



Patient Label

**LABORATORY**

**OUTPATIENT SERVICES REQUISITION**

128 Lehua Street, Wahiawa 96786

Phone: (808) 621-4354 Fax: (808) 621-4457

PATIENT'S LAST NAME:		FIRST NAME:	
PHONE NUMBER:		DOB:	SEX:
INSURANCE/PRE-AUTHORIZATION NUMBER:			
		<input type="checkbox"/> FASTING <input type="checkbox"/> NON-FASTING <input type="checkbox"/> STAT	

DATE OF SERVICE:  
 DATE OF INJURY/ONSET:

**REQUIRED: DOCUMENT CURRENT CLINICAL SYMPTOMS ("Rule Out", "Routine" or "History of" not acceptable):**

CHEMISTRY	CHEMISTRY PANELS	HEMATOLOGY
<input type="checkbox"/> ALT (SGPT) <input type="checkbox"/> Glucose <input type="checkbox"/> Albumin <input type="checkbox"/> HCG <input type="checkbox"/> Qual or <input type="checkbox"/> Quant <input type="checkbox"/> Ammonia <input type="checkbox"/> Hemoglobin, A1C <input type="checkbox"/> Amylase <input type="checkbox"/> Iron/TIBC <input type="checkbox"/> AST (SGOT) <input type="checkbox"/> Magnesium <input type="checkbox"/> Bilirubin, Direct <input type="checkbox"/> Potassium <input type="checkbox"/> Bilirubin, Total <input type="checkbox"/> Phosphorus <input type="checkbox"/> Cholesterol, Total <input type="checkbox"/> TSH <input type="checkbox"/> Cholesterol, HDL <input type="checkbox"/> T4, Free <input type="checkbox"/> Cholesterol, LDL <input type="checkbox"/> TSH, Reflex to FT4 <input type="checkbox"/> CK, Total <input type="checkbox"/> TSH/FT4 <input type="checkbox"/> CK, Reflex CKMB <input type="checkbox"/> Triglycerides <input type="checkbox"/> Creatinine <input type="checkbox"/> Urea Nitrogen (BUN) <input type="checkbox"/> Digoxin <input type="checkbox"/> Uric Acid <input type="checkbox"/> Dilantin (Phenytoin) <input type="checkbox"/> Valproic Acid <input type="checkbox"/> Ferritin <input type="checkbox"/> Vancomycin	<input type="checkbox"/> Electrolytes • Na • K+ • Cl • CO <sub>2</sub> <input type="checkbox"/> Basic Metabolic Panel ▪ Glu • BUN • Calcium • Creat • Lytes <input type="checkbox"/> Comprehensive Metabolic Panel ▪ Glu • BUN • Calcium • Creat • Lytes • Alb ▪ Alk Phos • ALT • AST • Total Bili • Total Protein <input type="checkbox"/> Liver Function ▪ Alb • Alk Phos • ALT/SGPT • AST/SGOT ▪ Total Bili • Direct Bili • Total Protein <input type="checkbox"/> Lipid Panel ▪ Total Cholesterol • HDL • LDL • Triglycerides	<input type="checkbox"/> CBC with Diff <input type="checkbox"/> CBC w/o Diff <input type="checkbox"/> Hemoglobin & Hematocrit <input type="checkbox"/> Hemoglobin <input type="checkbox"/> Hematocrit <input type="checkbox"/> Sed Rate (ESR)
		COAGULATION
		Is Patient on Anticoagulant? <input type="checkbox"/> YES <input type="checkbox"/> NO
		<input type="checkbox"/> PT/INR <input type="checkbox"/> APTT <input type="checkbox"/> D-Dimer
		URINE
		Source: <input type="checkbox"/> CC <input type="checkbox"/> Cath <input type="checkbox"/> Foley
		<input type="checkbox"/> HCG, Urine <input type="checkbox"/> Urinalysis, Reflex <input type="checkbox"/> Urinalysis w/o Reflex <input type="checkbox"/> Urinalysis w/ Microscopic <input type="checkbox"/> Culture Only
		PATHOLOGY
		<input type="checkbox"/> Pathology/Cytology Site: _____
		MISC
		<input type="checkbox"/> Other: _____

**ADDITIONAL TESTS/COMMENTS:**

Signature: \_\_\_\_\_, MD Print Name: \_\_\_\_\_, MD Date: \_\_\_\_\_

*Notification to Physicians and Other Persons Legally Authorized to Order Tests for Which Medicare Reimbursement Will Be Sought. Medicare will pay only for tests that meet the Medicare coverage criteria and are reasonable and necessary to treat or diagnose 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. Complete the ABN for tests that Medicare will not consider "medically necessary" for the noted diagnosis. Procedures governed by local or national coverage determination (LCD or NCD) are found in the Medicare A and Medicare B publications and listed on their respective websites: www.iamedicare.com (Part A) and www.noridianmedicare.com (Part B).*