



Outpatient Testing Centers

Lab & Imaging Services

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	

REFERRING PROVIDER INFORMATION	
Referring Provider (PRINT): _____	
Call to: _____	Fax to: _____
Copy to: _____	
Provider Address (Use office stamp in this space): _____	
Provider Phone: _____	
Provider Signature: _____	
(required)	
STAT	Same Day
Call Results	Fax Results
ICD-10/Diagnosis: _____	

LAB ORDERS - WALK-IN				RADIOLOGY ORDERS - WALK-IN			
LAB PANELS	ICD-10	MICROBIOLOGY/ VIROLOGY	ICD-10				
Basic Metabolic Panel	_____	Blood Culture	_____	SINUS (WATERS VIEW)		TIB/FIB	R L
Bilirubin Panel	_____	Epstein Bar Battery	_____	SINUS SERIES		ANKLE	R L
Comp Metabolic Panel	_____	Giardia-crypto EIA	_____	FACIAL BONES		FOOT	R L
Electrolyte Panel	_____	Ova & Parasite (OP)	_____	NASAL BONES		OS CALCIS HEEL	R L
Hepatitis Panel	_____	Stool Cult Routine	_____	MANDIBLE (NO PANOREX)		TOES:	
Lipid Panel	_____	(Sal/Shig/Camp/Ecoli)	_____	SKULL		Great	2 3 4 5
Liver Function Panel	_____	Stool Cult (Yersinia)	_____	ORBITS		CLAVICLE	R L
Respiratory Allergy Profile	_____	Stool Rotavirus	_____	SELLA TURSIKA LAT		SHOULDER	R L
GI Distress Panel	_____	Strep Culture Only (Throat)	_____	SOFT TISSUE NECK-ADENOIDS		SCAPULA	R L
Peanut Component	_____	Urine Cult Source =	_____	SOFT TISSUE NECK-AIRWAY		HUMERUS	R L
Peanut w/o reflex	_____	Rapid Gastro ID Panel	_____	C-SPINE AP/LAT/ODON		ELBOW	R L
Milk w/o reflex	_____	Rapid Flu-nasal wash	_____	C-SPINE FLEX/EXT		FOREARM	R L
Egg w/o reflex	_____	Rapid RSV-nasal wash	_____	C-SPINE FLEX W/OBLI		WRIST	R L
Nut Allergen	_____	Rapid Strep, Reflex to cult	_____	T-SPINE AP/LAT		HAND	R L
Shellfish Rast Profile	_____			L-S SPINE AP/LAT		FINGER:	R L
Egg Component	_____			L-S SPINE FLEX/EXTEND		THUMB	2 3 4 5
Milk Component	_____			L S SPINE W/OBLI			
Food Allergy Panel	_____			SACRUM/COCCYX		0-12mos EXTREMITY	
				SI JOINTS		CIRCLE:	
				SCOLIOSIS (Follow up AP)		UPPER EXT	R L
				SCOLIOSIS AP/LAT		LOWER EXT	R L
				CHEST W/LAT		BONE AGE	
				RIBS	R L BILAT	LEAD SURVEY	
				STERNO-CLAV JTS		FULL LENGTH LEGS	
				STERNUM		BOWLEGS	
				CHEST/ABD (Foreign Body)		RICKETTS SURVEY	
				ABD FLAT PLATE KUB (1 VIEW)		SCANOGRAM (HKA)	
				ABD W/UPRIGHT (2 VIEW)		SKELETAL SURVEY	
				HIPS/FROG	R L BILAT	Concussion Baseline Testing	
				PELVIS AP ONLY		Call with Results	
				FEMUR	R L	Phone # _____	
				KNEE	R L	Fax Results-	
				KNEE W/Sunrise	R L	Fax # _____	

