

PATIENT INFORMATION

Patient Name (Last, First): _____ Date of Birth: ____/____/____

Address: _____ Phone: (____) _____ Gender: Male Female

Medical Record Number: _____ Collection Date: ____/____/____ Collection Time: _____ Priority: Stat Routine

Dx Description or ICD - Code (REQUIRED): _____ Bill To: Pt Self Pay Insurance Client (Client code: _____)

BILLING INFORMATION	ORDERING PROVIDER
Insurance: _____	Ordering Provider Name & Credentials (Printed): _____
Subscriber ID: _____ Group No.: _____	Phone: (____) _____ Fax: (____) _____
Address: _____	
City/State/ZIP: _____	Clinician Signature (REQUIRED) _____ Date _____ Time _____
Phone: (____) _____ Subscriber DOB: _____	MEDICAL NECESSITY REGULATIONS: At the government's request, the Clinical Laboratories would like to remind all physicians that when ordering tests expected to be paid under federal health care programs, such as Medicare and Medicaid, the tests must meet the following conditions: (1) included as covered services, (2) reasonable, (3) medically necessary for the treatment and diagnosis of the patient and (4) not for screening purposes.
Subscriber Name/Rel.: _____	

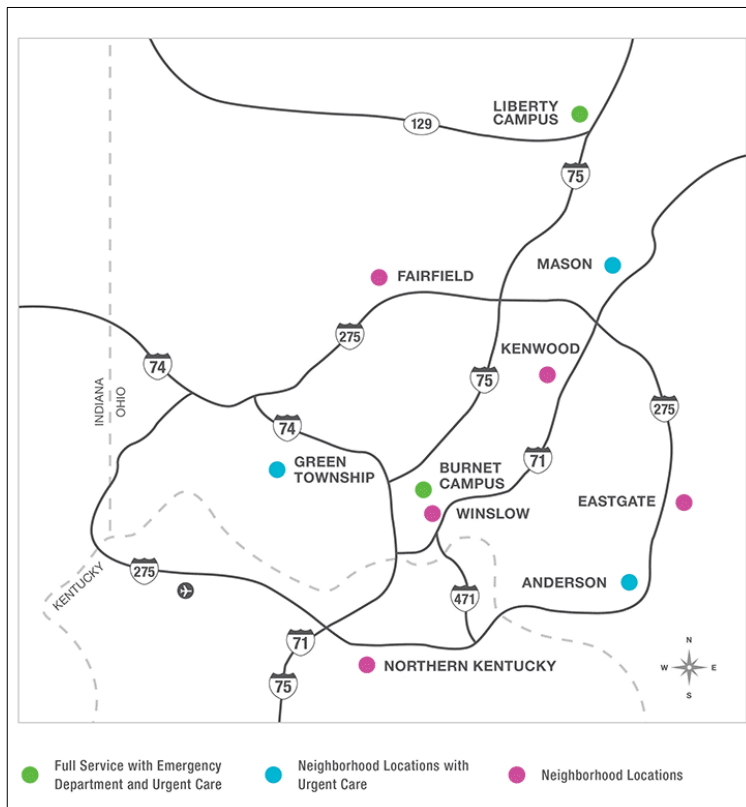
GENERAL	THERAPEUTIC DRUG MONITORING
<input type="checkbox"/> 17- OH Progesterone <input type="checkbox"/> Alkaline Phosphatase (ALP) <input type="checkbox"/> Amino Acids, Serum <input type="checkbox"/> Amylase <input type="checkbox"/> ANA Screen <input type="checkbox"/> Anti-DNAse B <input type="checkbox"/> APTT <input type="checkbox"/> ASO <input type="checkbox"/> Bilirubin, Direct <input type="checkbox"/> Bilirubin, Total <input type="checkbox"/> Basic Metabolic Panel (BMP) <i>(BUN, Calcium, Creatinine, Electrolytes, Glucose)</i> <input type="checkbox"/> Blood Urea Nitrogen (BUN) <input type="checkbox"/> Calcium <input type="checkbox"/> CBC <input type="checkbox"/> CBC w/diff <input type="checkbox"/> Cholesterol <input type="checkbox"/> Creatine Kinase (CK) <input type="checkbox"/> Comp Metabolic Panel (CMP) <i>(BMP + Albumin, ALP, ALT, AST, Total Bilirubin, Total Protein)</i> <input type="checkbox"/> CMV IgG <input type="checkbox"/> CMV IgM <input type="checkbox"/> COVID-19 Molecular <input type="checkbox"/> Creatinine <input type="checkbox"/> C-Reactive Protein (CRP) <input type="checkbox"/> D-Dimer <input type="checkbox"/> EBV IgG <input type="checkbox"/> EBV IgM <input type="checkbox"/> EBV Profile <i>(EBV, IgG, EBV IgM, EBNA)</i> <input type="checkbox"/> Electrolytes <i>(Carbon Dioxide, Chloride, Potassium, Sodium)</i> <input type="checkbox"/> Fecal Calprotectin <input type="checkbox"/> Ferritin <input type="checkbox"/> Fibrinogen <input type="checkbox"/> Folate <input type="checkbox"/> FSH <input type="checkbox"/> GGT <input type="checkbox"/> Glucose	<input type="checkbox"/> H & H <input type="checkbox"/> Hepatic Profile <i>(Albumin, ALT, AST, Total Protein, Total Bili, Direct Bili, ALP)</i> <input type="checkbox"/> Hepatitis A Antibody, Total <input type="checkbox"/> Hepatitis A IgM <input type="checkbox"/> Hepatitis B Core Antibody <input type="checkbox"/> Hepatitis B Surface Antibody <input type="checkbox"/> Hepatitis B Surface Antigen <input type="checkbox"/> Hepatitis C Antibody <input type="checkbox"/> Hgb A1C <input type="checkbox"/> Hgb Electrophoresis <input type="checkbox"/> HIV 1 RNA PCR <input type="checkbox"/> HIV Ag/Ab <input type="checkbox"/> IgA <input type="checkbox"/> IgE <input type="checkbox"/> IgG <input type="checkbox"/> IgG Subclasses <input type="checkbox"/> IgM <input type="checkbox"/> Immature Platelet Fraction (IPF) <input type="checkbox"/> Immunoglobulin Profile <i>(IgA, IgG, IgM)</i> <input type="checkbox"/> Insulin <input type="checkbox"/> Iron <input type="checkbox"/> LDH <input type="checkbox"/> Lead Blood Capillary Venous <input type="checkbox"/> LH <input type="checkbox"/> Lipase <input type="checkbox"/> Lipid Profile <i>(Cholesterol, HDL, LDL, Triglycerides)</i> <input type="checkbox"/> Magnesium <input type="checkbox"/> Mono Spot <input type="checkbox"/> Mono Spot with Reflex to EBV Profile <input type="checkbox"/> Newborn Screen <input type="checkbox"/> Phosphorus <input type="checkbox"/> Potassium <input type="checkbox"/> Prealbumin <input type="checkbox"/> Pregnancy, Serum <input type="checkbox"/> Prolactin <input type="checkbox"/> PT/INR
