

OUTPATIENT LABORATORY HOURS: MONDAY - FRIDAY 8am - 7pm SATURDAY 10am - 2pm SUNDAY - CLOSED - EMERGENCIES: PLEASE CALL

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| LOCATION | | HOSPITAL USE ONLY | | | | | REQ. NO. | | ENTERED | VERIFIED | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | HOSPITAL NO. | | | | | PATIENT NAME (LAST, FIRST) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | BILLING NO. | | | | | DATE OF BIRTH | SEX | SOCIAL SECURITY NO. XXX-XX- | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COPY TO: (COMPLETE NAME AND ADDRESS) | | B | FRZ | RED | TGR | LAV | ADDRESS (STREET) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| BILLING INFORMATION OR ATTACH FACE SHEET <input type="checkbox"/> | | | | | | | CITY | | STATE | ZIP CODE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RESPONSIBLE PARTY NAME | | PHONE NO. | | | Additional Instructions: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ADDRESS (STREET / CITY / STATE / ZIP CODE) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| MEDICARE NO. | MEDICAID NO. | STATE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| INSURANCE COMPANY NAME | CERT. NO. | GROUP NO. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| INSURANCE COMPANY ADDRESS | | RELATIONSHIP | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SUBSCRIBER NAME | | | EMPLOYER | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SIGNATURE REQUIRED TO BILL INSURANCE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| I HEREBY AUTHORIZE RELEASE OF INFORMATION: I hereby authorize Porter Hospital, Inc., to release information regarding the medical history, treatment or benefits payable for this claim to the insurance carrier(s) or its authorized representatives. If patient is a minor, I authorize testing on minor child. ON FILE NOT ACCEPTABLE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Signature: X | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| HEMATOLOGY/COAGULATION | | MICROBIOLOGY | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> CBC <input type="checkbox"/> CBC with DIFF <input type="checkbox"/> ESR - Sed Rate <input type="checkbox"/> PT <input type="checkbox"/> PTT <input type="checkbox"/> Retic Count | | Specify site for any test ordered below: Site: _____ <input type="checkbox"/> CHL DNA Probe <input type="checkbox"/> GC DNA Probe GROUP A STREP <input type="checkbox"/> Culture ✓ <input type="checkbox"/> Rapid Screen <input type="checkbox"/> Group B Strep Screen ✓ <input type="checkbox"/> Herpes PCR <input type="checkbox"/> Routine Culture ✓ for/from: _____ GENERAL TESTS <input type="checkbox"/> A1C <input type="checkbox"/> ANA ✓ <input type="checkbox"/> BNP <input type="checkbox"/> CRP-HS (Cardiac) <input type="checkbox"/> CRP-Quant <input type="checkbox"/> Ferritin <input type="checkbox"/> Folate <input type="checkbox"/> Glucose Tol * (2 hr) HCG <input type="checkbox"/> Pregnancy <input type="checkbox"/> Tumor | | <input type="checkbox"/> Hepatitis Panel <input type="checkbox"/> Hep A AB ✓ <input type="checkbox"/> Hep B Surface AB <input type="checkbox"/> Hep B Surface AG ✓ <input type="checkbox"/> Hep C AB <input type="checkbox"/> HIV ✓ <input type="checkbox"/> Iron <input type="checkbox"/> Iron/IBC/% Sat <input type="checkbox"/> Lyme AB ✓ PSA <input type="checkbox"/> Diagnostic <input type="checkbox"/> Screening <input type="checkbox"/> Total & Free <input type="checkbox"/> Rheumatoid Factor THYROID TESTING <input type="checkbox"/> Cascade ✓ <input type="checkbox"/> TSH <input type="checkbox"/> T4 Free <input type="checkbox"/> Total T3 <input type="checkbox"/> Testosterone, Total <input type="checkbox"/> Total & Free <input type="checkbox"/> Transferrin <input type="checkbox"/> Vitamin B12 <input type="checkbox"/> Vitamin D 25-OH | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| URINE | | STOOL/FECAL TESTING | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| URINALYSIS <input type="checkbox"/> Routine ✓ <input type="checkbox"/> w/Microscopic <input