

▼ PHYSICIAN INFORMATION ▼

Physician Name
Address
City, State, Zip
Phone No. / Fax No.
UPIN #

NURSING HOMES SKILLED NON-SKILLED FACILITY NAME _____ PHONE _____



New Hanover Regional Medical Center
 New Hanover Regional Medical Center Medical Mail
2289 S. 17th Street
Wilmington, NC 28402
(910) 815-5100 Fax (910) 815-5032

Cape Fear Hospital Laboratory
5301 Wrightsville Avenue
Wilmington, NC 28403
(910) 452-8171 Fax (910) 452-8273
 New Hanover Regional Medical Center Military Cutoff Diagnostic Center
1135 Military Cutoff Road
Wilmington, NC 28405
(910) 256-7997

Patient Information

Last Name First Name MI Maiden
Last Four Digits of SSN# Birthdate Sex
 M F
Phone No. Race Marital Status
M S D X W

Responsible Party Information (Must be completed only if submitting specimen)

Last Name (if not the patient) First Name (if not the patient) MI
Last Four Digits of SSN# (if not the patient) Patient's Relationship to Responsible Party
 Self Child Spouse Other
Street Address Phone No. (if not the patient)
City State Zip
Employer Name Employer Phone No.
Employer Address Date Retired

Medical Necessity Information

Sign, Symptom, diagnosis or ICD9 Info required on all tests ordered.
Narrative Diagnosis ICD9 Codes
1. _____
2. _____
3. _____
4. _____
ABN Signed?
 Yes No

Billing Information (Must be completed only if submitting specimen)

Please attach a copy of all Insurance I.D. Cards - Front and Back
Bill to: Physician/Client Insurance Medicare Part A Part B Patient Medicaid
Medicare Secondary Questionnaire Completed? Yes No
Medicare Number Medicaid Number
Primary Insurance
Primary Insurance Company Name Phone No.
Company Address
City State Zip
Policy Number Group Number
Group Name Benefit Code
Insured Name Relationship
Secondary Insurance
Secondary Insurance Company Name Phone No.
Company Address
City State Zip
Policy Number Group Number
Group Name Benefit Code
Insured Name Relationship

Specimen Information

STAT Phone () _____ Do not call after hours
 Fax () _____ Collected by _____
Date Drawn Time Drawn Fasting Random 24 Hour Urine Volume Time of Last Dose A.M. P.M.

