="checkbox"/> CEA (CEAM)	82378	<input type="checkbox"/> HGB A1C (A1C)	83036	<input type="checkbox"/> CREATININE CLEARANCE, 24 HOUR Ht: _____ Wt: _____ (CCL)	82575
<input type="checkbox"/> CHLORIDE (CL)	82435	<input type="checkbox"/> H. PYLORI AB IGG SEROLOGY (HPYL)	86677	<input type="checkbox"/> URINE, TOTAL PROTEIN, 24 HOUR (TPUR)	84155
<input type="checkbox"/> CHOLESTEROL (CHOL)	82465	<input type="checkbox"/> IRON (IRON)	83540	<input type="checkbox"/> URINALYSIS (UA)	81001
<input type="checkbox"/> CO2 (C02)	82374	<input type="checkbox"/> IRON STUDY (Fe)	83550	<input type="checkbox"/> URINE PROTEIN- RANDOM (RPUR)	84156
<input type="checkbox"/> CORTISOL (CORT)	82533	<input type="checkbox"/> LIPASE (LIP)	83690	<input type="checkbox"/> VITAMIN B12 (VB12)	82607
<input type="checkbox"/> C-REACTIVE PROTEIN (CRP)	86140	<input type="checkbox"/> LITHIUM (LITH)	80178	<b>TRANSFUSION</b>	
<input type="checkbox"/> CREATININE (CREA)	82565	<input type="checkbox"/> MAGNESIUM (MG)	83735	<input type="checkbox"/> BLOOD TYPE (ABO AND BBRH)	86900 86901
<input type="checkbox"/> C-REACTIVE PROTEIN - CARDIAC (HSCRIP)	86141	<input type="checkbox"/> MONO SCREEN (MONO)	86308	<input type="checkbox"/> ANTIBODY SCREEN** (ABSC)	86255
<input type="checkbox"/> DIGOXIN (LANOXIN) (DGN)	80162	<input type="checkbox"/> PHENOBARBITAL (PHNO)	80184	<input type="checkbox"/> DIRECT COOMBS ** (DC)	86880
<input type="checkbox"/> DILANTIN (PHENYTOIN) (PTN)	80185	<input type="checkbox"/> PHOSPHORUS (PHOS)	84100	<input type="checkbox"/> OTHER:	
<input type="checkbox"/> DIRECT BILRUBIN (DBIL)	82248	<input type="checkbox"/> POTASSIUM (K)	84123	<input type="checkbox"/> OTHER:	

\*HIV Consent form must be signed and accompany the specimen or fax to 388-9637. \*\* These tests may be reflexed for titer or further confirmation if positive. Medicare will only pay for tests that meet the Medicare coverage criteria and are reasonable and necessary to treat or diagnose an individual patient, routine screening tests generally are not covered

ICD-9/Diagnosis Code(s): \_\_\_\_\_ Healthcare Provider Name: \_\_\_\_\_  
 \_\_\_\_\_ Healthcare Provider Signature: \_\_\_\_\_

Send Results To: