

**CLINICAL LABORATORY ORDERS**

900 11<sup>TH</sup> St SE, Bandon, OR 97411

PH 541-347-2426, FAX 541-347-0511



Please print for clarity

Patient Last Name		Provider name	
Patient First Name		Provider Address (if not local)	
Patient DOB	Patient Gender	Provider Phone	
ICD-10 / DIAGNOSIS CODES		Provider Fax	
Provider Signature		Date	Time <input type="checkbox"/> STAT <input type="checkbox"/> Fasting, _____ HRS

The ICD-10/diagnosis code(s) must be provided for proper billing. Providers should only order tests that are medically necessary for the diagnosis or treatment of their patients. The Provider understands he/she is required to submit ICD-10 diagnosis to support the patient's record as documentation of medical necessity or explain and have the patient sign an ABN.

CHEMISTRY PANELS	MICRO & SEROLOGY	THERAPEUTIC DRUGS	
Electrolytes	C difficile panel	<i>Last Dose &amp; Date</i>	Free T4
Basic Metabolic Panel	H pylori		Glucose
Comprehensive Metabolic Panel	Culture <i>SOURCE</i>	Acetaminophen	GTT 2 Specimen 75 g
		Digoxin	GTT Gest 2 Hr PP
Hepatic [Liver] Panel	Fecal Occult Blood	Phenytoin / Dilantin	GTT Gest 4 Spec 100 g
Renal [Kidney] Panel	Rapid Strep A+	Salicylate	HCG, Qualitative <input type="checkbox"/> Urine <input type="checkbox"/> Serum
Lipid Panel	Rapid COVID-19	Vancomycin	HCG, Quantitative <i>ser</i>
Thyroid Panel	Rapid Influenza A & B	<b>ALPHABETIC LIST</b>	Iron
<b>HEMATOLOGY / COAG</b>	MRSA/SA Nasal PCR	Albumin	Ketones / Acetone
CBC	COV-2 PCR	Alcohol - Medical	Lactic Acid
CBC DIFF <i>w/ Manual Diff if Indicated</i>	COV-2/FLUA/FLUB/RSV PCR	Alkaline Phosphatase	LDH
	Mononucleosis	ALT	Lipase
Manual Differential	Vaginal Wet Mount & KOH	Ammonia	Magnesium
Sed Rate / ESR	<b>SEND OUT TESTS</b>	Amylase	NT pro-BNP
INR / Protime	PTH Intact wo Calcium	AST	Phosphorus
aPTT	Protein Tot Ran w Crea UR	Bilirubin, Direct	Protein, Total
D-Dimer	Quantiferon(R)-TB	Bilirubin, Total	PSA, Total, Diagnostic
<b>URINALYSIS</b>	Microalbumin Ran w Crea UR	Blood Urea Nitrogen	PSA, Total, Screen
<input type="checkbox"/> Clean Catch <input type="checkbox"/> I/O <input type="checkbox"/> Indwelling	Vitamin D 1, 25 Dihydroxy	Calcium	Salicylate
	Testosterone, Free/Tot	Cholesterol, HDL	Sodium
UA DIP (macroscopic)	Vitamin D2, D3 Hydroxy	Cholesterol, LDL	TIBC
UA Complete (macro/micro) <i>w/ Culture if indicated</i>	Testosterone, Tot, LC/MS	Cholesterol, Total	Triglycerides
	ANA, Titer & Pattern	Chloride	Troponin hs
	T3, Tot	Creatinine Kinase	TSH
<b>IMMUNOHEMATOLOGY</b>	Microalbumin wo Crea Ran UR	C-Reactive Protein	TSH reflex Free T4
ABO/Rh	Progesterone	Ferritin	Uric Acid
Rh	CCP Ab IgG	Folate	Vit D Total
Antibody Screen	Estradiol	Free T3	Vitamin B12
<b>OTHER TESTS:</b>		<b>PATIENT ID:</b>	

PANEL CONTENTS:

<b>CMP</b>	<b>BMP</b>	<b>RENAL</b>	<b>HEPATIC</b>	<b>LYTES</b>	<b>LIPID</b>	<b>THYROID</b>	<b>IRON STUDY</b>
NA	NA	NA	TBIL	NA	CHOL	TSH	IRON
K	K	K	TP	K	HDL	FT3	TIBC
CL	CL	CL	ALB	CL	LDL	FT4	%SAT
CO2	CO2	CO2	GLOB	CO2	TRIG		FERR
AGPK	AGPK	AGPK	A/G	AGPK	CHOL		
BUN	BUN	BUN	ALP		NHDL		
CREA	CREA	CREA	ALT		CHOL/HDL		
BUN/CREA	BUN/CREA	BUN/CREA	AST				
GLU	GLU	GLU	DBIL				
CA	CA	CA	IBIL				
OSMO	OSMO	OSMO					
TBIL	eGFR	ALB					
TP		PHOS					
ALB		eGFR					
GLOB							
A/G							
ALP							
ALT							
AST							
eGFR							