

Clinical Laboratory Requisition

Account Information

Patient Information

Sex M F	Date of Birth	Collection Date / Time / Initials	<input type="checkbox"/> STAT
------------	---------------	-----------------------------------	-------------------------------

Medical Record #: _____

Referring Physician: **REQUIRED** (_____)
Last Name First Name
 (If PA or NP, indicate supervising physician in parentheses)

Physician's Signature: **REQUIRED** _____

CALL Report To: _____
 During Normal Business Hours (9-5)
 Outside Business Hours (requires Ordering MD approval)

FAX Report To: _____

Diagnosis **REQUIRED**
 Diagnosis/Signs/Symptoms in ICD-10 Format (Highest Specificity)
 (Diagnosis must support medical necessity requirements.)

Name: Last First MI

Address: Street or PO Box **REQUIRED**

City State Zip

Phone number S M Sep D W Marital Status Soc. Sec. No.

Billing Information (Check one)
 Only required when sending samples

Bill to Medicare No: _____ Bill Doctor account

Bill Patient Insurance Bill to patient (Address given)

Insurance/Medicare/Medicaid Information: _____

Claims mailing address: _____ City _____ State _____ Zip _____

Policy No: _____ Group No: _____ If group, name of employer: _____

Insured or responsible party, if other than patient: _____ Insured Soc. Sec. No.: _____

Insured Date of Birth: _____ Patient relationship to insured: Spouse Child Other

Please attach a copy of patient's primary & secondary insurance information if available.

Frequently Ordered Panels	Chemistry Tests	Therapeutic Drug Level
---------------------------	-----------------	------------------------

- Basic Metabolic ORNG 80048
- Comprehensive Metabolic ORNG 80053
- Hepatic Function ORNG 80076
- Acute Hepatitis ORNG 80074
- Lipid ORNG 80061
- Electrolyte ORNG 80051

- Albumin ORNG 82040
- Alkaline Phosphatase ORNG 84075
- ALT ORNG 84460
- Amylase ORNG 82150
- ANA SST 86038
- AST ORNG 84450
- Bilirubin, Direct ORNG 82248
- Bilirubin, Total ORNG 82247
- B-Type Natriuretic Peptide PEARL 83880
- BUN ORNG 84520
- Calcium, Ionized ORNG 82330
- Calcium, Total ORNG 82310
- Cholesterol, Total ORNG 82465
- CK ORNG 82550
- Cortisol ___AM___PM ORNG 82533
- Creatinine ORNG 82565
- CRP ORNG 86140
- Ferritin ORNG 82728
- Folate ORNG 82746
- GGT ORNG 82977
- Glucose, Fasting ORNG 82947
- Glucose, Random ORNG 82947
- Gly-Hgb A1C LAV 83036
- Hepatitis A IgM ORNG 87609
- Hepatitis B Surface Ag ORNG 87340
- Hepatitis B Surface Ab ORNG 86706
- Hepatitis-HCV ORNG 86803
- HIV Ab ORNG 86703
- Iron ORNG 83540
- Iron w/TIBC ORNG 83550
- Lipase ORNG 83690
- LDH ORNG 83615
- Magnesium ORNG 83735
- Phosphorus ORNG 84100
- Potassium ORNG 84132
- Prealbumin ORNG 84134

- PSA ORNG 84154
- PTH ORNG 83519
- Rheumatoid Arthritis ORNG 86431
- Sodium ORNG 84295
- Total Protein ORNG 84155
- Triglycerides ORNG 84478
- TSH ORNG 84443
- T4, Free ORNG 84439
- Uric Acid ORNG 84550
- Urinalysis Urine 81003
- Urinalysis, Microscopic Urine 81001
- Urine Protein Electrophoresis Urine 84156/84166
- Vitamin B12 ORNG 82607
- Vitamin D-25 Hydroxy SST 82306

- Date/Time of Last Dose: _____
- Carbamazepine (Tegretol®) ORNG 80156
 - Digoxin (Lanoxin®) ORNG 80162
 - Lithium (Eskalith®) ORNG 80178
 - Phenobarbital (Luminal®) ORNG 80184
 - Phenytoin (Dilantin®) GrNoGel 80186
 - Theophylline ORNG 80198
 - Tobramycin ORNG 80200
 - Vancomycin ORNG 80202
 - Valproic Acid (Depakote®) ORNG 80164

- Reproductive Testing**
- Estradiol ORNG 82670
 - Fetal Fibronectin SpecKit 82731
 - HCG, Quantitative ORNG 84702
 - FSH ORNG 83001
 - LH ORNG 83002
 - Progesterone ORNG 84144
 - Prolactin ORNG 84146
 - Testosterone ORNG 84403
 - Semen Analysis (Raleigh Campus Only) Semen 89320
 - Sperm Count (Post Vasectomy) Semen 89310

