DT18123

Children's Healthcare of Atlanta
LABORATORY OUTPATIENT REQUISITION FORM

Name_____

Date of Birth_____

MRN#_____

Account/HAR#_____

PATIENT IDENTIFICATION

☐ **STAT**

Insurance Info: Bill to: Insurance:_____ Group #_____

Pre-Cert #_____

Order for Collection Date:_____ Time:_____

☐ **Phone results to**_____

☐ **Fax results to**_____

Diagnosis Code (signs or symptoms: R/O codes unacceptable):_____

Physician name (print)_____ **Physician signature**_____ **Date**_____ **Time**_____

Chemistry Panels		Hematology		Chemistry		Chemistry	
Electrolyte Panel** **(LYTES)** Cl, CO_2, K, Na		CBC auto w/platelet (CBC)		Alanine Aminotransferase (ALT)		Immunoglobulin A (IGA)	
		CBC w/Diff w/Platelet (CBCD)				Immunoglobulin G (IGG)	
Basic Metabolic Panel** **(BMPL)** Ca, CO_2, Cl, Creat, Glu, K, Na, BUN		Erythrocyte Sedimentation Rate (ESR)		Aspartate Aminotransferase (AST)		Immunoglobulin M (IGM)	
		Reticulocyte Count (RETIC)				Immunoglobulin E (IGE)	
Renal Function Panel** **(RFP)** Alb, Ca, CO_2, Cl, Creat, Glu, Phos, K, Na, BUN		CSF Cell Count (CSFCT)		Albumin (ALB)		Total Iron Binding Capacity (TIBC)	
		Prothrombin Time (PT)		Alkaline Phosphatase (ALKP)		Lead (LEAD)	
Hepatic Function Panel** **(HFP)** Alb, TBili, DBili, Alk Phos, TP, ALT AST		Activated Partial Thrombin Time (APTT)		Ammonia (AMON)		Lipase (LIPA)	
		Prothrombin Time/APTT (PTPTT)		Amylase (AMY)		Magnesium (MG)	
Comprehensive Metabolic Panel** **(CMP)** Alb, TBili, Ca, CO_2, Cl, Creat, Glu, Alk Phos, K, TP, Na, ALT, AST, BUN		Fibrinogen (FIBR)		Bilirubin, direct (BILID)		Mono Test (MONOT)	
		Blood Bank		Bilirubin, total (BILIT)		Parathyroid Hormone Intact (PTHNT)	
Lipid Panel **(LIPP)** Chol, Trig, HDL, LDL, VLDL		Blood Type ABO and Rh (ABORH)		Blood Urea Nitrogen (BUN)		Phenobarbital (PHENO)	
Glucose Tolerance Test 2Hr Only **(GTT2H)**		Direct Coombs (DAT)		Complement 3 (C3)		Phosphorus (PHOS)	
Microbiology		HLA B27 (HLAB27)		Complement 4 (C4)		Potassium (K)	
Blood Culture (CUBLD)		Indirect Coombs (INDC)		Calcium (CA)		Pregnancy **Serum** (HCGSER)	
Cystic Culture (CUCYST)		Isohemagglutinin Titer (ISOHEM)		Cholesterol (CHOL)		Pregnancy **Urine** (UHCG)	
Stool Culture (CUSTOL)		Type and Screen (TYSC)		Chloride (CL)		Sodium (Na)	
Urine Culture (CURINE)		**Miscellaneous Testing**		Carbon Dioxide (CO2)		Tacrolimus (TAC)	
Fecal Fat, Qual. (FFATQL)		Rapid Strep reflex to Culture if negative (RAPST)		Creatinine Phosphokinase (CK)		Thyroxine (T4)	
Occult Blood (OCCBLDS)		Bordetella. pertussis by PCR (BPPCR)		Creatinine (CREAT)		Thyroxine Free (T4FREE)	
Ova & Parasites (OVAP)		C. difficile by PCR (CDTPCR)		C-Reactive Protein (CRP)		Thyroid Stimulating Hormone (TSH)	
Wound Culture, superficial (CUWND)		CMV by PCR (CMVPCR)		Ferritin (FER)		Triiodothyronine (T3)	
Ear Culture (CUEAR)		EBV by PCR (EBVPCR)		Glucose (GLU)		Tegretol (CAR)	
Eye Culture (CUEYE)		See Allergen Requisition for Allergy Testing		Hepatitis B Surface Antigen (HPBAG)		Triglyceride (TRIG)	
Other Tests:		Sweat Chloride (SWCL) Appointment Needed: (404-785-6014)		Hemoglobin A1C (HBAICU)		Vitamin D, 25-hydroxy (VITD)	
				Iron (IRON)		Urinalysis (UA)	

****Government approved profiles (HCFA Panels) are indicated by **Each test within these panels must meet the medical necessity criteria to be billed to a government payor.**

Physician address:_____

Scottish Rite Campus: 1001 Johnson Ferry Road, NE, Atlanta, GA 30342
Laboratory 404-785-5276, Fax 404-785-4542

Egleston Campus: 1405 Clifton Road, NE, Atlanta, GA 30322
Laboratory 404-785-6415, Fax 404-785-6258