CPT	Tests or Panels	CPT	Tests or Panels	CPT	Tests	CPT	Single Tests	CPT	Single Tests	CPT	Molecular Pathology
80051	Electrolytes Panel	89051	Qualitative Urine Test for Drugs of Abuse	86900	Body Fluid Cell Count With Differential Specimen Source	86900	Blood typing ABO	87088	Urine Culture	88184	Flow Cytometry Protocol Studies <input type="checkbox"/> Leukemia/Lymphoma Study • NOTE: If correlating morphology is not available, a White Cell Count with Differential will be performed and billed.
84295	Sodium (Na)	85018/85014	Amphetamine (U) Qual	86901	<input type="checkbox"/> Hemoglobin <input type="checkbox"/> Hematocrit	86901	Blood typing RH	87045/87046	Feces (stool) Culture	88185	
84132	Potassium (K)	85027	Barbiturates (U) Qual	86850	CBC with platelets without differential	86850	Antibody Screen (IDC)	source	Routine Culture (other)		• NOTE: If correlating morphology is not available, a White Cell Count with Differential will be performed and billed.
82435	Chloride (Cl)	85025	Benzodiazepine (U) Qual	86870	CBC with platelets with auto-differential	86870	Antibody Identification		must specify specimen source		
82374	Carbon Dioxide (CO ₂)	85027/85007	Cocaine (U) Qual	86920	CBC with platelets with manual differential	86920	Crossmatch	units PRBC	Blood Culture		• NOTE: If correlating morphology is not available, a White Cell Count with Differential will be performed and billed.
80048	Basic Metabolic Panel	85652	Methodone (U) Qual	86880	ESR Sedimentation Rate	86880	Direct Coombs	87040	AFB Culture	86361	
80051	Electrolyte Panel	85610	Opiates (U) Qual	86886	PT with INR anticoagulant	86886	Transfuse Rhogam		specimen source		• NOTE: If correlating morphology is not available, a White Cell Count with Differential will be performed and billed.
84520	BUN	81003	THC (U) Qual	86895	PTT anticoagulant	86895	Antibody Titer	87102	Fungus Culture		
82565	Creatinine	84703	Renal Funct. Panel	86905	Urinalysis with sediment microscopic	86905	Antigen Type (patient)		specimen source		Molecular Protocol Studies <input type="checkbox"/> HIV-1 RNA QN bDNA (V3.0) <input type="checkbox"/> Chlamydia Trachomatis by PCR <input type="checkbox"/> Neisseria Gonorrhoeae by PCR
82947	Glucose	84702	Albumin	86905	Urinalysis without sediment microscopic	86905	Single Tests	87254	Virus Culture		
82310	Calcium	82150	Amylase	86905	Pregnancy Test (<input type="checkbox"/> Serum <input type="checkbox"/> Urine)	86905	Antinuclear Antibody (ANA) Screen	87254	Herpes Culture		Molecular Protocols For Referral Lab <input type="checkbox"/> FISH <input type="checkbox"/> Cytogenetics <input type="checkbox"/> Southern Blot <input type="checkbox"/> Polymerase Chain Reaction (PCR)
80053	Comprehensive Metabolic Panel	82150	Phosphorus	86905	Quantitative HCG	86905	Hemoglobin A1C	87254	specimen source		
80048	Basic Metabolic Panel	82670	Estradiol	86905	Progesterone	86905	HIV Screen	87324	Clostridium Difficile Toxins A,B	87536	Specimen <input type="checkbox"/> Peripheral Blood <input type="checkbox"/> Bone Marrow Aspirate <input type="checkbox"/> Cerebral Spinal Fluid <input type="checkbox"/> Effusion, Source <input type="checkbox"/> FNA, Site <input type="checkbox"/> Fresh Tissue, Type & Site <input type="checkbox"/> Paraffin Block, Site & Block # <input type="checkbox"/> Slides, Site & Accession#
82040	Albumin	83690	Lipase	86905	Magnesium	86905	MONO Test	87328	Cryptosporidium and Giardia Antigens	87491	
84075	Alkaline Phos.	83735	FT4	86905	PSA Screen	86905	RPR Screen	87328	Influenza Antigens A,B	87491	
82247	Bilirubin, Total	84439	TSH	86905	FT4	86905	Rubella Antibody IgG	87274	Rapid Strep Antigen Screen	87591	
84450	AST / SGOT	84443	TSH	86905	FT4	86905	1 Hour GTT		Rotavirus Antigen		
84460	ALT / SGPT			84165	FT4	84165	Lactate (lactic acid)	87420	RSV Antigen		
84155	Total Protein			84155	FT4	84155	Urine Protein Electrophoresis	89055	Stool for WBC's		
82040	Albumin	Other test required. Write complete test name legibly. Other information related to test(s) requested.									
82247	Bilirubin, Total										
82248	Bilirubin, Direct (conjugated)										
84450	AST / SGOT										
84460	ALT / SGPT										
84075	Alkaline Phos.										
84155	Total Protein										

Only tests or Medicare Approved Panels that are medically necessary for the diagnosis or treatment of a Medicare or Medicaid patient will be reimbursed. Screening tests will not be reimbursed and should not be submitted for payment. The OIG states that a physician who orders medically unnecessary tests for which Medicare or Medicaid reimbursement is claimed may be subject to civil penalties under the False Claims Act.

Physician Signature (required)

Date/Time



THIS FORM PART OF PERMANENT MEDICAL RECORD

0642 ORIGINAL - LABORATORY YELLOW - PATIENT PINK - PHYSICIAN

OutPatient Requisition

LA-104 (12/10 v.15)

▼ PHYSICIAN INFORMATION ▼

Physician Name
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City, State, Zip
Phone No. / Fax No.
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NURSING HOMES SKILLED NON-SKILLED FACILITY NAME _____ PHONE _____

Patient Information

Billing Information (Must be completed only if submitting specimen)

Last Name First Name MI Maiden
Last Four Digits of SSN# Birthdate Sex
 M F
Phone No. Race Marital Status
M S D X W

Please attach a copy of all Insurance I.D. Cards - Front and Back
Bill to: Physician/Client Insurance Medicare Part A Part B Patient Medicaid
Medicare Secondary Questionnaire Completed? Yes No
Medicare Number Medicaid Number

Responsible Party Information (Must be completed only if submitting specimen)

Last Name (if not the patient) First Name (if not the patient) MI
Last Four Digits of SSN# (if not the patient) Patient's Relationship to Responsible Party
 Self Child Spouse Other
Street Address Phone No. (if not the patient)
City State Zip
Employer Name Employer Phone No.
Employer Address Date Retired

Primary Insurance
Primary Insurance Company Name Phone No.
Company Address
City State Zip
Policy Number Group Number
Group Name Benefit Code
Insured Name Relationship
Secondary Insurance
Secondary Insurance Company Name Phone No.
Company Address
City State Zip
Policy Number Group Number
Group Name Benefit Code
Insured Name Relationship

Medical Necessity Information

Sign, Symptom, diagnosis or ICD9 Info required on all tests ordered.
Narrative Diagnosis ICD9 Codes
1. _____
2. _____
3. _____
4. _____
ABN Signed?
 Yes No

Specimen Information

STAT Phone () _____ Do not call after hours
 Fax () _____
Date Drawn Time Drawn Fasting Random 24 Hour Urine Volume Time of Last Dose A.M. P.M.

