

Bill: Office Patient Insurance

Responsible Party (if other than patient) Social Security Number

Responsible Party Address, City/State/Zip

Workman's Comp? **Y N** Date of Injury or Illness Please complete info on back of page 1.

If Yes, Employer's Name Employer's Phone #

Primary Insurance **Secondary Insurance**

Primary Insurance Street Address Secondary Insurance Street Address

City/State/Zip City/State/Zip

Policy Number / ID Group # Policy Number / ID Group #

I assign payment for unpaid charges for tests performed. I understand that I am financially responsible for charges not covered by this authorization. A copy of this authorization may be used in lieu of the original. I request that payment from my insurance benefits be made on my behalf for any services furnished. I authorize medical or other information about me be released to the Centers for Medicare and Medicaid Services and its agents or my insurance carrier(s) to determine benefits for related services. I also understand and agree that it is my responsibility to be sure I am using the laboratory that is covered by my insurance company.

Signature Date

Patient Name:

Patient Street Address:

City/State/Zip:

Patient Social Security Number:

Patient Date of Birth: **F M**
Sex of Patient

Patient Telephone Number:

Account Code: Routine
Stat
Call Result

Ordering Physician: Signature

Date Collected: Time Collected:

Notice to Physicians: Medicare will only reimburse laboratory tests for which medical necessity is documented. A diagnosis must be provided for each test ordered. If the diagnosis does not meet medical necessity, an ABN must be presented for the patient's signature at the time the test is ordered and before the test is performed. Medicare covers some screening tests with frequency limitations. Please consult the laboratory for the most current information regarding routine screenings.

Send white and yellow with specimen. Pink - client copy

| ICD-9 | ✓ | CHEMISTRY | Order Code | ICD-9 | ✓ | CHEMISTRY | Order Code | ICD-9 | ✓ | MICROBIOLOGY | Order Code |
|-------|---|------------------------------------|------------|-------|---|---------------------------------|------------|-------|---|--|------------|
| | | CO ₂ * (G/GO) | 55 | | | Prolactin (G/GO) | 531 | | | Chlamydia/GC Detect | 1376 |
| | | Sodium * (G/GO) | 122 | | | PSA * (G/GO) | 116 | | | Crypto/Giardia (ST) | 258 |
| | | Potassium * (G/GO) | 114 | | | T3 Total * (G/GO) | 136 | | | Culture - Stool † (ST) | 223 |
| | | Chloride * (G/GO) | 59 | | | T3 (Uptake) * (G/GO) | 135 | | | Culture - Throat † (CT) | 236 |
| | | Glucose * (G/GO) | 5106 | | | T4 (Thyroxine) * (G/GO) | 126 | | | Culture - Urine * † (BO) | 239 |
| | | BUN * (G/GO) | 140 | | | Free T4 * (G/GO) | 127 | | | Culture - Specify site: | |
| | | Creatinine * (G/GO) | 5112 | | | TSH * (G/GO) | 129 | | | | |
| | | Calcium * (G/GO) | 53 | | | Theophylline (G/GO) | 35 | | | SEROLOGY | |
| | | Total Protein * (G/GO) | 118 | | | Transferrin * (G/GO) | 5155 | | | Anti-nuclear antibody (R) | 147 |
| | | Alk Phos * (G/GO) | 112 | | | Triglyceride * (G/GO) | 134 | | | C. Difficile Toxin (ST) | 5052 |
| | | Total Bilirubin * (G/GO) | 50 | | | Uric Acid (G/GO) | 141 | | | Cryptococcal Ag (R) | 779 |
| | | Albumin * (G/GO) | 45 | | | Routine Urinalysis * (U) | 4653 | | | Hepatitis A IgM (R) | 798 |
| | | AST/SGOT * (G/GO) | 131 | | | | | | | Hepatitis A Total Ab (R) | 797 |
| | | ALT/SGPT * (G/GO) | 132 | | | HEMATOLOGY | | | | Hepatitis B Core IgM (R) | 549 |
| | | Direct Bilirubin * (G/GO) | 52 | | | CBC w/diff PLT * (L) | 293 | | | Hepatitis B Core Total Ab (R) | 4483 |
| | | Amylase (G/GO) | 48 | | | CBC w/o diff autplatelets * (L) | 294 | | | Hepatitis B sAb * (R) | 472 |
| | | B-12 (G/GO) | 67 | | | PT * (B) | 320 | | | Hepatitis B sAg * † (R) | 21047101 |
| | | Beta HCG Quant * (G/GO) | 5116 | | | PTT (B) | 325 | | | Hepatitis C Ab * (R) | 868 |
| | | Cholesterol * (G/GO) | 60 | | | Patient on Coumadin? Y N | | | | Hepatitis C Total Ab (R) | 5156 |
| | | Cyclosporine (L) | 874 | | | Platelet Count * (L) | 301 | | | Immune Def Screen * † (R) | 5156 |
| | | Digoxin * (G/GO) | 23 | | | Sed Rate * (L) | 547 | | | Mononucleosis (R) | 482 |
| | | Ferritin * (G/GO) | 68 | | | Hct * (L) | 289 | | | Rheumatoid Factor (R) | 1195 |
| | | FSH (G/GO) | 86 | | | Hemoglobin * (L) | 291 | | | RPR * † (R) | 494 |
| | | Hemoglobin A1C * (L) | 90 | | | | | | | Rubella Screen (R) | 496 |
| | | LD (G/GO) | 96 | | | Comments: | | | | Rubeola IgG (R) | 657 |
| | | LH (G/GO) | 87 | | | | | | | Varicella Immune Status (R) | 163 |
| | | Lipase (G/GO) | 99 | | | | | | | | |
| | | Lipid Profile * (G/GO) | 18 | | | | | | | BLOOD BANK | |
| | | Lithium (R) | 29 | | | | | | | ABO/Rh † (R/L) | 895 |
| | | Magnesium * (G/GO) | 103 | | | | | | | Antibody Screen † (R/L) | 278 |
| | | Phenobarbital (G/GO) | 30 | | | | | | | Prenatal Panel † (R/L) | 4034 |
| | | Phenytoin [Dilantin] Total (G/GO) | 31 | | | | | | | Prenatal Panel includes: ABO/Rh Antibody Screen, CBC Screen, Hep B Ag, RPR, Rubella | |
| | | Phosphorus (G/GO) | 113 | | | Additional Tests: | | | | | |
| | | Pregnancy (Beta hCG Qual) (R/G/GO) | 5115 | | | | | | | | |

* Requires medical necessity documentation or ABN form. † Reflex Testing performed when indicated.

Shahla Masood, MD, Laboratory Medical Director

University of Florida Healthcare, Inc. ■ 655 West Eighth Street ■ Jacksonville, FL 32209 ■ Ph: (904) 244-5485 Fax: (904) 244-5562

FOR CYTOLOGY AND SURGICAL PATHOLOGY USE
THE DESIGNATED REQUISITION

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| | | Phosphorus (G/GO) | 113 | | | Additional Tests: | | | | | |
| | | Pregnancy (Beta hCG Qual) (R/G/GO) | 5115 | | | | | | | | |

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**FOR CYTOLOGY AND SURGICAL PATHOLOGY USE
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REFLEX TESTING

Microbiology

Microbiology cultures

Add on charges for identification and susceptibility testing will apply for positive cultures.

(LAB2058) Acid Fast Culture and Smear
If the acid fast smear is positive, the laboratory orders a M. tuberculosis PCR (7626)

Serology

(LAB471) Hepatitis B Surface Antigen
If positive, the laboratory may order a Hepatitis B Surface Antigen confirmation by neutralization

(LAB20147301) HIV 1/2 Antibody Screen
If positive, the laboratory orders a Western Blot HIV

(LAB473) HIV Rapid Screen
If positive, the laboratory orders a Western Blot HIV

(LAB494) RPR
If positive, a titer is ordered and if there was never a TP-PA (Treponema pallidum particle agglutination, 4110) done for the patient, then it is also ordered