_____ **EKG** Walk-in _____ **RhythmStrip** Walk-in _____ **Cardiac Echo** *By appt. only (Beavercreek, Vandalia)

Reason for Cardiac Echo _____

_____ **Ultrasound**, Specific Type _____

Reason for Exam _____

Ultrasound available in Beavercreek, Springboro, Vandalia and Huber Heights

PH: 937-641-4000 Option 1 • Fax: 937-641-5405 • childrensdayton.org

<p>BASIC METABOLIC PANEL (BMP) BUN Creatinine Sodium Potassium Chloride CO₂ Glucose Calcium</p> <p>LIPIDS PANEL (FATS) Cholesterol HDL LDL Triglyceride VLDL - Calculated</p> <p>ELECTROLYTES (LYT2) Sodium Potassium Chloride CO₂</p>	<p>BILIRUBIN PANEL Bilirubin Total Bilirubin Direct Bilirubin Indirect</p> <p>LIVER FUNCTION (LIVER) Albumin Alkaline Phosphatase ALT AST Bilirubin, Total Bilirubin, Direct Protein, Total</p> <p>RENAL FUNCTION (RNL) Albumin Calcium CO₂ Chloride Creatinine Glucose Phosphorus Potassium Sodium BUN</p>	<p>Comprehensive Metabolic (CPM) Albumin Alkaline Phosphatase AST Bilirubin, Total BUN Calcium Chloride CO₂ Creatinine Glucose Potassium Protein, Total Sodium ALT</p> <p>ACUTE HEPATITIS PANEL (ACHS) Hepatitis A Antibody, IgM Hepatitis B Surface Antigen Hepatitis B Core Antibody, IgM Hepatitis C Antibody</p>	<p>CRITERIA FOR REFLEX MANUAL DIFFERENTIAL</p> <table border="0"> <tr><td>WBC</td><td><3.0</td><td>>20.0</td></tr> <tr><td>HGB</td><td><7.0</td><td>>20.0</td></tr> <tr><td>MCV</td><td><70.0</td><td></td></tr> <tr><td>MCHC</td><td><31.0</td><td>>36.0</td></tr> <tr><td>RDW</td><td></td><td>>20.0</td></tr> <tr><td>PLT</td><td><100.0</td><td></td></tr> <tr><td>SEG</td><td><2.0</td><td></td></tr> <tr><td>LYMPH</td><td></td><td>>75.0</td></tr> <tr><td>MONO</td><td></td><td>>15.0</td></tr> <tr><td>EOS</td><td></td><td>>20.0</td></tr> </table> <p>CRITERIA FOR REFLEX MICROSCOPIC URINE</p> <table border="0"> <tr><td>Protein</td><td>Positive</td></tr> <tr><td>Blood</td><td>Positive</td></tr> <tr><td>Leukocyte Esterase</td><td>Positive</td></tr> <tr><td>Nitrate</td><td>Positive</td></tr> </table>	WBC	<3.0	>20.0	HGB	<7.0	>20.0	MCV	<70.0		MCHC	<31.0	>36.0	RDW		>20.0	PLT	<100.0		SEG	<2.0		LYMPH		>75.0	MONO		>15.0	EOS		>20.0	Protein	Positive	Blood	Positive	Leukocyte Esterase	Positive	Nitrate	Positive
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<p>Respiratory Allergy Panel (RAP) Dust mite (D pteronyssinus) Dust mite (D farinae) Cat dander Dog dander Bermuda grass Cockroach, German Cladosporium herbarum Aspergillum fumigatus Alternaria alternate (A. tenuis) Oak Elm Pecan, Hickory Common ragweed Walnut Common silver birch Cottonwood Box-elder Maple leaf sycamore Mountain juniper Mulberry Common pigweed Russian thistle Sheep sorrel Timothy grass White ash Penicillium chrysogenum Total IgE</p>	<p>G.I. Distress Panel (GIDS) Egg white* Peanut* Walnut Hazelnut Fish, Cod Shrimp Scallop Milk* Soybean Wheat Sesame seed Gluten Celiac Disease tests: tTG IgA tTG IgG Gliadin IgA Gliadin IgG</p> <p>Egg Component (EGGCOP) Egg white Ovalbumin Ovomucoid</p>	<p>Food Allergy Panel (FAP) Egg white* Milk* Fish, Cod Wheat Maize, Corn Peanut* Soybean Shrimp Clam Walnut Scallop Sesame seed Total IgE</p> <p>Peanut Component (PEACOP) Peanut Ara h 8 f352 Ara h 9 f427 Ara h 1 f422 Ara h 2 f23 Ara h 3 f24</p> <p>Nut Allergen Panel (NUT1) Brazil nut Peanut* Almond Pecan Cashew Walnut</p>	<p>Childhood Allergy Profile (CHAP) Dust mite (D farinae) Cat dander Dog dander Egg White* Milk* Fish, Cod Wheat Peanut* Soybean Cockroach, German Alternaria alternate (A. tenuis) Dust mite (D pteronyssinus) Shrimp Walnut Total IgE</p> <p>Milk Component (MilkCP) Milk Alpha-lactalbumin Beta-lactalbumin Casein</p> <p>Shellfish Rest Panel (SRP) Crab Shrimp Lobster</p>																																						