CPT	Tests or Panels	CPT	Tests or Panels	CPT	Tests	CPT	Single Tests	CPT	Single Tests	CPT	Molecular Pathology
80051	Electrolytes Panel	89051	Qualitative Urine Test for Drugs of Abuse	89051	Body Fluid Cell Count With Differential Specimen Source	86900	Blood typing ABO	87088	Urine Culture	88184	Flow Cytometry Protocol Studies <input type="checkbox"/> Leukemia/Lymphoma Study <input type="checkbox"/> NOTE: If correlating morphology is not available, a White Cell Count with Differential will be performed and billed.
84295	Sodium (Na)	85018/85014	Amphetamine (U) Qual	85018/85014	<input type="checkbox"/> Hemoglobin <input type="checkbox"/> Hematocrit	86901	Blood typing RH	87045/87046	Feces (stool) Culture	88185	
84132	Potassium (K)	85027	Barbiturates (U) Qual	85027	CBC with platelets without differential	86850	Antibody Screen (IDC)	source	Routine Culture (other) must specify specimen source		
82435	Chloride (Cl)	85025	Benzodiazepine (U) Qual	85025	CBC with platelets with auto-differential	86870	Antibody Identification				
82374	Carbon Dioxide (CO ₂)	85652	Cocaine (U) Qual	85652	CBC with platelets with manual differential	86920	Crossmatch _____ units PRBC		Blood Culture		
80048	Basic Metabolic Panel	85652	Methodone (U) Qual	85652	CBC with platelets with manual differential	86880	Direct Coombs	87040	AFB Culture specimen source	86361	CD4 Helper T-Cells <input type="checkbox"/> NOTE: If correlating morphology is not available, a White Cell Count with Differential will be performed and billed.
80051	Electrolyte Panel	85652	ESR Sedimentation Rate	85652	ESR Sedimentation Rate	86880	Indirect Coombs Qualitative	87116/87015	Fungus Culture specimen source		
84520	BUN	85610	Opiates (U) Qual	85610	PT with INR anticoagulant	86886	Transfuse Rhogam		Virus Culture specimen source		
82565	Creatinine	85730	PCP (U) Qual	85730	PTT anticoagulant	86905	Antibody Titer	87102	Herpes Culture specimen source		
82947	Glucose	81001	TCA (U) Qual	81001	Urinalysis with sediment microscopic	86905	Antigen Type (patient)		Virus Culture specimen source		
82310	Calcium	81003	THC (U) Qual	81003	Urinalysis without sediment microscopic		Single Tests	87254	Herpes Culture specimen source		
80053	Comprehensive Metabolic Panel	84703	Renal Funct. Panel	84703	Pregnancy Test (<input type="checkbox"/> Serum <input type="checkbox"/> Urine)	86038	Antinuclear Antibody (ANA) Screen		Clostridium Difficile Toxins A,B	87536	Molecular Protocol Studies <input type="checkbox"/> HIV-1 RNA QN bDNA (V3.0) <input type="checkbox"/> Chlamydia Trachomatis by PCR <input type="checkbox"/> Neisseria Gonorrhoeae by PCR
80048	Basic Metabolic Panel	84702	Basic Metabolic Panel	84702	Quantitative HCG	83036	Hemoglobin A1C	87254	Cryptosporidium and Giardia Antigens	87491	
82040	Albumin	82150	Albumin	82150	Amylase	86703	HIV Screen		Influenza Antigens A,B	87591	
84075	Alkaline Phos.	82670	Phosphorus	82670	Estradiol	86308	MONO Test	87324	Rapid Strep Antigen Screen		
82247	Bilirubin, Total	83690	Single Hepatitis Tests	83690	Lipase	86592	RPR Screen	87328	Rotavirus Antigen		
84450	AST / SGOT	83735	Hepatitis A Antibody IGM	83735	Magnesium	86762	Rubella Antibody IgG	87274	RSV Antigen		
84460	ALT / SGPT	84144	Hepatitis B Surface Antigen	84144	Progesterone	82950	1 Hour GTT		Stool for WBC's		
84155	Total Protein	84153	Hepatitis B Surface Antibody	84153	PSA Screen	83605	Lactate (lactic acid)				
80076	Hepatic Function Panel	84439	Hepatitis B Core Antibody Total	84439	FT4	84165	Serum Protein Electrophoresis	87420			
82040	Albumin	84443	Hepatitis C Antibody	84443	TSH	84155	Urine Protein Electrophoresis	89055			
82247	Bilirubin, Total	Other test required. Write complete test name legibly. Other information related to test(s) requested.									
82248	Bilirubin, Direct (conjugated)										
84450	AST / SGOT										
84460	ALT / SGPT										
84075	Alkaline Phos.										
84155	Total Protein										

