

Patient Name (Last, First, Middle)				Clinic / Outreach Site (Required)				Provider NPI (Required)					
Address				Provider Name (Required)						Expected Collection Date:			
City, State				Zip Code				Provider Signature (Required)				Date (Required):	
Social Security Number		Date of Birth		Sex		Race		BILL TO: <input type="checkbox"/> Patient Insurance <input type="checkbox"/> Client / Clinic/ Outreach Site					
SPECIMEN COLLECTION INFORMATION (REQUIRED)								REQUIRED: PLEASE INCLUDE DEMOGRAPHIC SUMMARY & INSURANCE INFORMATION					
____STAT _____Fasting				Date and Time Collected				<input type="checkbox"/> MEDICARE (PRIMARY OR SECONDARY) ID#		<input type="checkbox"/> MEDICAID (PRIMARY OR SECONDARY) ID#			
ANTIBIOTIC / ANTICOAGULANT THERAPY				Collector's Initials				<input type="checkbox"/> COMMERCIAL - PLEASE INCLUDE COPY OF INSURANCE INFORMATION					
<input type="checkbox"/> Call Results to Phone:				<input type="checkbox"/> Fax Results to Fax:				Copy Results to (CC Recipient): Name: Fax:					
CPT	Dx CODE	BLOOD BANK	CPT	Dx CODE	CHEMISTRY cont.	CPT	Dx CODE	MICROBIOLOGY cont.					
MULT		ABO / Rh	83302		LUTENIZING HORMONE (LH)	87070		SPUTUM CULTURE <i>includes Gram Stain</i>					
86923		CROSSMATCH RBC X	83735		MAGNESIUM	87045		STOOL CULTURE					
86901		RH IMMUNE SCREEN	MULT		MATERNAL SERUM SCREEN (QUAD)	87070		THROAT CULTURE					
99195		THERAPEUTIC PHLEBOTOMY	84100		PHOSPHORUS	87086		++ URINE CULTURE					
Pregnant or Transfused in Past 3 Months <input type="checkbox"/> YES <input type="checkbox"/> NO			84132		POTASSIUM	MULT		C DIFF AG/ TOXIN					
CPT	Dx CODE	BODY FLUID TESTING	CPT	Dx CODE	CHEMISTRY cont.	CPT	Dx CODE	MICROBIOLOGY cont.					
82731		FETAL FIBRONECTIN	84144		PROGESTERONE	MULT		GC and CHLAMYDIA by PCR					
87220		KOH (SKIN, HAIR, NAILS)	MULT		PROLACTIN	89055		FECAL LEUKOCYTES					
89322		SEMEN ANALYSIS (FERTILITY)	MULT		PROTEIN ELECTROPHORESIS SERUM	MULT		GIARDIA/CRYPTOSPORIDIUM ANTIGEN					
89321		SEMEN ANALYSIS (QUALITATIVE)	84155		PROTEIN ELECTROPHERIS + IFE	87641		MRSA SCREEN					
87210		WET PREP	84153		PROTEIN, TOTAL	82272		OCCULT BLOOD (1-3 DETER)					
CPT	Dx CODE	CHEMISTRY	CPT	Dx CODE	CHEMISTRY cont.	CPT	Dx CODE	MICROBIOLOGY cont.					
82105		AFP TUMOR MARKER	83970		PSA, FOLLOW-UP (LAB116)	82272		OCCULT BLOOD (CA SCREEN)					
82040		ALBUMIN	83970		PSA, SCREEN (LAB116A)	87880		STREP GROUP A RAPID					
84075		ALKALINE PHOSPHATASE	80069		PTH	MULT		STAPH AUREAUS/MRSA PRE-OP					
84460		ALT (SGPT)	Renal Panel = ALB, Ca, CO2, Cl, Creat., Glu, Phos, K, Na, BUN			CPT	Dx CODE	SEROLOGY					
82150		AMYLASE	84295		RENAL PANEL	86003		ALLERGENS INHALANTS/FOOD SE					
84450		AST (SGOT)	84481		SODIUM	86003		ALLERGENS REG2 RESPIRATORY					
82607		B12	84439		T3, FREE	86038		+ ANA SCREEN					
80048		BASIC METABOLIC PANEL	84480		T4, FREE	86063		+ ASO SCREEN					
Basic Metabolic Panel = Na, K, Cl, CO2, BUN, Glu, Creat., Ca			MULT		T3, TOTAL	MULT		EXPOSURE PANEL - EMPLOYEE					
84702		BHCG QUANT	84443		T4, TOTAL	87389		EXPOSURE PANEL - SOURCE PT					
82247		BILIRUBIN TOTAL	84402		TSH	87804		+ HIV 1,2, AB					
