PATIENT INFORMATION

Last Name | First Name

SSN | DOB | Sex

Address

Andalusia HEALTH
849 S. Three Notch St.
Andalusia, AL 36420

INSURANCE INFORMATION

Bill To: ☐ Medicare ☐ Medicaid ☐ Physician/Client

Insurance Co Name | Insurance No

DIAGNOSIS

SPECIMEN INFORMATION

Date Collected | Time Collected am / pm | ☐ Fasting ☐ Random | 24hr Ur Vol_____

LABORATORY TESTS

PANELS

- ☐ BMP (Basic Metabolic Panel)
- ☐ CMP (Comprehensive Metabolic Panel)
- ☐ Lytes Panel
- ☐ Hepatic Panel (Liver Panel)
- ☐ Lipid Panel
- ☐ RAST Inhalant Panel
- ☐ RAST Food Panel
- ☐ RFP (Renal Function Panel)
- ☐ Thyroid Panel

CHEMISTRY

- ☐ Albumin
- ☐ ALT
- ☐ Amylase
- ☐ ANA Titer
- ☐ AST
- ☐ Bilirubin, Direct
- ☐ Bilirubin, Total
- ☐ BNP
- ☐ BUN
- ☐ Calcium
- ☐ Carbamazepine (Tegretol)
- ☐ CA125
- ☐ CA19-9
- ☐ CA27-9
- ☐ CEA
- ☐ CK
- ☐ CRP (High Sensitivity)
- ☐ D-Dimer
- ☐ Digoxin
- ☐ Creatinine
- ☐ Creatinine Clearance, 24hr UR
- ☐ Ferritin
- ☐ Folic Acid
- ☐ FSH
- ☐ GGT
- ☐ GTT (Specify Duration)_____
- ☐ HCG, Quantitative
- ☐ Hemoglobin A1C
- ☐ Homocysteine
- ☐ Iron, Binding (TIBC)
- ☐ Iron, Total
- ☐ LDH
- ☐ Lipase
- ☐ Magnesium
- ☐ Methylmalonic Acid
- ☐ Mono Screen
- ☐ Phenobarbital
- ☐ Phenytoin (Dilantin)
- ☐ Phosphorus
- ☐ Potassium
- ☐ Protein, Total
- ☐ Protein, 24 HR UR
- ☐ PSA, Diagnostic
- ☐ PSA, Screening
- ☐ PTH, Intact
- ☐ RPR
- ☐ T4
- ☐ Theophylline
- ☐ TSH
- ☐ Uric Acid
- ☐ Valproic Acid
- ☐ Vitamin B-12
- ☐ Vitamin D-25 Hydroxy

HEMATOLOGY

- ☐ Hemoglobin
- ☐ Hematocrit
- ☐ CBC (Hemogram)
- ☐ CBC W/Diff
- ☐ CBC W/Manual Diff
- ☐ Platelet Count
- ☐ Reticulocyte Count
- ☐ Sed Rate

COAGULATION

- ☐ PT/INR
- ☐ PTT

BLOOD BANK

Testing

- ☐ ABO / RH
- ☐ DAT
- ☐ Type & Screen
- ☐ Antibody Screen

Blood Bank Products

- ☐ Leukopoor RBC_____
- ☐ Platelets
- ☐ Fresh Frozen Plasma_____
- ☐ Cryo

# of Units to be Transfused_____

Blood Bank Special Needs

- ☐ Irradiated_____
- ☐ CMV-_____
- ☐ HgbS-,K-,C-,E-(Sickle Cell)____

URINALYSIS

- ☐ UADIP (Reflex to Microscopic if indicate)
- ☐ UA (With Microscopic)
- ☐ Urine HCG
- ☐ Urine Drug Screen

SEROLOGY

- ☐ H. pylori IgG
- ☐ Influenza A/B AG
- ☐ Mono Screen
- ☐ RSV
- ☐ Rheumatoid Factor
- ☐ Strep A

MICROBIOLOGY

Specimen Source:

Cultures

- ☐ AFB
- ☐ Anaerobic
- ☐ Group B Strep

MICROBIOLOGY, Cont'd

Cultures, Cont'd

- ☐ Chlamydia/GC Probe
- ☐ C. difficile PCR
- ☐ E- histolytica
- ☐ Blood Cultures (X2)
- ☐ Genital
- ☐ Fungal
- ☐ Giardia AG
- ☐ H. pylori Stool AG
- ☐ Occult Blood, STL
- ☐ Ova and Parasites
- ☐ Respiratory
- ☐ Routine
- ☐ Sputum (smear included)
- ☐ Stool
- ☐ Throat
- ☐ Urine ☐ Clean catch or ☐ Cath
- ☐ Wound
- ☐ Wound (Surgical)
- ☐ Yersinia

OTHER TESTS

PHYSICIAN INFORMATION

Physician Name | Physician Signature | Date/Time

Office Phone | Office Fax

HOME HEALTH / HOSPICE / MANOR ONLY

Agency Name

Phone: | Fax:

COLLECTED BY: