

SHARON HOSPITAL LABORATORY REQUISITION

50 HOSPITAL HILL RD., P.O. BOX 789, SHARON, CT 06069
 CT LAB REG.#HP-0317
 #BB-1046

LAB USE ONLY

TEL 860 364-4050 Lakeville 860-435-4965
 FAX 860-364-4051 Lakeville 860-435-4943
 PHLEBOTOMY PHONE 860-364-4267
 PHLEBOTOMY FAX 860-364-4016

PATIENT INFO	Requesting Physician Name		Mailing Address		City/Town	State	Zip	Tel #	Fax #
	Patient Last Name		First Name	M.I.	D.O.B.	M.	F.	Marital Status	Soc. Sec. #
	Mailing Address		Street / Box #	City / Town	State	Zip Code	Telephone #		
	Specimen Collection: Date / Time:		Collected by:	Fasting	Y	N	Race: <input type="checkbox"/> Caucasian <input type="checkbox"/> Other	Language: <input type="checkbox"/> English <input type="checkbox"/> Other	Ethnicity: <input type="checkbox"/> American <input type="checkbox"/> Other

Diagnosis / ICD-9 Codes (Required)

If the tests/services ordered will result in reimbursement from a federal program, they must be medically necessary for the diagnosis or treatment of the patient's symptoms or condition.

TESTS OR PROCEDURES IN BOLD RED PRINT REQUIRE DIAGNOSIS THAT MEETS MEDICAL NECESSITY FOR MEDICARE.

GUARANTOR	Guarantor Primary	Information Relationship to Patient:			Guarantor Secondary	Information		
	Plan Name	Address	Telephone #	Plan Name	Address	Telephone #		
	Policy #	Group #	Policy #	Group #				