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Physician Signature (required)

Date/Time



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0642 ORIGINAL - LABORATORY YELLOW - PATIENT PINK - PHYSICIAN

OutPatient Requisition

LA-104 (12/10 v.15)

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Address
City, State, Zip
Phone No. / Fax No.
UPIN #

NURSING HOMES SKILLED NON-SKILLED FACILITY NAME _____



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1135 Military Cutoff Road
Wilmington, NC 28405
(910) 256-7997

Patient Information

Last Name _____ First Name _____ MI _____ Maiden _____
Last Four Digits of SSN# _____ Birthdate _____ Sex M F
Phone No. _____ Race _____ Marital Status _____
M S D X W

Responsible Party Information (Must be completed only if submitting specimen)

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Last Four Digits of SSN# (if not the patient) _____ Patient's Relationship to Responsible Party
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Street Address _____ Phone No. (if not the patient) _____
City _____ State _____ Zip _____
Employer Name _____ Employer Phone No. _____
Employer Address _____ Date Retired _____

Medical Necessity Information

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Narrative Diagnosis _____ ICD9 Codes _____
1. _____
2. _____
3. _____
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ABN Signed? Yes No

Billing Information (Must be completed only if submitting specimen)

Please attach a copy of all Insurance I.D. Cards - Front and Back
Bill to: Physician/Client Insurance Medicare Part A Part B Patient Medicaid
Medicare Secondary Questionnaire Completed? Yes No
Medicare Number _____ Medicaid Number _____
Primary Insurance Company Name _____ Phone No. _____
Company Address _____
City _____ State _____ Zip _____
Policy Number _____ Group Number _____
Group Name _____ Benefit Code _____
Insured Name _____ Relationship _____
Secondary Insurance Company Name _____ Phone No. _____
Company Address _____
City _____ State _____ Zip _____
Policy Number _____ Group Number _____
Group Name _____ Benefit Code _____
Insured Name _____ Relationship _____

Specimen Information

STAT Phone () _____ Do not call after hours
 Fax () _____
Date Drawn _____ Time Drawn _____ Fasting Random
24 Hour Urine Volume _____ Time of Last Dose _____
A.M. P.M. A.M. P.M.

CPT	Tests or Panels	CPT	Tests or Panels	CPT	Tests	CPT	Single Tests	CPT	Single Tests	CPT	Molecular Pathology
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84132	Potassium (K)	85027	Barbiturates (U) Qual	85027	CBC with platelets without differential	86850	Antibody Screen (IDC)	source	Routine Culture (other)		CD4 Helper T-Cells <input type="checkbox"/> NOTE: If correlating morphology is not available, a White Cell Count with Differential will be performed and billed.
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80051	Electrolyte Panel	85610	Opiates (U) Qual	85610	PT with INR anticoagulant	86886	Transfuse Rhogam	87102	Fungus Culture		Molecular Protocols For Referral Lab <input type="checkbox"/> FISH <input type="checkbox"/> Cytogenetics <input type="checkbox"/> Southern Blot <input type="checkbox"/> Polymerase Chain Reaction (PCR)
84520	BUN	85730	PCP (U) Qual	85730	PTT anticoagulant	86905	Antibody Titer	87254	specimen source _____ Virus Culture		
82565	Creatinine	81003	THC (U) Qual	81003	Urinalysis with sediment microscopic	86905	Antigen Type (patient)	87254	specimen source _____ Herpes Culture		
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82310	Calcium	84702	Basic Metabolic Panel	84702	Quantitative HCG	83036	Antinuclear Antibody (ANA) Screen	87328	specimen source _____ Cryptosporidium and Giardia Antigens	87491	
80053	Comprehensive Metabolic Panel	82150	Albumin	82150	Amylase	86703	Hemoglobin A1C	87274	specimen source _____ Influenza Antigens A,B	87591	
80048	Basic Metabolic Panel	82670	Phosphorus	82670	Estradiol	86308	HIV Screen		Rapid Strep Antigen Screen		
82040	Albumin	83690	Single Hepatitis Tests	83690	Lipase	86592	MONO Test		Rotavirus Antigen		
84075	Alkaline Phos.	83735	Hepatitis A Antibody IGM	83735	Magnesium	86762	RPR Screen		RSV Antigen		
82247	Bilirubin, Total	84144	Hepatitis B Surface Antigen	84144	Progesterone	82950	Rubella Antibody IgG		Stool for WBC's		
84450	AST / SGOT	84153	Hepatitis B Surface Antibody	84153	PSA Screen	83605	1 Hour GTT				
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84155	Total Protein	84443	Hepatitis C Antibody	84443	TSH	84155	Serum Protein Electrophoresis	87420			
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