type="checkbox"/> w/reflex C&S ✓ <input type="checkbox"/> Urine Culture ✓ <input type="checkbox"/> Drug Screen @ Porter <input type="checkbox"/> Drug 10 ✓ <input type="checkbox"/> Drug 11 <input type="checkbox"/> Drug 12 ✓ <input type="checkbox"/> Drug Screen for: | | <input type="checkbox"/> Giardia (GA) AG <input type="checkbox"/> GA/Crypto AG OCCULT BLOOD <input type="checkbox"/> Diagnostic <input type="checkbox"/> Screening Only <input type="checkbox"/> Ova & Parasites <input type="checkbox"/> Stool Culture ✓ <input type="checkbox"/> CDIFF Toxin | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TO BILL THE PATIENT'S INSURANCE WE MUST HAVE A COMPLETE DIAGNOSIS AND/OR DESCRIPTION OF THE PATIENT'S INJURY/COMPLAINT. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| REASON FOR TESTS / ICD-9 CODES | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CLINICIAN'S SIGNATURE (Required) | | | | | | DATE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">ORDER PANEL</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>ORDER INDIVIDUAL TESTS</td> <td><i>ELECTROLYTES</i></td> <td><i>BMP †</i></td> <td><i>CMP †</i></td> <td><i>RENAL †</i></td> <td><i>HEPATIC</i></td> <td><i>LIPID *</i></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Albumin</td> <td></td> <td></td> <td>•</td> <td>•</td> <td>•</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Alkaline Phosphatase</td> <td></td> <td></td> <td>•</td> <td></td> <td>•</td> <td></td> <td></td> <td></td> <td></td> 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Calcium</td> <td></td> <td>•</td> <td>•</td> <td>•</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Chloride</td> <td>•</td> <td>•</td> <td>•</td> <td>•</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Cholesterol (Total)</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>•</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> CO2 (Total)</td> <td>•</td> <td>•</td> <td>•</td> <td>•</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> CPK</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Creatinine</td> <td></td> <td>•</td> <td>•</td> <td>•</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> GGT</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Glucose †</td> <td></td> <td>•</td> <td>•</td> <td>•</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> HDL Cholesterol</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>•</td> <td></td> </tr> <tr> <td><input type="checkbox"/> LDH (Total)</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> LDL Cholesterol-Direct</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>✓</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Lipase</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Phosphorous</td> <td></td> <td></td> <td></td> <td></td> <td>•</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Potassium</td> <td>•</td> <td>•</td> <td>•</td> <td>•</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Protein (Total)</td> <td></td> <td></td> <td>•</td> <td></td> <td>•</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Sodium</td> <td>•</td> <td>•</td> <td>•</td> <td>•</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Triglycerides *</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>•</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Uric Acid</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table> | | | | | | | | | | | ORDER PANEL | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | ORDER INDIVIDUAL TESTS | <i>ELECTROLYTES</i> | <i>BMP †</i> | <i>CMP †</i> | <i>RENAL †</i> | <i>HEPATIC</i> | <i>LIPID *</i> | | | | | <input type="checkbox"/> Albumin | | | • | • | • | | | | | | <input type="checkbox"/> Alkaline Phosphatase | | | • | | • | | | | | | <input type="checkbox"/> ALT/SGPT | | | • | | • | | | | | | <input type="checkbox"/> Amylase | | | | | | | | | | | <input type="checkbox"/> AST/SGOT | | | • | | • | | | | | | <input type="checkbox"/> Bilirubin (Direct) | | | | | • | | | | | | <input type="checkbox"/> Bilirubin (Total) | | | • | | • | | | | | | <input type="checkbox"/> BUN | | • | • | • | | | | | | | <input type="checkbox"/> Calcium | | • | • | • | | | | | | | <input type="checkbox"/> Chloride | • | • | • | • | | | | | | | <input type="checkbox"/> Cholesterol (Total) | | | | | | • | | | | | <input type="checkbox"/> CO2 (Total) | • | • | • | • | | | | | | | <input type="checkbox"/> CPK | | | | | | | | | | | <input type="checkbox"/> Creatinine | | • | • | • | | | | | | | <input type="checkbox"/> GGT | | | | | | | | | | | <input type="checkbox"/> Glucose † | | • | • | • | | | | | | | <input type="checkbox"/> HDL Cholesterol | | | | | | | | | • | | <input type="checkbox"/> LDH (Total) | | | | | | | | | | | <input type="checkbox"/> LDL Cholesterol-Direct | | | | | | | | | ✓ | | <input type="checkbox"/> Lipase | | | | | | | | | | | <input type="checkbox"/> Phosphorous | | | | | • | | | | | | <input type="checkbox"/> Potassium | • | • | • | • | | | | | | | <input type="checkbox"/> Protein (Total) | | | • | | • | | | | | | <input type="checkbox"/> Sodium | • | • | • | • | | | | | | | <input type="checkbox"/> Triglycerides * | | | | | | | | | • | | <input type="checkbox"/> Uric Acid | | | | | | | | | | |
| ORDER PANEL | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ORDER INDIVIDUAL TESTS | <i>ELECTROLYTES</i> | <i>BMP †</i> | <i>CMP †</i> | <i>RENAL †</i> | <i>HEPATIC</i> | <i>LIPID *</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Albumin | | | • | • | • | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Alkaline Phosphatase | | | • | | • | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> ALT/SGPT | | | • | | • | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Amylase | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AST/SGOT | | | • | | • | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Bilirubin (Direct) | | | | | • | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Bilirubin (Total) | | | • | | • | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> BUN | | • | • | • | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Calcium | | • | • | • | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Chloride | • | • | • | • | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Cholesterol (Total) | | | | | | • | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> CO2 (Total) | • | • | • | • | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> CPK | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Creatinine | | • | • | • | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GGT | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Glucose † | | • | • | • | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> HDL Cholesterol | | | | | | | | | • | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> LDH (Total) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> LDL Cholesterol-Direct | | | | | | | | | ✓ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Lipase | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Phosphorous | | | | | • | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Potassium | • | • | • | • | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Protein (Total) | | | • | | • | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Sodium | • | • | • | • | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Triglycerides * | | | | | | | | | • | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Uric Acid | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

For laboratory collection hours, update, and additional information about laboratory testing and patient preparation for testing see the following website: www.porterhospitallab.org

List below is for quick reference. Please write the ICD9 codes (multiple codes maybe required) or the signs/symptoms/injury/complaint that prompted the need for testing in the Reason for Tests/ICD-9 Code box on the front of this form. If checking a medication, please supply the reason the medication was prescribed. Example: Test PT/INR; DIAG: 427.31, V58.83, V58.61