COPY OF INSURANCE CARD MUST BE ATTACHED

CHEMISTRY	<input type="checkbox"/> AMYLASE	<input type="checkbox"/> FERRITIN	<input type="checkbox"/> IRON AND IBC	<input type="checkbox"/> PTH-I
	<input type="checkbox"/> Bilirubin, Total	<input type="checkbox"/> Folate	<input type="checkbox"/> LDH	<input type="checkbox"/> SGOT (AST)
	<input type="checkbox"/> Bilirubin, Direct	<input type="checkbox"/> FSH	<input type="checkbox"/> LDL, DIRECT	<input type="checkbox"/> SGPT (ALT)
	<input type="checkbox"/> BNP	<input type="checkbox"/> GLUCOSE, FASTING	<input type="checkbox"/> Lead	<input type="checkbox"/> T3
<input type="checkbox"/> BUN	<input type="checkbox"/> GLUCOSE, RANDOM	<input type="checkbox"/> Lipase	<input type="checkbox"/> FREE T3	
<input type="checkbox"/> Calcium	<input type="checkbox"/> GLUCOSE, 1 HR.	<input type="checkbox"/> LH	<input type="checkbox"/> T4	
<input type="checkbox"/> CALCIUM, IONIZED	<input type="checkbox"/> GLYCOHEMOGLOBIN (A1C)	<input type="checkbox"/> Lithium	<input type="checkbox"/> FREE T4	
<input type="checkbox"/> Carbamazepine/Tegretol	<input type="checkbox"/> HCG, Qualitative (serum)	<input type="checkbox"/> MAGNESIUM	<input type="checkbox"/> Testosterone	
<input type="checkbox"/> CHOLESTEROL	<input type="checkbox"/> HCG, Quantitative (serum)	<input type="checkbox"/> Phenobarbital	<input type="checkbox"/> Theophylline	
<input type="checkbox"/> Cortisol	<input type="checkbox"/> Hepatitis B Surface Antibody	<input type="checkbox"/> Phosphorus	<input type="checkbox"/> TRIGLYCERIDES	
<input type="checkbox"/> Creatinine	<input type="checkbox"/> Hepatitis A IgM	<input type="checkbox"/> Potassium	<input type="checkbox"/> TSH (with Reflex to FT4, FT3)	
<input type="checkbox"/> CPK	<input type="checkbox"/> Hepatitis B core IgM	<input type="checkbox"/> Progesterone	<input type="checkbox"/> Uric Acid	
<input type="checkbox"/> hsCRP	<input type="checkbox"/> Hepatitis B Surface Antigen	<input type="checkbox"/> Prolactin	<input type="checkbox"/> Valproic Acid (Depakote)	
<input type="checkbox"/> DIGOXIN	<input type="checkbox"/> Hepatitis C Antibody	<input type="checkbox"/> PSA	<input type="checkbox"/> Vitamin B12	
<input type="checkbox"/> Dilantin (Phenytoin)	<input type="checkbox"/> HIV	<input type="checkbox"/> DIAGNOSTIC	<input type="checkbox"/> Vitamin D	
<input type="checkbox"/> Estradiol	<input type="checkbox"/> Homocysteine	<input type="checkbox"/> SCREEN (requires V code)		
HEMATOLOGY COAG.	<input type="checkbox"/> CBC & AUTO DIFF.	<input type="checkbox"/> ESR (Sed Rate)	<input type="checkbox"/> Heparin Xa	<input type="checkbox"/> PTT (not on heparin)
	<input type="checkbox"/> reflex to manual diff. if indicated	<input type="checkbox"/> Fibrinogen	<input type="checkbox"/> PT/INR	<input type="checkbox"/> on heparin
	<input type="checkbox"/> d-Dimer	<input type="checkbox"/> Hemoglobin & Hematocrit		<input type="checkbox"/> RETICULOCYTE COUNT
BLOOD BANK/ URINALYSIS	<input type="checkbox"/> Type & Screen	<input type="checkbox"/> Rhogam	<input type="checkbox"/> URINALYSIS, ROUTINE MACRO	
	<input type="checkbox"/> ABO & Rh	<input type="checkbox"/> Occult Blood	(Microscopic reflex if positive)	
	<input type="checkbox"/> Crossmatch _____ units	<input type="checkbox"/> Stool for WBC's		
MICROBIOLOGY/SEROLOGY	<input type="checkbox"/> BV Vaginitis Panel	<input type="checkbox"/> Mono, Infectious	<input type="checkbox"/> GC Source _____	<input type="checkbox"/> Ova & Parasites
	<input type="checkbox"/> Chlamydia / G.C.	<input type="checkbox"/> Rheumatoid Factor	<input type="checkbox"/> Genital: Source _____	<input type="checkbox"/> Yersinia
	<input type="checkbox"/> Aptima	<input type="checkbox"/> RPR	<input type="checkbox"/> Group B Strep	Throat:
	<input type="checkbox"/> M4- RT	<input type="checkbox"/> RSV	<input type="checkbox"/> penicillin allergy	<input type="checkbox"/> Strep Screen } Group A
	<input type="checkbox"/> Probetec	<input type="checkbox"/> Rubella	<input type="checkbox"/> Herpes Source _____	<input type="checkbox"/> Rapid Strep } Strep Only
	<input type="checkbox"/> Chlamydia (eye source)	Cultures:	<input type="checkbox"/> MRSA Screen (nasal only)	<input type="checkbox"/> Throat Culture
	<input type="checkbox"/> Gen Probe	<input type="checkbox"/> AFB (Mycobacteria)	<input type="checkbox"/> Sputum <input type="checkbox"/> Expectorated	<input type="checkbox"/> Urine <input type="checkbox"/> Cath straight
	<input type="checkbox"/> Ehrlichiosis (IgG, IgM)	Source _____	<input type="checkbox"/> Suctioned	<input type="checkbox"/> Clean Catch
	<input type="checkbox"/> H. Pylori Antigen (stool)	<input type="checkbox"/> Blood Culture # _____	Stool:	<input type="checkbox"/> Wound Source: _____
	<input type="checkbox"/> H. Pylori (antibody)	<input type="checkbox"/> Ear/Eye Source _____	<input type="checkbox"/> C. Difficile Toxins	
<input type="checkbox"/> Influenza A&B (rapid)	<input type="checkbox"/> Fluid Source _____	<input type="checkbox"/> Stool Culture (includes Campylobacter and E. Coli 0157-47, Salmonella, Shigella-Shigatoxin)		
<input type="checkbox"/> Lyme, Elisa, reflex to W.Blot	<input type="checkbox"/> Fungal Source _____	<input type="checkbox"/> Cryptosporidium/Giardia Ag		
<input type="checkbox"/> Lyme, Western Blot	<input type="checkbox"/> Gram Stain	<input type="checkbox"/> Reflex to O&P if neg		
PROFILES	<input type="checkbox"/> Basic Metabolic	<input type="checkbox"/> Immunity Panel (IgG)	<input type="checkbox"/> Obstetric Panel	ADDITIONAL TESTS
	<input type="checkbox"/> Comprehensive Metabolic	(measles, mumps, rubella, varicella)	<input type="checkbox"/> Renal Panel	
	<input type="checkbox"/> Electrolytes	<input type="checkbox"/> LIPID PANEL	<input type="checkbox"/> Thyroid Panel (FT4, T5H)	
	<input type="checkbox"/> Hepatitis Panel	<input type="checkbox"/> Liver Function		