+82248		BILIRUBIN TOTAL & DIRECT	84402		TESTOSTERONE, FEMALE OR CHILD	86618		INFLUENZA A & B SCREEN					
84520		BUN	84478		TESTOSTERONE, MALE	86308		LYME DISEASE ACUTE RFX PANEL					
86140		C-REACTIVE PROTEIN	84550		TRIGLYCERIDE	84703		MONO SCREEN					
86304		CA 125	80202		URIC ACID	86430		PREGNANCY TEST (SERUM QUAL)					
82310		CALCIUM	80202		VANCOMYCIN, RANDOM	86780		+ RHEUMATOID FACTOR					
82378		CEA	82306		VANCOMYCIN, TROUGH	87807		TP SYPHILLIS					
82465		CHOLESTEROL	CPT	Dx CODE	VITAMIN D 25 HYDROXY	86762		RSV ANTIGEN SCREEN					
80053		COMPREHENSIVE METABOLIC PANEL	85576		COAGULATION	CPT	Dx CODE	RUBELLA AB, IGG					
Comprehensive Metabolic Panel = ALB, T, Prot., Ca, T, Bili., Cl, Creat., Glu, ALK-P, K, Na, AST, BUN, ALT, CO2			85610		PFA 100	80156		THERAPEUTIC DRUGS					
82533		CORTISOL	85730		PT	80162		CARBAMAZEPINE (TEGRETOL)					
82565		CREATININE	85025		PTT	80178		DIGOXIN					
80051		ELECTROLYTE PANEL	85027		HEMATOLOGY	80184		LITHIUM					
Electrolyte Panel = Na, K, Cl, CO2			85014		CBC W/ DIFFERENTIAL	80185		PHENOBARBITAL					
82670		ESTRADIOL	+85018		CBC W/O DIFFERENTIAL	80198		PHENYTOIN (DILANTIN)					
82728		FERRITIN	85049		HCT	80164		THEOPHYLLINE (AMINOPHYLINE)					
82746		FOLATE	85045		H&H	CPT	Dx CODE	VALPROIC ACID (DEPAKANE)					
83001		FSH	85045		PLATELET COUNT	82575		URINE TESTING					
82947		GLUCOSE	85652		RETIC COUNT	82043		CREAT CL (draw blood w/ urine)					
82950		GLUCOSE CHALLENGE 1 HR	85048		SED RATE	82570		MICROALBUMIN, RANDOM					
MULT		* GLUCOSE TOLERANCE (PREGNANT)	CPT	Dx CODE	WBC W/ DIFFERENTIAL	84156		TOTAL PROTEIN, 24 HR					
MULT		* GLUCOSE TOLERANCE (NON-PREGNANT)			WBC W/ DIFFERENTIAL	81003		+ URINALYSIS ROUTINE					
80076		HEPATIC FUNCTION PANEL	SOURCE OF CULTURE:			81001		URINALYSIS W/ MICROSCOPIC					
Hepatic Function Panel = ALK-P, ALT, AST, T.Bili., D. Bili, ALB, T.Prot			++ SOURCE REQUIRED			+87086		URINALYSIS W/ RFX TO CULTURE					
86706		HEPATITIS B SURFACE AB	87070		++ AEROBIC CULTURE (not for body fluid) includes Gram Stain	PATHOLOGY/CYTOLOGY COMPLETE MANUAL PATHOLOGY/CYTOLOGY REQUISITION							
87340		+ HEPATITIS B SURFACE AG	87070		++ AEROBIC / ANAEROBIC CULTURES (not for body fluid) includes Gram Stain	Dx CODE	MISCELLANEOUS						
86803		HEPATITIS C ANTIBODY, TOTAL	87070		++ AFB CULTURE W/ SMEAR								
80074		+ HEPATITIS PANEL, ACUTE	87075		BLOOD CULTURE								
83036		HEMOGLOBIN A1C	87116 87206		++ BODY FLUID CULTURE includes Gram Stain								
83540		IRON	87040		IRON PANEL								
MULT		IRON PANEL	87070		IRON PANEL								
Iron Panel = Iron, Transferrin, TIBC			87070		EYE CULTURE <i>includes Gram Stain</i>	All cultures will include ID & Sensitivity if pathogen is present, unless a request not to do so is written above by Physician.							
83721		LDL, DIRECT MEASURED TGL>400 ONLY	87070		++ FUNGUS CULTURE	* Indicates patient must fast for 8 hours. No food or drink allowed, except for water.							
83655		LEAD, WHOLE BLOOD	MULT		GROUP B CULTURE	+ Positive screening test will be confirmed with Titer or Reflex Test.							
83690		LIPASE	87081		RESPIRATORY CULTURE (except sputum)								
80061		*LIPID PANEL	87070										



