

Patient Name: \_\_\_\_\_

Collection Date: \_\_\_\_\_

Collection Time: \_\_\_\_\_

# OUTPATIENT LABORATORY TEST REQUISITION FORM

**AMBULATORY CARE CENTER OF HARFORD COUNTY**  
 520 Upper Chesapeake Drive  
 Bel Air, MD 21014

**HARFORD MEMORIAL HOSPITAL**  
 501 S. Union Avenue  
 Havre de Grace, MD 21078  
 443-843-

**PHYSICIANS PAVILION II**  
 510 Upper Chesapeake Drive  
 Bel Air, MD 21014  
 443-643-

**PHYSICIAN NOTIFICATION**

Medicare will pay only for tests that meet the Medicare coverage criteria and are reasonable and necessary to treat or diagnosis an individual patient. Medicare does not pay for tests for which documentation, including the patient record, does not support that the tests were reasonable and necessary. Medicare generally does not cover routine screening tests even if the physician or other authorized test orderer considers the tests appropriate for the patient. **All tests ordered MUST include the appropriate ICD-9 codes.**

Physician Name: \_\_\_\_\_

Physician Signature: \_\_\_\_\_

Physician Address: \_\_\_\_\_

Date: \_\_\_\_\_

 (print or stamp) \_\_\_\_\_  
 \_\_\_\_\_

 Remarks: \_\_\_\_\_  
 \_\_\_\_\_

PANELS							
*Basic Metabolic Panel		*Comp Metabolic Panel		*Hepatitis Panel		*Lipid Panel	
NA, K, CL, CO2, BUN	ICD-9	NA, K, CL, CO2, <b>glucose</b> , BUN,	Creat, alk phos, calcium, AST, ALT	HBsAG, Hepatitis B Surface Ab,	Hepatitis B Core Ab Total,	<b>cholesterol, triglyceride</b>	ICD-9
<b>glucose</b> , creat, calcium						calc LDL, <b>HDL</b>	
Electrolytes Panel		Total protein, albumin, total bilirubin		Hepatitis C Ab, HAV Ab IgM		Hepatic Function Panel A	
NA, K, CL, CO2	ICD-9	ICD-9 Code:		ICD-9 Code:		alb, bili (tot & dir), alk phos	ICD-9
					AST, ALT, total protein		
TESTS							
HEMATOLOGY	ICD-9	CHEMISTRY	ICD-9	SPECIAL CHEMISTRY	ICD-9	THERAPEUTIC DRUGS	ICD-9
* <b>CBC/Elec Diff</b>		Albumin		* <b>AFP</b>		Time of Last Dose ____ am/pm	
* <b>CBC/Elec Diff (w/o Reflex)</b>		Alkaline Phos.		* <b>CEA</b>		* <b>Digoxin</b>	
* <b>CBC w/ manual Diff</b>		ALT		Folate		Dilantin	
* <b>Hemoglobin</b>		AST		* <b>Free T4</b>		Lithium	
* <b>Hematocrit</b>		Bilirubin, direct		* <b>PSA</b>		Phenobarbital	
Sed Rate		Bilirubin, total		T3		Tegretol	
* <b>PT (w/INR)</b>		Bili, total (w/o Reflex)		* <b>T3 Uptake</b>		Theophylline	
APTT		BUN		* <b>T4 (Total)</b>		Valporic Acid	
* <b>HgB A1C</b>		Calcium		* <b>TSH</b>		MICROBIOLOGY	ICD-9
Fetal Screen		Carbon Dioxide		Vitamin B12		Blood Culture x ____	
Fetal Scr. (w/o Reflex)		Chloride		IMMUNOLOGY	ICD-9	Throat Culture	
BLOOD BANK	ICD-9	* <b>Cholesterol</b>		ANA		* <b>Urine Culture</b>	
ABO		Creatinine		ANA (w/o Reflex)		Wound Culture	
Rh		GGT		ASO		Culture, Other	
Antibody Screen		* <b>Glucose</b>		ASO (w/o Reflex)		ID/Sensitivity	
DAT		* <b>HCG, Quant.</b>		HAV Ab IgM		Source:	
Red Cells x ____		* <b>HDL</b>		HBSAG			
Platelets x ____		* <b>Iron, total</b>		HIV			
URINALYSIS	ICD-9	LDH		Lymes			
UA		Lead		Mononucleosis		Chlamydia	
UA (w/o Reflex)		Lipase		Mono (w/o Reflex)		GC	
Occult Blood x ____		Magnesium		Rheumatoid Factor		Strep A Screen	
____ Screening ____ Diagnostic		Phosphorus		RF (w/o Reflex)		Strep A (w/o Reflex)	
Stool for WBC		Potassium		* <b>RPR</b>		O & P	
BODY FLUIDS	ICD-9	Protein, total		Rubella		C, difficile	
Crystal Exam		Sodium		Additional Tests / ICD-9 Codes			
Cell Count		* <b>TIBC</b>					
Uric Acid		* <b>Triglycerides</b>					
Source:		Uric Acid					

 Tests in \***BOLD** may indicate the need for Medicare patients to sign an Advanced Beneficiary Notice

Please see reverse side for more information

## Upper Chesapeake Health Laboratories Welcome You!

Your physician has requested Laboratory test(s) to assist in the evaluation of your current medical condition. The Upper Chesapeake Health Laboratories in the Ambulatory Care Center of Harford County in Bel Air as well as at Harford Memorial Hospital in Havre de Grace are committed to providing you with Laboratory services of the highest quality. Our goal is to provide you with the services that exceed your expectations.

### Instructions

**Prior Preparation** Follow any instructions carefully that your physician has given you concerning your Laboratory test(s). If you have been instructed to fast prior to your test(s), it is recommended that this be for no longer than 8-10 hours. Should you have any questions concerning your test(s), please feel free to call the Ambulatory Care Center at 443-643-3840, or Harford Memorial Hospital at 443-843-6991.

**Centralized Scheduling** Fertility studies, therapeutic phlebotomies, and bone marrow studies must be scheduled through the ScheduleFirst office prior to being performed. Please call 443-843-7000 or 800-301-4799 to schedule these tests at either of our facilities.

### What to Expect

Upon arrival you will need to register with a Registration team member. At this time, the Registrar will make note of your address, physician's name and insurance information. If your insurance company required a referral or co pay, please be prepared to provide this at the time of registration. Depending on your healthcare coverage, you **may** receive a bill for charges not covered by your insurance company. This bill may come from the Ambulatory Care Center, Upper Chesapeake Medical Center, or Harford Memorial Hospital, depending upon where the services were performed. We will bill any secondary insurance **first** before billing you.

Following registration, you will be directed to a waiting area which could, at times, be full of patients. Please don't worry. All those patients may not be there for laboratory tests, so they are not necessarily ahead of you.

### Following Your Procedure

The Upper Chesapeake team member who collects the specimen will provide you with an estimated time that your test results will be provided to your physician. Our team members will also be happy to answer any questions or concerns you may have. Your physician will inform you of your results. You may also obtain a copy of your results, without cost, by personally appearing at the Quality and Health Information Management Department at either Upper Chesapeake Medical Center or Harford Memorial Hospital.

**We welcome any comments or suggestions about the services we have provided to you.** Please feel free to contact the Laboratory at the numbers listed in the Instruction section above. We look forward to serving you again for any of your future needs.