



LABORATORY

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 One Children's Plaza • Dayton, OH 45404-1815 • childrensdayton.org

PLEASE PRINT (ALL INFORMATION IS REQUIRED)

Date of Request: _____

PATIENT INFORMATION

Patient's Name: _____
 M F DOB: _____
 Parent/Guardian Name(s): _____
 Home Phone: _____
 Cell Phone: _____ Work Phone: _____
 Patient is in custody of: Parents Guardian CSB

Specimen Collection

Date: _____ Time: _____
 Tech: _____

ABN has been obtained and sent to the hospital.

REFERRING PROVIDER INFORMATION

Referring Provider (PRINT): _____
 Call to: _____ Fax to: _____
 Copy to: _____

Use office stamp in this space:

Provider Address: _____

Provider Phone: _____

Provider Signature (required): _____

STAT Same Day Call Results Fax Results

ICD-10/Diagnosis: _____

√	PANELS	TEST CODE	ICD-10	√	URINE/SEROLOGY	TEST CODE	ICD-10	√	SPECIAL CHEMISTRY	TEST CODE	ICD-10
	Basic Metabolic Panel	BMP			Amino Acid - Urine	AMACU			Amikacin	AMIK	
	Bilirubin Panel	BILI			Comprehensive Drug	QUDS			Amino Acid - Plasma	AAPP	
	Comp Metabolic Panel	CPM			Drugs of Abuse Screen	BDSU			Estradiol	ESTD	
	Electrolyte Panel	LYT2			Hepatitis B Surface Ab	HBAB			Ferritin	FERR	
	Hepatitis Panel	ACHS			Hepatitis B Surface Ag	BSAG			Folate	FOLATE	
	Lipid Panel	FATS			HIV Antibody	HIV			FSH	FSH	
	Liver Function Panel	LIVR			IgE	IGE			Hemoglobin Electrophoresis	HGBEVL	
	Newborn Screen	SN			Immunoglobulins (IgG,IgA,IgM)	IMGL			GF Binding Protein-3	IGFBP3	
	Renal Function Panel	RNL			Infectious Mono	IFM			IGF1	IGF1E	
	ROUTINE CHEMISTRY				Microalbumin (12hr,24hr or Random)	MIALB			Insulin Level	INSU	
	Albumin	ALB			Organic Acid-Urine	ORGAU			Lead	LEAD	
	Alk Phos	ALP			Pregnancy, Qual, Serum	HCG			LH	LH	
	ALT	GPT			Pregnancy, Qual, Urine	UCG			Pregnancy, Qual HCG	HCG	
	Ammonia	AMON			Nut Allergen Panel	NUT1			Procalcitonin	PCT	
	Amylase	AMY			Egg Component	EGGCOP			Prolactin	PROL	
	AST	GOT			Milk Component	MILKCP			Testosterone	TESC	
	BUN	BUN			GI Distress Panel	GIDS			Free T4	FT4	
	Bilirubin, Direct	DBIL			Peanut Component	PEACOP			T4	T4	
	Bilirubin, Total	TBIL			Peanut w/o reflex	FD13			TSH	TSH	
	Calcium	CA			Milk w/o reflex	FD2			Free T3	T3FR	
	Calcium, Ionized	ICA			Egg white w/o reflex	FD1			T3	T3T	
	Carbon Dioxide	CO2			Food Allergy Profile	FAP			Thyroid Antibody Panel	ATAGC	
	Chloride	CL			Childhood Allergy Profile	CHAP			Tissue Transglutaminase	TTGAR	
	Cholesterol	CHOL			Respiratory Allergy Profile	RAP			Valproic Acid	VALP	
	CK	CK			RPR(STS)	RPR			Vitamin B ₁₂	VITB12	
	Creatinine	CREA			Rubella Titer	RBLABG			Vitamin D	VITD	
	Glucose	GLU			Urinalysis (Reflex Microscopic)	URA			TDM'S		
	Hemoglobin A1c	HA1C			Urinalysis (Dip Stick Only)	UAD			Acetaminophen	ACTM	
	Iron	IRN			Urinalysis (w/Microscopic)	URSP			Cyclosporine	CYCB	
	IBC/TIBC	TIBC			MICROBIOLOGY/VIROLOGY				Depakene (valproic Acid)	VALP	
	Lactic Acid	LA			Chlamydia PCR Source	PCRCH			Digoxin	DIG	
	LD	LDH			Genital Culture Routine	GENC			Dilantin (Phenytoin)	PTN	
	Lipase	LIP			Group A Strep Culture Only	THRC			FK5 (Tacrolimus)	FK5	
	Magnesium	MG			Group A Strep Probe Throat	GASP			Gentamycin	GENT	
	Phosphorus	PHOS			Influenza-EIA	RFLU			Methotrexate	XATB	
	Potassium	K			RSV - EIA	RSVE			Phenobarbital	PHNO	
	Sodium	NA			Rapid Strep, Cultured if Neg	RSTR			Salicylate	SAL	
	Total Protein	TP			Rotavirus EIA	ROTO			Tegretol (Carbamazepine)	CRBA	
	Triglyceride	TRIG			Giardia - EIA	GIAR			Theophylline	THEO	
	Uric Acid	URCA			Ova & Parasite	OP			Vancomycin	VANC	
	SCHEDULED LAB				Stool Occult Blood	OCBL			HEMATOLOGY		
	Sweat Chloride	SWCL			Stool Cult Routine (Sai/Shig/camp/E.coli)	STOR			Hemoglobin/Hematocrit	HH	
	MOLECULAR INFECTIOUS DISEASE (PCR)				Stool Cult (Yersinia)	STOY			Bloodcount, Hemogram+Pit	BCP	
	PCR for Adenovirus	PCRADV			Urine Cult. =	UCCC			CBC with Auto Diff. Reflex (See back for criteria)	CBCP	
	PCR for CMV (Cytomegalovirus)	PCRCMV			Other Cult. Source =				CBC with Manual Diff	CBCM	
	PCR for HSV in SCF, skin lesion	PCHSV			Quantiferon	TBBT			Fibrinogen	FBG	
	PCR for HSV in blood	PCHSVB			CMV IgG & IgM	CMVGM			Protime/INR (PT)	PTX	
	PCR for VZV (Varicella zoster virus)	PCRZV			EBV Battery Titers	EBB			PTT/APTT	PTTX	
	GC/Chlamydia Urine PCR	NCPCTR			Measles Immune Status	MEAI			Reticulocyte Count	RET	
	Rapid Inf. Disease PCR	RIDPP			Measles Disease Titer	MEAD			Sed Rate	SED	
	Gastro ID PCR	GIDP			VZV Immune Status	VZI					
	C Diff PCR	PCRCD			VZD Disease Titer	VZD					

NOTICE TO PHYSICIANS: Medicare, Medicaid and certain commercial insurances do not reimburse for screening or other tests that are not medically necessary to diagnose and treat the patient's current symptoms and condition. The ordering physician certifies that the above test(s) meet relevant medical necessity criteria or have been identified as screening. Advance Beneficiary Notices (ABNs) must be obtained for non-covered tests.