| Infectious and Parasitic Diseases | | Endocrine, Nutritional & Metabolic Disorders - Cont. | | Digestive System - Cont. | | Musculoskeletal & Connective Tissue - Cont. | |
|---|--------|--|--------|--|--------|--|--------|
| Gastroenteritis, infectious | 009.1 | Other abnormal blood chemistry | 790.6 | Diverticulosis of colon | 562.10 | Back pain w/ radiation, unspecified | 724.4 |
| Herpes simplex, any site | 054.9 | Thyroid disorder | 246.9 | Dyspepsia | 536.8 | Low back pain | 724.2 |
| Herpes zoster, NOS | 053.9 | Thyroid nodule | 241.0 | Esophageal disease, unspecified | 530.9 | Myalgia/myositis, unspecified | 729.1 |
| Infectious mononucleosis | 075 | Blood Diseases | | Gallbladder disease, unspecified | 575.9 | Osteoarthritis, unspecified | 715.90 |
| Infectious/parasitic diseases/unspecified | 136.9 | Anemia, iron deficiency, unspecified | 280.9 | Gastritis disease, unspecified | 535.50 | Osteoporosis, unspecified | 733.00 |
| Lyme disease | 088.81 | Anemia, other, unspecified | 285.9 | Gastroenteritis, noninfectious, unspec. | 558.9 | Polymyalgia rheumatica | 725 |
| Rubella, NOS | 056.9 | Blood disease, unspecified | 289.9 | GERD | 530.81 | Rheumatoid arthritis (not juvenile rheumatoid arthritis) | 714.0 |
| Septicemia, NOS | 038.9 | Ecchymosis, Spontaneous | 782.7 | Hepatitis, unspecified | 573.3 | Sciatica | 724.3 |
| Strep throat | 034.0 | Hemochromatosis | 275.0 | Liver Disease | 573.9 | Signs and Symptoms | |
| Venereal disease, unspecified | 099.9 | Hemorrhagic conditions, unspecified | 287.9 | Malabsorption, NOS | 579.9 | Abdominal pain, unspecified | 789.00 |
| Viral hepatitis, NOS | 070.9 | Lymphadenitis, chronic | 289.1 | Pancreatitis, acute | 577.0 | Abnormal glucose tolerance test, nonobstetric | 790.2 |
| Neoplasms | | Polycythemia vera | 238.4 | Peptic ulcer disease, unspec., w/o obstruction | 533.90 | Abnormal transaminase/LDH | 790.4 |
| Malignant Neoplasms | | Mental Disorders | | Ulcerative colitis, unspecified | 556.9 | Abnormal red blood cell | 790.0 |
| Bladder, unspecified | 188.9 | Alcohol abuse, unspecified | 305.00 | Genitourinary System | | Anorexia | 783.0 |
| Bone | 170.9 | Anxiety state, unspecified | 300.00 | <i>Urinary System</i> | | Arthralgia, unspecified | 719.40 |
| Brain | 191.9 | Dementia, Senile | 290.0 | Cystitis | 595.9 | Ascites | 789.5 |
| Breast, female, unspecified | 174.9 | Depressive disorder, NOS | 311 | Proteinuria, nonpostural, nonobstetric | 791.0 | Blood in stool, occult | 792.1 |
| Cervix | 180.9 | Drug abuse, unspecified | 305.90 | Renal disease, NOS | 593.9 | Chest pain unspecified | 786.50 |
| Colon, unspecified | 153.9 | Mental retardation, unspecified | 319 | Renal failure, acute, unspecified | 584.9 | Cough | 786.2 |
| Endometrium | 182.0 | Panic disorder | 300.01 | Renal failure, chronic | 585 | Diarrhea, NOS | 787.91 |
| Gastrointestinal tract, unspecified | 159.0 | Schizophrenia, unspecified | 295.90 | UTI | 599.0 | Dizziness/vertigo, NOS | 780.4 |
| Hodgkin's, NOS | 201.90 | Tobacco abuse | 305.1 | UTI Symptoms | 788.9 | Dyspnea | 786.09 |
| Leukemia, w/o remission, NOS | 208.90 | Nervous System & Sense Organ Disorders | | <i>Male Genital Organ Disease</i> | | Dysuria | 788.1 |
| Liver | 155.2 | <i>Nervous system Diseases</i> | | Elevated PSA | 790.93 | Edema localized, NOS | 782.3 |
| Lung, unspecified | 162.9 | Alzheimer's disease | 331.0 | Impotence, organic | 607.84 | Fatigue/malaise | 780.79 |
| Multiple Myeloma, w/o remission | 203.00 | Epilepsy, unspecified, w/o intractable epilepsy | 345.90 | Prostatic hypertrophy, benign | 600.00 | Fever, nonperinatal | 780.6 |
| Ovary | 183.0 | Migraine, unspecified, w/o intractable migraine | 346.90 | Prostate Disorder, NOS | 602.9 | Headache, unspecified | 784.0 |
| Pancreas | 157.9 | Multiple sclerosis | 340 | <i>Female Genital Organ Diseases</i> | | Hematemesis | 578.0 |
| Prostate | 185 | Parkinsonism, primary | 332.0 | Pelvic inflammatory disease, unspecified | 614.9 | Hematuria | 599.7 |
| Rectal | 154.1 | Peripheral Neuropathy | 356.9 | Amenorrhea | 626.0 | Hepatomegaly | 789.1 |
