

PATIENT INFO

Name: \_\_\_\_\_ Sex: M F  
 Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 DX (ICD10): \_\_\_\_\_  
 Insurance: \_\_\_\_\_ Policy Number: \_\_\_\_\_  
 Primary Ins Carrier: \_\_\_\_\_ Relationship: \_\_\_\_\_

DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

Fasting  Non-fasting

Routine  STAT

LAB USE ONLY

DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

PHLEB: \_\_\_\_\_

ACCOUNT #: \_\_\_\_\_

ACCESSION #: \_\_\_\_\_

**PLEASE ORDER ALL TESTS ON BACK OF REQUISITION.  
 PATIENT NAME AND MD SIGNATURE MUST BE ON BOTH SIDES.**

ORDERING PHYSICIAN

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Town, State, Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Signature: \_\_\_\_\_

COPY TO PHYSICIAN

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Town, State, Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**For the Laboratory to bill properly and receive payment, you must provide the specific Diagnosis Code for each outpatient test ordered. Additionally, only tests that are medically necessary for the indicated diagnosis or treatment should be ordered.**

PANEL COMPONENTS – ORDER ON BACK

**Basic Metabolic Panel:** Gluc, Bun, Crea, Ca, Lytes, EGFR

**Lipid Panel:** Chol, Trig, HDL, LDL (calculated) w/reflex

**Comp. Metabolic Panel:** Gluc, Bun, Crea, Ca, Lytes, Tbil, AST,  
 ALT, Alk Phos, Alb, TP

**Hepatitis Panel:** HAAb, Total w/reflex, HBsAg, HBsAb, HBcAb, HCV w/reflex

**TBD3:** Lyme Serology w/blot, Babesia PCR, A phagocytophilium PCR

**Liver Panel:** Alb, Tbil, Cbil, Alk Phos, TP, AST, ALT

**Renal Panel:** Lytes, Alb, Ca, Crea, Gluc, Phos, Bun

**Obstetric Panel:** CBC, TS, RPR, RUBE, HBSAG

**TBD4:** Lyme Serology w/blot, Babesia PCR,

A phagocytophilium PCR, E chaffeensis PCR

REFLEX TESTS – may incur additional charge

**UA w/reflex C+S:** If <55 yrs, Culture ordered if WBC>3, Leukocyte Esterase Pos, or Nitrite Pos. **\*\* Requires Culture DX Code \*\***  
 If =>55 yrs, Culture ordered if WBC > 20/hpf. **\*\* Requires Culture DX Code \*\***

**HIV:** reflexes to HIV-1 Western blot, Western blot reflexes to HIV-2 when indicated, HIV-2 reflexes to Immunoblot

DRAW STATIONS AND HOURS

Day Kimball Hospital  
320 Pomfret Street  
Putnam, CT 06260  
860-963-6357  
**M-F 8am - 8pm**  
**Sat-Sun 8am - Noon**

Putnam Draw Station  
12 South Main Street  
Putnam, CT 06260  
860-928-8370  
**M-F 6am - 2pm**

Danielson Draw Station  
55 Green Hollow Road  
Danielson, CT 06239  
860-779-0066  
**M-F 7am - 5pm**

Plainfield Draw Station  
12 Lathrop Road  
Plainfield, CT 06374  
860-457-9133  
**M-F 7am - 3:30pm**  
**Sat 7am - Noon**