*Positive test results automatically reflex to components. These tests can be ordered individually without reflex or as part of the component panels.

BEAVERCREEK TESTING CENTER

Mon-Fri 8:30 am to 5:30 pm
Sat 8:30 am to 12:30 pm

Walk-In Services:

Lab, X-Ray, EKG, Specimen Drop-Off
Concussion Baseline Testing

Services by Appointment:

Ultrasound, Echocardiogram
(Call 937-641-4000 to schedule)

3224 Dayton-Xenia Rd. Suite 100
Beavercreek, OH 45434

(Between Taco Bell and Wendy's)
PH 937-641-5770 Fax: 937-429-1336

OUTPATIENT CARE CENTER SPRINGBORO

Testing Services

Mon-Fri 8:30 am to 10:00 pm
Sat 8:30 am to 8:00 pm; Sun 11:00 am to 8:00 pm

Walk-In Services:

Lab, X-Ray, EKG, Specimen Drop-Off
Concussion Baseline Testing

Services by Appointment:

Ultrasound, Fluoroscopy, CT Scan, MRI
(Call 937-641-4000 option 1 to schedule)

Urgent Care

Mon-Fri 3:00 pm-10:00 pm
Sat and Sun 11:00 am-8:00 pm

3333 West Tech Rd
Miamisburg, OH 45342
(Conveniently located just off St. Rt 741)
PH: 937-641-5700
Fax 937-350-3050

KETTERING TESTING CENTER

Mon-Fri 8:30 am to 5:30 pm
Sat 8:30 am to 12:30 pm

Walk-In Services:

Lab, X-Ray, EKG, Specimen Drop-Off
Concussion Baseline Testing

4475 Far Hills Ave
Kettering, OH 45429

(Arbor shopping Center at the Corner of Far Hills
and David Road)

PH: 937-641-5760 Fax: 937-296-0740

SPECIALTY CARE-CENTER MIDDLETOWN

Mon-Fri 8:30 am to 5:30 pm
Sat 8:30 am to 12:30 pm

Walk-In Services:

Lab, X-Ray, EKG, Specimen Drop-Off
Concussion Baseline Testing

Services by Appointment:

Clinic Referrals
(Call 937.641-4000 to schedule)

100 Campus Loop Rd., Suite A
Franklin, Ohio 45005

(On the Premier Health Campus near Atrium Medical Center)

PH: 513-424-2850, 888-422-4453
Fax: 888-873-3291

VANDALIA TESTING CENTER

Mon-Fri 8:30 am to 5:30 pm
Sat 8:30 am to 12:30 pm

Walk-In Services:

Lab, X-Ray, EKG, Specimen Drop-Off Concussion
Baseline Testing

Services by Appointment:

Ultrasound, Echocardiogram
(Call 937-641-4000 to schedule)

810 Falls Creek Dr
Vandalia, OH 45377

(Near Northwoods Blvd)

PH: 937-641-5765 Fax: 937-576-2218

HUBER HEIGHTS TESTING CENTER

Mon-Fri 8:30 am to 5:30 pm
Sat 8:30 am to 12:30 pm

Walk-In Services:

Lab, X-Ray, EKG, Specimen Drop-Off Concussion
Baseline Testing

Services by Appointment:

Ultrasound
(Call 937-641-4000 option 1 to schedule)

Urgent Care

Mon-Fri 2:00 pm-10:00pm
Sat and Sun 9:00 am-9:00pm

8501 Old Troy Pike
Huber Heights, OH 45424
PH: 937-641-3180 Fax: 937-949-3790