



# ANCILLARY ORDER FORM

Specimen Pick-Up and Fax Network Inquiries

(513) 636-7328 - 1-800-653-5516

Lab Results - (513) 636-4281

Radiology Scheduling/Results - (513) 636-4251

Test Referral Center - (513) 636-4461 - Fax (513) 636-3918

Radiology Orders Base - Fax (513) 636-3004

Radiology Orders Test Referral Center - Fax (513) 803-1111

- Routine  Stat
- Patient Presented For Lab Draw
- Specimen Only

PATIENT NAME \_\_\_\_\_ LAST \_\_\_\_\_ FIRST \_\_\_\_\_ MI \_\_\_\_\_

SEX: M \_\_\_ F \_\_\_ DATE OF BIRTH \_\_\_\_\_ PHONE \_\_\_\_\_

CHMC

MEDICAL RECORD # \_\_\_\_\_

### COLLECTION INFORMATION:

\* Required

Draw Date \_\_\_\_\_

Draw Time \_\_\_\_\_

[www.cincinnatichildrens.org/svc/dept-div/clinical-labs](http://www.cincinnatichildrens.org/svc/dept-div/clinical-labs)

INS 1)			
Subscriber ID		Group Name / No.	
Street	City	State	Zip
Phone			
Subscriber ID (INS 2)		Group Name / No.	
Street	City	State	Zip
<b>Policy Holder / Guarantor (if different than self)</b>			
Name / Relationship _____			
Address _____			

### DIAGNOSIS / ICD-9 CODE

SEE BACK OF PART 2 - YELLOW COPY - FOR ICD-9 CODES

### PHYSICIAN SIGNATURE

DATE \_\_\_\_\_

PRINT PHYSICIAN NAME \_\_\_\_\_

PHONE / BEEPER # \_\_\_\_\_ FAX # \_\_\_\_\_

SEND RESULTS TO / PHYSICIAN ADDRESS:

### LABORATORY

#### BLOOD:

- \_\_\_ Albumin\*
- \_\_\_ Amino Acids Serum
- \_\_\_ Amylase\*
- \_\_\_ ANA (Titer If Positive)
- \_\_\_ Autoantibody Screen ANA ASMA APCA ATA MITO LKM
- \_\_\_ ASO
- \_\_\_ Bile Acid
- \_\_\_ Bilirubin, Conjugated\*
- \_\_\_ Bilirubin, Unconjugat.\*
- \_\_\_ B.U.N.\*
- \_\_\_ C Reactive Protein\*
- \_\_\_ Calcium\*
- \_\_\_ CBC (incl. plat)\*
- \_\_\_ CBC, Diff., Plat\*
- \_\_\_ Cholesterol\*
- \_\_\_ Chromosome Analysis (Bld)
- \_\_\_ Coenzyme Q10
- \_\_\_ Comp. Profile C1Q, C2, C3, C4, C5 C6, C7, C8, C9, Properdin, C4 BP, C1 Inhib
- \_\_\_ Creatinine\*
- \_\_\_ EBV Profile IgG IgM EBNA)
- \_\_\_ EBV - IgG
- \_\_\_ EBV - IgM

- \_\_\_ EBV - EBNA
- \_\_\_ Electrolytes\* (Na, K, Cl, CO<sub>2</sub>)
- \_\_\_ Fragile X
- \_\_\_ Fibrinogen
- \_\_\_ Glucose\*
- \_\_\_ Hemoglobin A<sub>1</sub>C
- \_\_\_ HGB Electro.
- \_\_\_ HGB S Level
- \_\_\_ Hep A Ab (Total)
- \_\_\_ Hep A IgM
- \_\_\_ Hep Bc Ab
- \_\_\_ Hep Bs Ab
- \_\_\_ Hep Bs Ag
- \_\_\_ Hep C Ab
- \_\_\_ IgE
- \_\_\_ IgG Subclasses
- \_\_\_ Iron\*
- \_\_\_ LDH\*
- \_\_\_ **Lead Level** \_\_\_ Venous \_\_\_ Capillary
- \_\_\_ Lipid Profile Cholesterol Triglycerides HDL LDL
- \_\_\_ Liver Profile Albumin Total Protein SGOT (AST) SGPT (ALT) Alk Phos Bilirubin, Conj. Bilirubin, Unconj. GGT

- \_\_\_ Magnesium\*
- \_\_\_ Mono Spot\*
- \_\_\_ Newborn Screen
- \_\_\_ Phosphorus\*
- \_\_\_ Potassium\*
- \_\_\_ Pregnancy Serum\*
- \_\_\_ PT\*
- \_\_\_ PTT\*
- \_\_\_ Renal Profile\* (Lytes BUN Cr)
- \_\_\_ Retic Count
- \_\_\_ Sed Rate\*
- \_\_\_ SGOT\* (AST)
- \_\_\_ SGPT\* (ALT)
- \_\_\_ Sodium
- \_\_\_ S.P.P. IGA, IgG, IgM, C3, 34, Transf, CRP, Alb
- \_\_\_ T3
- \_\_\_ T3 Uptake
- \_\_\_ T4
- \_\_\_ T4 (unbound)
- \_\_\_ TIBC
- \_\_\_ TSH
- \_\_\_ Triglycerides\*
- \_\_\_ Uric Acid\*

#### SPECIAL TESTS

- \_\_\_ Acylcarnitine
- \_\_\_ Bleeding Time
- \_\_\_ Sweat Chloride

### URINE

- \_\_\_ Pregnancy Urine
- \_\_\_ Urinalysis
- \_\_\_ Urine CX CC
- \_\_\_ Urine CX CATH
- \_\_\_ Urine Comp. Drug Screen
- \_\_\_ Urine - Drugs of Abuse Screen

### STOOL

- \_\_\_ Occult Blood
- \_\_\_ **Ova & Parasites** \_\_\_ Ova & Par. \_\_\_ Giardia \_\_\_ Crypto DFA
- \_\_\_ Rotovirus
- \_\_\_ Stool Culture

### DRUG LEVELS

- \_\_\_ Acetaminophen\*
- \_\_\_ Cyclosporin
- \_\_\_ Depakene\*
- \_\_\_ Diamox
- \_\_\_ Digoxin\*
- \_\_\_ Dilantin\*
- \_\_\_ Felbamate
- \_\_\_ Imipramine
- \_\_\_ Lamictal
- \_\_\_ Lithium\*
- \_\_\_ Mebaral
- \_\_\_ Mysoline\*
- \_\_\_ Nembutol
- \_\_\_ Neurotin

- \_\_\_ Phenobarbital\*
- \_\_\_ Prograf (FK506)
- \_\_\_ Salicylate\*
- \_\_\_ Sirolimus
- \_\_\_ Tacrolimus
- \_\_\_ Topiramate
- \_\_\_ Tegretol\*

### CULTURES

- \_\_\_ Blood Culture
- \_\_\_ Pertuss, Cx & FA
- \_\_\_ Flu A/B AG
- \_\_\_ RSV Antigen
- \_\_\_ Strep Rapid AG (incl Cx on negs)
- \_\_\_ Strep Culture w/o Rapid AG
- \_\_\_ Throat Culture
- \_\_\_ Wound Culture

### RADIOLOGY

- \_\_\_ Abdomen
- \_\_\_ Airway
- \_\_\_ Ankle
- \_\_\_ Bone Age
- \_\_\_ Chest
- \_\_\_ Elbow
- \_\_\_ Foot
- \_\_\_ Forearms
- \_\_\_ Hand
- \_\_\_ Hips
- \_\_\_ Sinuses
- \_\_\_ Spine (Specify)
- \_\_\_ Wrist

### PATHOLOGY

- \_\_\_ Fluid Cytology
- \_\_\_ Smear Cytology
- \_\_\_ Tissue Exam
- \_\_\_ Tissue Gross

### MOLECULAR PATHOLOGY

- Adenovirus \_\_\_ Quant \_\_\_ Qual
- \_\_\_ B. pertussis
- Cytomegalovirus \_\_\_ Quant \_\_\_ Qual
- Epstein-Barr Virus \_\_\_ Quant \_\_\_ Qual
- \_\_\_ Herpes Simplex Virus
- Human Herpesvirus 6 \_\_\_ Quant \_\_\_ Qual
- \_\_\_ Parvovirus B19
- \_\_\_ Respiratory Panel
- \_\_\_ Influenza A, B
- \_\_\_ RSV
- \_\_\_ Parainfluenzal 1, 2, 3
- \_\_\_ Human Metapneumovirus
- \_\_\_ Toxoplasma
- \_\_\_ Varicella-Zoster Virus
- \_\_\_ GC DNA
- \_\_\_ Chlamydia DNA

\*Available for STAT testing

### NOTICE: ORDER INDIVIDUAL COMPONENTS

### OTHER TESTS / X-RAYS / APPOINTMENT TIMES / SPECIAL INSTRUCTIONS

Special Preparation:  None  No Food or Drink for \_\_\_\_\_ Hours  Other \_\_\_\_\_

**MEDICAL NECESSITY REGULATIONS:** At the government's request, the Clinical Laboratories would like to remind all physicians that when ordering tests that will be paid under federal health care programs, including Medicare and Medicaid, will pay only for those tests the relevant program deems to be (1) included as covered services, (2) reasonable, (3) medically necessary for the treatment and diagnosis of the patient and (4) not for screening purposes.

Check here if patient signed completed ABN.  Patient requests insurance to be billed.

Name of Provider	_____
Date and Time	_____
Contact Name	_____
Information Provided	_____
CCHMC Initials	_____