PATIENT:		DOB:	MD Signature:
		<b>PANELS</b>	
Basic Metabolic Panel	80048	Comp Metabolic Panel	80053
Liver (Hepatic) Panel (HEPF)	80076	Renal Panel (RENF)	80069
Hepatitis Panel (LHEP5) 86708, 86704, 86706, 87340, 86803		Lipid Panel/calculated LDL (HDLP) reflex direct LDL if Trig > 400	80061
Electrolyte Panel (LYTE)		Statin Panel (STAT)	80051
Obstetric Panel (OBSP)			80055
Statin Panel (STAT)			80061, 84450, 84460, 82550
Tick Born Panel 4 (TBD4)	86317-5, 87798-3	Tick Born Panel 3 (TBD3)	86317-5, 87798-2
<b>CHEMISTRY</b>		<b>HEMATOLOGY</b>	<b>URINE</b>
Alkaline Phosphatase (ALK)	84075	CBC + Diff (CBC)	85025
Amylase (AMY)	82150	CBC (HGM)	85027
Albumin (ALB)	82040	d-Dimer (DDI)	85379
BUN (BUN)	84520	Fibrinogen (FIBR)	85384
Calcium (CA)	82310	Hematocrit (HCT)	85014
CEA (CEA)	82378	Hemoglobin (HGB)	85018
CPK (CPK)	82550	HGB + HCT (HH)	85014, 85018
CPK MB (MB)	82553	Platelet Count (PLT)	85049
Creatinine (CREA)	82565	PT/INR (PT)	85610
CRP, Cardiac (HCRP)	86141	PTT (PTT)	85730
CRP, Inflammation (CRP)	86140	Retic Count (RETC)	85045
Ferritin (FERR)	82728	Sed Rate (ESR)	85651
Folate (FOL)	82746	WBC + Diff (WD)	85048
FSH (FSH)	83001	WBC (WBC)	85048
GGTP (GGTP)	82977	<b>SEROLOGY/IMMUNOLOGY</b>	
Glucose, Fasting (FBS)	82947	ANA w/reflex Titer+Pattern (LANA)	86038
Glucose, Random (GLUR)	82947	Hep A Total w/reflex IGM (LHAAR)	86708
Glycohemoglobin w/EAG (A1C)	83036	Hep Bs Ab (LHBSQ)	86317
HCG, Quant, Pregnancy (HCGB)	84702	Hep Bs Ag (LHBSAG)	87340
IgA (IGA)	82784	Hep C Ab w/reflex NAA (LHAC)	86803
IgG (IGG)	82784	HIV w/reflex (LHIV12)	86703
IgM (IGM)	82784	Lyme Serology (ILAA)	86317-5
Ionized Calcium (LIOCA)	82330	Mono Screen (MONT)	86308
Iron/IBC (IRON)	83540, 83550	Pregnancy, Screen, Ser (PSER)	84703
LDH (LDH)	83615	Pregnancy, Screen, Ur (PMON)	81025
Lipase (LIPA)	83690	RPR w/reflex FTA (RPR)	86592
LH (LH)	83002	Rubella Screen (RUBE)	86762
Magnesium (MG)	83735	Rubeola (RUB)	86765
BNP (PBNP)	83880	Varicella, Immune Status (LFZVG)	86787
Osmolality, Serum (OSMS)	83930	<b>THERAPEUTIC DRUG LEVELS</b>	
Phosphorus (PHOS)	84100	Digoxin (DIG)	80162
Potassium, Plasma (KP)	84132	Dilantin (DIL)	80185
Potassium, Serum (K)	84132	Lithium (LITH)	80178
Prolactin (PROL)	84146	Phenobarbital (LPHNO)	80184
PSA, Diagnostic (PSA)	84153	Tegretol (TEG)	80156
PSA, Screening (PSAS)	G0103	Theophylline (THEO)	80198
RA Factor, Quant (RAQ)	86431	Valproic Acid (VALP)	80164
SGOT (SGOT)	84450	<b>ANTIGEN TESTING</b>	
SGPT (SGPT)	84460	Influenza A+B (FAB) #	87400-2
T3 Uptake (T3)	84479	Legionella, Urine (LLEGA)	87449
T4 (T4)	84436	RSV (RSVS) #	87420
T4, Free (T4F)	84439	<b>GENITAL EXAM</b>	
Testosterone (TES)	84403	Affirm (AFRM)	87660, 87510, 87480
TSH (TSH)	84443	Genprobe Chlamydia/GC (CLGC)	87591, 87491
Uric Acid (URIC)	84550	<i>Source:</i> _____	
Vitamin B12 (VB12)	82670	Strep B Vag/Rectal Screen (GBSS)	87081
Vitamin D (LVID25)	82306		

@ Gram Stain and Sensitivity charge if indicated

# Requires practitioner collection