(LAB779) Cryptococcal Antigen
If positive, the laboratory orders a Cryptococcal Antigen Titer

(LAB1195) Rheumatoid Factor
If positive, the laboratory orders a Rheumatoid Factor Titer (4121)

(LAB147) Antinuclear Antibody (ANA)
If positive, the laboratory orders an ANA Titer

(LAB207) CSF VDRL
If positive, the laboratory orders a CSF VDRL Titer (4201)

(LAB868) HCV Antibody
First time positive patients, laboratory orders an HCV RNA by PCR Quantitative (4879), RIBA confirmation (7503) or both

(LAB4498) Influenza A/B Antigen
If negative, the laboratory orders a Respiratory Virus PCR

(LAB495) RSV Antigen
If negative, the laboratory orders a Respiratory Virus PCR

Core Laboratory (Hematology & Chemistry)

(LAB293) CBC Screen
If the automated differential does not meet the laboratory criteria for reporting, then a manual differential will be performed

(LAB18) Lipid Panel
If the triglyceride is > 400, then we will order the Direct LDL (2321) and charge the client

(LAB4356) Cardiac CK, if the CK is > 195, we will order a CKMB (2325) and charge the client

SPECIMEN REQUIREMENT CODES

| | | | |
|-----|-----------------------------------|-----|-------------------------------------|
| B | Blue top vacutainer (citrate) | R | Red top vacutainer (no gel barrier) |
| BO | Boricult urine culture container | GO | Gold top vacutainer (gel barrier) |
| CT | Culturette | SC | Sterile container |
| GPT | Special swab medium for DNA Probe | TR | Transfer tube for frozen specimen |
| G | Light Green (Gel Barrier) | U | Urinalysis Preservative Container |
| GY | Gray top vacutainer (fluoride) | VTM | Herpes transport swab or medium |
| L | Lavender top vacutainer (EDTA) | ST | Stool sample |

FOR A COMPLETE LIST OF REFLEX TESTING, PLEASE REFER TO THE LABORATORY GUIDELINES MANUAL.

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Transfusion Services

- (LAB4034) Prenatal Profile
If antibody screen is positive, the following tests may be ordered to identify the antibody:
Antibody panel (5065)
Digitonin elution (5040)
Antibody titer (5300)
Direct Coombs (LAB274)
Antigen typing (5070)
Antibody neutralization (5055)
Antibody autoabsorption (5030)
- (LAB278) Antibody Screen (see prenatal profile)
If the Antibody Screen is positive on an Inpatient sample, 2 units of red blood cells are provided, including additional testing to provide compatible units.
- (LAB895) ABO/Rh
The following additional tests may be performed to confirm the patient's blood type:
Subgroup type
Du Variant
Direct Coombs
- (LAB4177) Rh Immune Globulin (Rhig) Evaluation
Fetal screen
Rhogam
- (LAB281) Crossmatch
Antigen typing
- (LAB274) Direct Coombs
If the Direct Coombs is positive, the following tests may be ordered to complete the antibody identification:
See Prenatal Profile
- (LAB892) Cord Blood Workup
If the Direct Coombs is positive, the following tests may be ordered to complete the antibody identification:
See Prenatal Profile
If the ABO or Rh type is inconclusive, the following tests may be ordered to confirm the blood type:
See ABO/Rh
In addition, tests may be ordered on the mother's blood in order to confirm the diagnosis of Hemolytic Disease of the Newborn.

If necessary, a sample may be sent to The Blood Alliance (TBA) Reference Laboratory for antibody identification. TBA may perform similar tests or additional procedures in order to provide an accurate identification and compatible blood components.

Cytology

Residual material from Pap specimens that are collected in PreservCyt Solution (Thin Pre vial) is used for Reflex HPV testing when the result of the pap specimen is ASCUS (Atypical squamous cells of undetermined significance).

If HPV testing on a Pap specimen is requested to be performed irrespective of the diagnosis, "HPV regardless" should be written in the comments section of this requisition.

If the specimen is reported as "Unsatisfactory" or is visually bloody, HPV testing will not be performed.