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GREAT MEDICINE CLINIC
123 MAIN STREET
ANYWHERE, USA 11111
(555) 123-4567 R0000R
GRTDOC ()

DOCTOR DR MD
 DOCTOR DOCTOR MD
 DOCTOR DOC MD

MEDICARE/MEDICAID REQUISITION

YOUR ID NO. _____

NAME (LAST, FIRST, MIDDLE INITIAL) _____

COLLECTION DATE	COLLECTION TIME	DATE OF BIRTH	SEX
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COMPLETE FOLLOWING FOR MEDICARE / MEDICAID BILLING:

SERUM PLASMA RANDOM URINE
24HR urine: volume _____ mL

MEDICARE NO. _____ RAILROAD RETIREE NO. _____ MEDICAID NO. _____

PATIENT ADDRESS _____

CITY _____ STATE _____ ZIP _____

ORGAN OR DISEASE ORIENTED PANELS	ICD DX CODE	MEDICARE WAIVER
MPB Metabolic Panel, Basic 80048		If Medicare, Medicaid, or Railroad Retiree, complete Advance Beneficiary Notice (ABN) when necessary. ABN sent: <input type="checkbox"/> Yes <input type="checkbox"/> No *Slide required---sent? <input type="checkbox"/> Yes <input type="checkbox"/> No
MPC Metabolic Panel, Comprehensive 80053		
LYTES Electrolyte Panel 80051		
LIVER Liver Panel 80076		
AS Hepatitis Panel, Acute 80074		
BLIPO Lipoprotein Panel, Basic 80061		
PRENAT4 Prenatal 4 Panel 80055		
RFP Renal Function Panel 80069		
GHP General Health Panel 80050		

INDIVIDUAL TESTS	ICD DX CODE	INDIVIDUAL TESTS	ICD DX CODE	PLEASE CHECK DESIRED TESTS	ICD DX CODE
ALT ALT (GPT) 84460		DIGOX Digoxin 80162		MA-RU Microalbumin, Random 82043	
AMY Amylase 82150		EBVCGM EBV Viral Capsid Ag Abs 86665x2		APTT Partial Thromboplastin Time (PTT) F 85730	
EHRlich Anaplasma Ab 86666		ESR Erythrocyte Sed Rate 85652		PARVO Parvovirus B19 Abs 86747x2	
ANENAT Anaplasma Ehrlichia, NAT 87798		FERRIT Ferritin 82728		PTN Phenytoin 80185	
ANASCN Antinuclear Ab Profile 86038		FOL Folate F 82746		PHOS Phosphorous 84100	
		B/F Folate & Vit B12 F 82746/82607		K Potassium 84132	
ATIII Antithrombin III, Func F 85300		FSH FSH 83001		PREALB Prealbumin 84134	
AST AST (SGOT) 84450		GGT GGT 82977		PROGES Progesterone F 84144	
BNP BNP F 83880		GLIADIN Gliadin Abs (Deamidated) IgA/IgG 83516x2		PROLAC Prolactin 84146	
BCA Breast Cancer Antigen 15-3 F 86300		GLU Glucose 82947		PSA Prostate Specific Antigen 84153	
CA19-9 CA19-9 86301		HEPY Helicobacter pylori Abs 86677		PRO-CR Protein/Creat Ratio, Urine 82570/84156	
CA Calcium, Serum 82310		HGB Hemoglobin 85018		PROTSF Protein S Activity F 85306	
IC Calcium, Ionized 82330		ABC Hepatitis B core Ab 86704		PROT-SM Protein S Ag F 85305/85230	
CA-125 Cancer Antigen 125 86304		AB Hepatitis B surface Ab 86706		PROTSI Protein S Ag, not on Coumadin F 85305	
HGMPA CBC with Auto Diff * 85025		HAA Hepatitis B surface Ag 87340			
HGMPM CBC with Manual Diff * 85007		HCVAB Hepatitis C Virus Ab 86803			
		HSV12AB Herpes Type 1&2 86695/86696			
HGMP CBC without Diff* 85027		GH Hgb A1c 83036			
CDNAT C difficile Toxin, Nucleic Acid 87493		HCYST Homocysteine 83090			
CEA CEA 82378		INT-PTH Intact PTH with CA F 83970/82310			
ACELPAN Celiac Panel, Adult 83516/82784		FE Iron 83540			
PCELPAN Celiac Panel, Pediatric 86255/83516/82784		IBC Iron Binding Capacity 83550			
CERULO Ceruloplasmin 82390		FETIBC Iron & IBC 83540/83550			
HDL Cholesterol, HDL 83718		LAMO Lamotrigene 80299			
C-3 Complement, C-3 86160		LDL-D LDL, Direct 83721			
C-4 Complement, C-4 86160		BL Lead <input type="checkbox"/> Ven <input type="checkbox"/> Cap 83655			
TOTL-C Complement, Total F 86162		LEVE Levitetacetam 80299			
CTDP Connective Tissue Disease, Pnl		LH LH 83002			
		LIP Lipase 83690			
		LJ Lithium 80178			
AMA-CORT Cortisol 82533		LAPAN Lupus Anticoagulant Panel F 85613/85732			
CRP C-Reactive Protein 86140		LYEGME Lyme Ab Screen, Early 86618			
CREAT Creatinine 82565		LYEGML Lyme Ab Screen, Late 86618			
CK Creatine Kinase, Total 82550		MG Magnesium, Serum 83735			
CRPHS CRP, High Sensitivity 86141		MMA Methylmalonic Acid 83921			
CCP Cyclic Citrullinated Peptide Abs 86200					

For lab use only: BTT Feces GTT LTT PFIT Plasma RTT Serum SFIT Slides SST Urine

How To Complete a Test Requisition

1. Fill in all mandatory patient information fields (pink shaded areas).
2. Must include the Medicare or Medicaid number and the patient's address.
3. If Medicare, Medicaid or Railroad Retiree, complete ABN when necessary and mark the requisition indicating what action was taken.
4. Indicate desired test(s) by clearly marking box next to test name, and ICD Code.
5. Apply bar code label directly to specimen container. Note: Slides should have the patient's name and DOB handwritten on the frosted end of slide. Place a barcode label on the slide case.
6. Insert top copy of requisition form into the pocket of the biohazard bag. Keep a copy for your records. Place the sample in the zip lock compartment of the biohazard bag and assure that it is completely sealed.

