



Reference Laboratory Request Form

Orders may be Faxed to (541) 222-7668

ORDERING PROVIDER:				PT. NAME:				
REQ COMPLETED BY:		DATE/TIME:		MR#:				
CALL CRITICAL RESULTS TO:		PHONE#:		DOB / AGE:		ACCT#:		
DATE TO BE DONE:		TIME:		PT LOCATION:				
PHYSICIAN/PRESCRIBER NOTIFICATION								
Medicare will pay only for test that meet the Medicare Coverage criteria and are reasonable and necessary to treat or diagnose an individual patient. Medicare does not pay for the tests which documentation, including the patient record, does not support that the tests were reasonable and necessary. Medicare generally does not cover routine screening tests even if the physician or other authorized test prescriber considers the tests appropriate for the patient. For payments likely to be denied by Medicare, an explanation has been given to the patient who has agreed to pay for the tests personally by signing the attached Advanced Beneficiary Notice (ABN).								
PHYSICIAN/PRESCRIBER SIGNATURE: _____				DATE: _____				
GENERAL INSTRUCTIONS: ALL ORDERS FOR CLINICAL LABORATORY TESTS MUST INCLUDE A STATEMENT OF THE MEDICAL REASON FOR EACH TEST. THE DIAGNOSIS(ES) LISTED BELOW MUST BE LINKED WITH THE TEST(S) ORDERED BY NOTING THE NUMBER OF THE DIAGNOSIS IN THE SPACE NEXT TO THE TEST ORDERED. PLEASE PROVIDE AN ICD-10 CODE AND/OR NARRATIVE DIAGNOSTIC INFORMATION FOR EACH ORDERED TEST								
ICD-10 CM CODE(S):								
DATE COLLECTED: Initials		Date:		TIME:				
Check boxes or write tests to order:								
Chemistry Panels		Tube	Chemistry Components (cont'd)		Tube	Hematology		Tube
☐ Comp Metabolic Panel		S, LG	☐ Ferritin		S, LG, DG	☐ CBC w/ auto diff		L
☐ Basic Metabolic Panel		S, LG	☐ Folate		S, WB	☐ CBC (no diff)		L
☐ Hepatic Function Panel		S, LG	☐ FSH		S, LG	☐ Hemoglobin and Hematocrit		L
☐ Iron Deficiency Panel		S, LG	☐ Free T4		S, LG, DG	☐ Reticulocyte Count		L
☐ Lipid Panel		S, LG	☐ Glucose DM screen		S, LG, G	☐ Sed Rate (ESR)		L
☐ Lipid Panel LDL direct if ind.		S, LG	☐ Hemoglobin A1C		L			
☐ Renal Function Panel		S, LG	☐ Iron and Iron Binding Capacity		S	Coagulation		
Chemistry Components			☐ Lactate Dehydrogenase		S, LG	☐ APTT (PTT)		B
☐ Albumin /Creatinine Ratio		U	☐ Lipase		S, LG	☐ D-Dimer		B
☐ Alkaline Phosphatase		S, LG	☐ Luteinizing Hormone		S, LG	☐ Fibrinogen		B
☐ ALT		S, LG	☐ Magnesium		S, LG	☐ PT (Protime w/ INR)		B
☐ AST		S, LG	☐ Phosphorus		S, LG	Urinalysis		
☐ Calcium		S, LG	☐ Potassium		S, LG	Source: ☐ Cath ☐ Clean Catch ☐ Voided		
☐ Chloride		S, LG	☐ Progesterone		S, LG,	☐ Urinalysis- Dipstick only		U
☐ Beta HCG quantitative		S, LG	☐ Prolactin		S, LG	☐ Urinalysis with reflex to microscopic		U
☐ B-Type Natriuretic Peptide		L	☐ Protein, Total		S, LG	☐ Urinalysis with reflex to microscopic and urine culture		
☐ BUN		S, LG	☐ Protein/Creatinine Ratio		U	Serology		
☐ Bilirubin, Total		S, LG	☐ PSA, Total		S	☐ HIV Ag/Ab 4th gen		S
☐ Bilirubin, Direct		S, LG	☐ PTH, Intact		S, LG, DG,	☐ Hepatitis B Surface Antigen		S
☐ Calcium		S, LG	☐ PTH, Intact with Calcium		S, LG, DG	Microbiology		
☐ Cholesterol		S, LG	☐ Sodium		S, LG	☐ Urine culture		U
☐ Cortisol AM		S, LG	☐ TSH		S, LG			
☐ Creatine Kinase		S, LG	☐ TSH with reflex to T4		S, LG			
☐ Creatinine		S, LG	☐ Uric Acid		S, LG			
☐ C-Reactive Protein		S, LG	☐ Vitamin B12		S, LG, DG			
☐ CRP High Sensitivity		S, LG	☐ Vitamin B12 & Folate		S, LG, DG			
☐ Estradiol		S, LG						
Additional Tests								
Test Name		CPT						
B Blue	LG Light Green	DG Dark Green	S Serum/SST	L Lavender	U Urine	G Grey	ST Stool	C Culture

(4/6/2026)

PeaceHealth Reference Laboratory Order Form

Patient Label