- β-Strep Throat, Rapid Throat 87802
- Urine Culture Gray Urine Tube 87086
- Abscess/Wound Culture Source
- HSVLE-PCR
- AFB Culture & Smear Lesion Swab 87529X2 Source 87116
- Blood Culture x _____ BLcUltBtl 87040
- Fungus Culture Source 87102
- C.Difficile Toxin Stool 87324
- Gastro Pathogen Panel Stool-Cary Blair 0097U 87081
- _____ 87324
- _____ KIT 87177
- _____ SST 86677
- _____ ORNG 86308
- _____ Stool 87425

- Hematology/Transfusion**
- CBC (No Diff) LAV 85027
 - CBC w/Diff LAV 85025
 - Hematocrit LAV 85014
 - Hemoglobin LAV 85018
 - Platelet Count LAV 85049
 - PT/INR BLUE 85610
 - PTT BLUE 85730
 - Retic Count LAV 85045
 - Sed Rate BLACK 85651
 - ABO Group & Rh Type PINK 86900/86901
 - Type & Screen PINK 86900/86901/86850
 - Platelet Antibody Panel SST 86022x4
 - Platelet Function Study BLUE 85576
 - TCT BLUE 85670

- 24 Hour Urine**
- Creatinine Urine 82570
 - Creatinine Clearance Urine + ORNG 82575
 - Total Protein Urine 84156
 - Other _____
 - Date Collected _____

- EKG**
- EKG (ECG) 93000

- Scheduled Tests**
 Please see reverse for locations and information
- Glucose Tolerance Test OB Screen
 - Glucose Tolerance 3 Hour Diagnostic
 - Diabetes Diagnostic
 - Therapeutic Blood Donation
Cary & North Campuses Only

Body Fluid Source: _____ Test: _____

Other: _____

Additional Notes: _____

LOCATIONS

WakeMed Raleigh Medical Park

23 Sunnybrook Road
Raleigh, NC 27610

Phone: 919-350-8238

Fax: 919-350-7383

Hours: 7:00am - 5:00pm M-F

WakeMed Medical Park of Cary

210 Ashville Ave, 1st floor
Cary, NC 27518

Phone: 919-350-6022

Fax: 919-350-6026

Hours: 7:30am - 5:30pm M-Th
7:30am - 3:30pm F

WakeMed North Healthplex

10000 Falls of Neuse Road
Raleigh, NC 27614

Phone: 919-350-1350

Fax: 919-350-1355

Hours: 8:00am - 4:30pm M-F

WakeMed Apex Healthplex

120 Healthplex Way
Apex, NC 27502

Phone: 919-350-4329

Fax: 919-363-8843

Hours: 7:30am - 5:30pm M-Th
7:30am - 3:30pm F

WakeMed Garner

400 U.S. Highway 70 East
Garner, NC 27529

Phone: 919-350-9680

Fax: 919-661-8413

Hours: 7:30am - 5:30pm M-Th
7:30am - 3:30pm F

WakeMed Brier Creek Healthplex

8001 TW Alexander Drive
Raleigh, NC 27617

Phone: 919-350-9623

Fax: 919-957-1831

Hours: 7:30am - 5:30pm M-Th
7:30am - 3:30pm F

WakeMed North Physican Office Pavilion

10010 Falls of Neuse Road
Suite 101

Raleigh, NC 27614

Phone: 919-350-9680

Fax: 919-661-8413

Hours: 7:30am - 5:30pm M-Th
7:30am - 3:30pm F

Advance Beneficiary Notice (ABN)

This section for office use only:

Medicare will only pay for services that it determines to be "reasonable and necessary" under section 1862(a)(1) of the Medicare law. If Medicare determines that a particular service, although it would otherwise be covered, is "not reasonable and necessary" under Medicare program standards, Medicare will deny payment for that service.

I believe that in your case, Medicare is likely to deny payment for the following {specify test(s)}: _____

_____ for the following reason(s):

Please check one that applies:

Medicare does not pay for tests for screening purposes or routine exams

Medicare does not pay for tests which are for "investigative or research use only"

Medicare does not pay for services for the diagnosis code provided

Medicare allows payment for this procedure only a limited number of times within a specific time period. WakeMed is not aware of other billings for this procedure by other health care providers.

Beneficiary Agreement: I have been notified by my physician / provider that he/ she believes that, in my case, Medicare is likely to deny payment for the services identified above, for the reasons stated.

CHECK ONE: If Medicare denies payment, I agree to be fully and personally responsible for payment to WakeMed.

I decline to have the test(s).

Date of Service

Patient or Guarantor Signature

Witness