<input type="checkbox"/> Quantiferon TB <input type="checkbox"/> Renal Profile <i>(Albumin, BUN, Calcium, Creatinine, Electrolytes, Glucose, Phosphorus)</i> <input type="checkbox"/> Reticulocyte Count <input type="checkbox"/> Rheumatoid Factor <input type="checkbox"/> Sed Rate (ESR) <input type="checkbox"/> Sex Hormone Binding Globulin <input type="checkbox"/> Sodium <input type="checkbox"/> Syphilis Screen <input type="checkbox"/> T3, Total <input type="checkbox"/> T4, Total <input type="checkbox"/> T4 Free, Rapid <input type="checkbox"/> Testosterone, Total <input type="checkbox"/> Testosterone, Free & Total w/ SHBG <input type="checkbox"/> TIBC <input type="checkbox"/> TPN Profile <i>(Renal Profile + Magnesium, Total Protein, Globulin, ALT, ALP, AST, GGT, Triglycerides, Total Bili, Direct Bili)</i> <input type="checkbox"/> Triglycerides <input type="checkbox"/> TSH <input type="checkbox"/> TSH with reflex to T4 Free, Rapid <input type="checkbox"/> TTG IgA <input type="checkbox"/> Uric Acid <input type="checkbox"/> Valproic Acid <input type="checkbox"/> Vitamin B12 <input type="checkbox"/> Vitamin D 25 OH	Dose Amount: _____ Dose Date/Time: _____ <input type="checkbox"/> Amikacin <input type="checkbox"/> Cyclosporin <input type="checkbox"/> Gentamicin <input type="checkbox"/> Phenobarbital <input type="checkbox"/> Sirolimus <input type="checkbox"/> Tacrolimus <input type="checkbox"/> Tobramycin <input type="checkbox"/> Vancomycin
	MICROBIOLOGY
	<input type="checkbox"/> Blood Culture <input type="checkbox"/> C Diff Toxin <input type="checkbox"/> Flu A/B Molecular (Rapid) <input type="checkbox"/> Fungal Culture <input type="checkbox"/> GC DNA/Chlamydia DNA <input type="checkbox"/> Giardia/Crypto DFA (Stool) <input type="checkbox"/> Occult Blood, Stool <input type="checkbox"/> Ova and Parasite <input type="checkbox"/> Rapid Strep A Molecular <input type="checkbox"/> Rotavirus <input type="checkbox"/> Routine Bacterial Stool Pathogens-Molecular <input type="checkbox"/> Routine Viral Stool Pathogens-Molecular <input type="checkbox"/> RSV Molecular (Rapid) <input type="checkbox"/> Wound Culture Source: _____
	PCR
	<input type="checkbox"/> Adenovirus Qual PCR <input type="checkbox"/> Adenovirus Quant PCR <input type="checkbox"/> B Pertussis/Parapertussis PCR <input type="checkbox"/> BK Virus Qual PCR <input type="checkbox"/> BK Virus Quant PCR <input type="checkbox"/> COVID/Flu combo <input type="checkbox"/> Cytomegalovirus Qual PCR <input type="checkbox"/> Cytomegalovirus Quant PCR <input type="checkbox"/> Epstein-Barr Virus Qual PCR <input type="checkbox"/> Epstein-Barr Virus Quant PCR <input type="checkbox"/> Herpes Simplex Vir 1&2 Qual PCR <input type="checkbox"/> Herpes Simplex Vir 1&2 Quant PCR
	URINE
	<input type="checkbox"/> Amino Acids, Urine <input type="checkbox"/> Calcium, Urine Random <input type="checkbox"/> Creatinine, Random Urine <input type="checkbox"/> Drugs of Abuse, Urine Mass Spec <input type="checkbox"/> Electrolytes, Urine <i>(Chloride, Potassium, Sodium)</i> <input type="checkbox"/> Organic Acids, Urine <input type="checkbox"/> Pregnancy, Urine <input type="checkbox"/> Urinalysis <input type="checkbox"/> Urinalysis with Reflex to culture <input type="checkbox"/> Urine Culture Catheterization Clean Catch