| Respiratory tract, NOS | 165.9 | Tremor/spasms, NOS | 781.0 | Irregular menses | 626.4 | High Blood Pressure | 796.2 |
| Skin, unspecified | 173.9 | Circulatory System | | Metrorrhagia | 626.6 | Incontinence/enuresis, NOS | 788.30 |
| Testes | 186.9 | Angina pectoris, NOS | 413.9 | Painful menstruation | 625.3 | Jaundice | 782.4 |
| Uterus (leiomyoma, unspecified) | 218.9 | Arrhythmia | 427.9 | Pelvic pain, Female | 625.9 | Jaundice, Newborn | 774.6 |
| Endocrine, Nutritional & Metabolic Disorders | | Arteriosclerotic heart disease | 414.00 | Postmenopausal hormone replacement | V07.4 | Joint pain | 719.40 |
| B12 deficiency w/o anemia | 266.2 | Atrial fibrillation | 427.31 | Stress incontinence female | 625.6 | Lymph nodes, enlarged | 785.6 |
| Dehydration | 276.5 | Cardiovascular disease, unspecified | 429.2 | Infertility, female, unspecified | 628.9 | Neuralgia | 729.2 |
| Diabetes mellitus, I, complications | 250.91 | Circulatory disorder, unspecified | 459.9 | Pregnancy, Childbirth | | Other ill-defined conditions | 799.8 |
| Diabetes mellitus, I, uncomplicated | 250.01 | Congestive heart failure | 428.0 | Abortion, spontaneous, w/o complication | 634.90 | Palpitations | 785.1 |
| Diabetes mellitus, II, complications | 250.90 | Disease of heart valve, aortic, NOS | 424.1 | Bleeding in pregnancy, unspecified | 641.90 | Polyuria | 788.42 |
| Diabetes mellitus, II, uncomplicated | 250.00 | Heart disease, other, unspecified | 429.9 | Ectopic pregnancy, unspecified | 633.90 | Rash, nonvesicular, unspecified | 782.1 |
| Glucose intolerance | 271.3 | Hypertension, unspecified | 401.9 | Endometritis, postpartum | 670.04 | Seizures, convulsions, NOS | 780.39 |
| Goiter, unspecified | 240.9 | Old myocardial infraction | 412 | Gestational diabetes | 648.80 | Splenomegaly | 789.2 |
| Gout, unspecified | 274.9 | Mitral valve disorder | 424.0 | Gestational hypertension, unspecified | 642.30 | Syncope | 780.2 |
| Hypercholesterolemia | 272.0 | Peripheral vascular disease/unspecified | 443.9 | Other complications of pregnancy, unspec. | 646.90 | Vomiting, alone | 787.03 |
| Hyperkalemia (Pot.) | 276.7 | Thrombophlebitis, unspecified | 451.9 | Postpartum follow-up, routine | V24.2 | Weakness | 780.79 |
| Hyperglycemia | 790.6 | Respiratory System | | Pre-eclampsia, unspecified | 642.40 | Weight loss, abnormal | 783.21 |
| Hyperlipidemia | 272.4 | Asthma, unspecified | 493.90 | Pregnancy | V22.1 | Weight Gain | 783.1 |
| Hypnatremia (Sod.) | 276.0 | Bronchitis, acute | 460 | Prenatal care, high risk, unspecified | V23.9 | Miscellaneous | |
| Hyperparathyroidism | 252.00 | Chronic obstruct. pulmonary disease, NOS | 496 | Urinary tract infection in pregnancy, unspec. | 646.60 | Health Maintenance | V700 |
| Hyperthyroidism, NOS | 242.90 | Emphysema | 492.8 | Skin, Subcutaneous Tissue | | Long Term (current) Anticoagulant use | V58.61 |
| Hypoglycemia, diabetic, unspecified | 250.80 | Laryngitis, acute | 464.0 | Acne, other | 706.1 | Long Term (current) Medication use (other) | V58.69 |
| Hypoglycemia, nondiabetic, unspecified | 251.2 | Pharyngitis, acute | 462 | Cellulitis/ abscess, unspecified | 682.9 | Venereal DIS Screen | V74.5 |
| Hypokalemia | 276.8 | Pneumonia, unspecified | 486 | Chronic skin ulcer, unspecified | 707.9 | | |
| Hyponatremia | 276.1 | Respiratory disease, other, NOS | 519.9 | Contact dermatitis, NOS | 692.9 | | |
| Hypoparathyroidism | 252.1 | Tonsillitis, acute | 463.0 | Eczema, atopic dermatitis | 691.8 | | |
| Hypothyroidism, unspecified | 244.9 | Upper respiratory infection, acute, NOS | 465.9 | Lupus | 695.4 | | |
| Malnutrition | 263.9 | Digestive System | | Psoriasis | 696.1 | | |
| Nutritional deficiencies, unspecified | 269.9 | Cirrhosis, NOS | 571.5 | Urticaria, unspecified | 708.9 | | |
| Other abnormal blood chemistry | 790.6 | Crohn's disease, NOS | 555.9 | Musculoskeletal & Connective Tissue | | | |
| Obesity, NOS | 278.00 | Diverticulitis of colon, NOS | 562.11 | Arthropathy, unspecified | 716.90 | | |