

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

Insurance: _____
Subscriber ID: _____ **Group No.:** _____
Address: _____
City/State/ZIP: _____
Phone: _____-_____-____ **Subscriber DOB:** _____
Subscriber Name/Rel.: _____

ORDERING PROVIDER

Ordering Provider Name & Credentials (Printed): _____
Phone: (____) _____ **Fax:** (____) _____
 _____/____/____
Clinician Signature (REQUIRED) _____ **Date** _____ **Time** _____

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.

GENERAL

- 17- OH Progesterone
- Albumin
- ALT
- Alkaline Phosphatase (ALP)
- Amino Acids, Serum
- Amylase*
- ANA Screen
- Anti-DNAse B
- APTT*
- ASO
- AST
- Bile Acids, Serum
- Bilirubin, Direct*
- Bilirubin, Total*
- Basic Metabolic Panel (BMP)*
(BUN, Calcium, Creatinine, Electrolytes, Glucose)
- Blood Urea Nitrogen (BUN)*
- Calcium
- CBC*
- CBC w/diff*
- Cholesterol
- Creatine Kinase (CK)
- Comp Metabolic Panel (CMP)*
(BMP + Albumin, ALP, ALT, AST, Total Bilirubin, Total Protein)
- CMV IgG
- CMV IgM
- Creatinine*
- C-Reactive Protein (CRP)
- DHEAS
- EBV IgG
- EBV IgM
- EBV Profile
(EBV IgG, EBV IgM, EBNA)
- Electrolytes*
(Carbon Dioxide, Chloride, Potassium, Sodium)
- Fecal Calprotectin
- Ferritin
- Fibrinogen*
- Folate
- FSH
- GGT
- Glucose*
- H & H*
- Hep A IgM
- Hep B Core Ab
- Hep B Surface Ab
- Hep B Surface Ag
- Hep C Ab
- Hepatic Profile*
(Albumin, ALT, AST, Total Protein, Total Bili, Direct Bili, ALP)
- Hgb A1C
- Hgb Electrophoresis
- Hgb S Level
- HIV 1 RNA PCR
- HIV Ag/Ab
- IgA
- IgE
- IgG
- IgG Subclasses
- IgM
- Immunoglobulin Profile
(IgA, IgG, IgM)
- Insulin
- Iron
- LDH*
- Lead Blood
 - Capillary
 - Venous
- LH
- Lipase*
- Lipid Profile
(Cholesterol, HDL, LDL, Triglycerides)
- Magnesium*
- Mono Spot
- Phosphorus
- Potassium*
- Prealbumin
- Pregnancy, Serum*
- Prolactin
- PT/INR*

THERAPEUTIC DRUG MONITORING

- Dose Amount:** _____
Dose Date/Time: _____
- Amikacin
 - Cyclosporin
 - Gentamicin*
 - Phenobarbital*
 - Sirolimus
 - Tacrolimus
 - Tobramycin*
 - Vancomycin*

MICROBIOLOGY

- Adenovirus Qual PCR
 - Adenovirus Quant PCR
 - B Pertussis/Parapertussis PCR
 - BK Virus Qual PCR
 - BK Virus Quant PCR
 - Blood Culture
 - C Diff Toxin
 - Cytomegalovirus Qual PCR
 - Cytomegalovirus Quant PCR
 - Epstein-Barr Virus Qual PCR
 - Epstein-Barr Virus Quant PCR
 - Flu A/B Ag
 - Fungal Culture
 - GC DNA/Chlamydia DNA
 - Herpes Simplex Vir 1&2 Qual PCR
 - Herpes Simplex Vir 1&2 Quant PCR
 - Occult Blood, Stool
 - Ova and Parasite
 - Ova and Parasite DFA
 - Rotavirus
 - Staph Screen
 - Strep A Molecular Detection
 - Strep Screen Culture, Throat
 - Stool Culture
 - Wound Culture
- Source** _____

URINE

- Amino Acids, Urine
- Creatinine, Random Urine
- Drugs of Abuse, Urine 46 Analytes
- Electrolytes, Urine
(Chloride, Potassium, Sodium)
- Organic Acids, Urine
- Pregnancy, Urine*
- Urinalysis*
- Urine Culture
 - Catheterization
 - Clean Catch

BLOOD BANK

All specimens require two identifiers: full name and medical record number or date of birth. Blood Bank collection: WITNESS must observe the patient identification and collection processes in the presence of the patient and certify that labeled specimen matches the requisition for correct patient identification.

Collector Signature _____

Witness Signature _____

- ABO/Rh Only*
- Blood Bank Hold
- Direct Antiglobulin Test (DAT)*

- Isotiter
- Type & Screen (ABO/Rh, Ab Screen)

OTHER TESTS/SPECIAL INSTRUCTIONS:

Total Tests

LAB USE ONLY: FIN#

*Available for STAT testing



LOCATION	SUNDAY	MONDAY—FRIDAY	SATURDAY
Main Campus-Test Referral Center	10a-2p	7a-8p	8a-3p
Anderson	12p-7p	8a-11p	8a-7p
Northern Kentucky	closed	8a-6p	8a-12p
Fairfield	closed	9a-5p	closed
Mason Campus	12p-7p	8a-11p	8a-7p
Liberty Campus	10a-2p	7a-8p	8a-3p
Eastgate	closed	8:30a-5p	closed
Green Township	12p-7p	8a-11p	8a-7p
Kenwood MRI*	closed	8:30a-4:30p	closed

To contact Cincinnati Children's main operator please call:

513-636-4200 or
800-344-2462

*Limited availability—Please call 513-803-4290 to schedule phlebotomy



- Main Campus (Test Referral Center)** (p) 513-636-4461
3333 Burnet Avenue 45229
- Anderson (at Mercy Center for Health & Wellness)** (p) 513-636-6100
7495 State Road 45255
- Eastgate** (p) 513-636-6001
796 East Batavia Pike 45245
- Fairfield (at Mercy Center for Health & Wellness)** (p) 513-636-6400
3050 Mack Road 45014
- Green Township** (p) 513-803-8268
5899 Harrison Avenue 45248
- Kenwood MRI*** (p) 513-803-4290
7714 Montgomery Road 45236
- Liberty Campus** (p) 513-803-9720
7777 Yankee Road 45044
- Mason Campus** (p) 513-636-6801
9560 Children's Drive 45040
- Northern Kentucky** (p) 859-344-5390
2765 Chapel Place
Crestview Hills KY 41017