OTHER TESTS/SPECIAL INSTRUCTIONS:



To contact Cincinnati Children's main operator, please call:
513-636-4200 or 1-800-344-2462

Location	Sunday	Monday - Friday	Saturday
Main Campus – Outpatient Laboratory	10 a.m. – 2 p.m.	7 a.m. – 8 p.m.	8 a.m. – 3 p.m.
Anderson	12 p.m. – 7 p.m.	8 a.m. – 11 p.m.	8 a.m. – 7 p.m.
Northern Kentucky	closed	8 a.m. – 6 p.m.	8 a.m. – 12 p.m.
Fairfield	closed	9 a.m. – 5 p.m.	closed
Mason Campus	12 p.m. – 7 p.m.	8 a.m. – 11 p.m.	8 a.m. – 7 p.m.
Liberty Campus	10 a.m. – 2 p.m.	7 a.m. – 8 p.m.	8 a.m. – 3 p.m.
Eastgate	closed	8:30 a.m. – 5 p.m.	closed
Green Township	12 p.m. – 7 p.m.	8 a.m. – 11 p.m.	8 a.m. – 7 p.m.
Kenwood	closed	8:30 a.m. – 5 p.m.	closed



Location	Phone
Main Campus 3333 Burnet Avenue 45229	513-636-4461
Anderson (at Mercy Center for Health & Wellness) 7495 State Road, #355 45255	513-636-6100
Eastgate 796 Cincinnati-Batavia Pike 45245	513-636-6027
Fairfield (at Mercy Center for Health & Wellness) 3050 Mack Road 45014	513-636-6400
Green Township 5899 Harrison Avenue 45248	513-803-8211
Kenwood 7690 Montgomery Road 45236	513-803-4290
Liberty Campus 7777 Yankee Road 45044	513-803-9600
Mason Campus 9560 Children's Drive 45040	513-636-6800
Northern Kentucky 2765 Chapel Place Crestview Hills, KY 41017	859-344-5390