CYTOPATH	TP GYN	L.M.P.	Therapy	Specific Site of Biopsy	Clinical History
	Endometrial	Vagina	Hormones		
	Endocervix	Vulva	Bleeding		
			Other		

Requesting Physician Signature: _____ Date: _____



LABORATORY PROFILES - SHARON HOSPITAL

PROFILE DESCRIPTION	TESTS INCLUDED	PROFILE DESCRIPTION	TESTS INCLUDED	
CBC	WBC, RBC, Hgb, Hct.	Lipid Panel	Cholesterol	
	Indices, Platelets, 5-Part		HDL	
	Automated Differential		Triglycerides	
Basic Metabolic	Glucose	Obstetric Panel	LDL Calculated	
	Calcium		CBC	
	Bun		ABO & Rh	
	Creatinine		Antibody Screen	
	Electrolytes		Rubella Screen	
Comprehensive Metabolic	Glucose	Urinalysis	RPR	
	Bun		HBsAg	
	Sodium		Macroscopic Component	
	Potassium		Microscopic if indicated	
	Chloride		REFERENCE LABORATORY	
	CO2		Drug Abuse Screen, urine	Alcohol, Amphetamines,
	Albumin			Barbituates, Benzodiazepines
Alkaline Phosphatase	Cocaine, Opiates, Phencyclidine,			
ASAT	Drug Abuse, Comprehensive Overdose	Tetrahydrocannabinol		
Bilirubin Total		Qualitative Screen for over 80		
Calcium		different substances, Serum, Urine or		
Protein Total		Gastric contents individual or group.		
Electrolytes	Creatinine + ALT	EBV Profile	EBV Early Ag, Nuclear Ag, VAC IgG, VCA IgM	
	Sodium			
	Potassium			
	Chloride			
Hepatitis Panel	CO2	Hgb Electrophoresis	A, A2, F fractionation	
	Hep A Antibody IgM			
	Hep B Surface Antigen			
	Hep B Core Antibody IgM			
Hepatic Panel	Hep C Virus Antibody	Immunoelectrophoresis	Agarose G T Protein, Albumin, alpha 1 anitrypsin, Haptoglobin, alpha-2-macroglobutin, transferrin C3, IgG, IgA, IgM	
	ASAT			
	ALAT			
	Alkaline Phosphatase			TORCH IgM
	Bilirubin Total + Direct			
Albumin + TP	TORCH IgG	IgG antibodies to Rubella, Toxoplasma Cytomegalovirus, Herpes Virus		
Renal Panel			Glucose	Cytomegalovirus, Herpes Virus
	BUN			
	Creatinine			
	Lytes			
	Uric acid			
	Calcium			
	Phos			
	Albumin			
Thyroid Panel	TSH			
	FT4			
Strep Screen Throat Culture	Group A only			
	all pathogens			