Place Patient Label Inside This Box

MOORE OUTPATIENT LABORATORY – (910) 715-2697, Mon – Fri, 6 a.m. - 5:30 p.m.

HOKE OUTPATIENT LABORATORY – (910-) 878-6670, Mon – Fri, 8 a.m. – 5 p.m.

RICHMOND OUTPATIENT LABORATORY – (910) 417-3268, Mon – Fri, 6 a.m. – 5 p.m.

MONTGOMERY OUTPATIENT DEPT – (910) 571-5156, Mon – Fri, 8 a.m. – 4:30 p.m.

LABORATORY COLLECTION CENTER ROCKINGHAM – (910) 417-3429, 8 a.m. – 5 p.m. Mon-Thu, 8 a.m. – 12 p.m. Fri

LABORATORY COLLECTION CENTER HAMLET – (910) 417-3382, 8 a.m. – 5 p.m. Mon-Thu, 8 a.m. – 12 p.m. Fri

ALL PATIENTS

- * Please be prepared to present health care insurance identification cards upon registration. With this information, we will allow credit on your account to the limit of benefits of your insurance coverage. You will be requested to pay any balance due at this time or make satisfactory arrangements for payment.
- * THANK YOU FOR CHOOSING FIRSTHEALTH FOR YOUR HEALTH CARE NEEDS.

PHYSICIAN OFFICE

- * **APPOINTMENT REQUIRED FOR:** Therapeutic Phlebotomy (performed at Moore and Richmond only) and Glucose Tolerance Tests require an appointment be made with the Laboratory. Please call the applicable department above to make an appointment.
- * **FAX LABORATORY ORDERS:** For all patients that will be sent to the laboratory for collection, fax Laboratory orders to 910-715-1177 at least 48 business hours prior to patient arriving for testing. If patient is expected to arrive the same day for testing, please have patient bring a paper copy of the order as well.
- * ICD-10 Codes must be provided for each test/panel ordered.
- * Medicare reimbursement may be denied for duplicate tests within the same calendar day and/or non-approved ICD-10 Codes.
- * Please check appropriate box below and furnish address, if applicable.

Vocational Rehabilitation

Authorization Number: _____

Liability

Address for any above insurance: _____

Workers Compensation

Claim Number: _____

Carolina Access

PCP Number: _____

APPOINTMENT:	DATE / TIME DAY

For Glucose Tolerance or Therapeutic Phlebotomy only

FirstHealth
MOORE REGIONAL HOSPITAL

**Physician Requisition for
Outpatient Laboratory Testing**

Place Patient Label
Inside This Box