


Sample Requisition Form



S&W REFERENCE LAB
Your Laboratory Healthcare Partner
2401 S. 31ST
TEMPLE, TX 76508
PHONE# 800-792-3369
FAX# 254-724-5466

Patient Name _____
DOB _____ 902542 -1

Patient Name _____
DOB _____ 902542 -3

Patient Name _____
DOB _____ 902542 -2

Patient Name _____
DOB _____ 902542 -4

PATIENT DEMOGRAPHIC INFORMATION (PLEASE PRINT)			INSURANCE BILLING INFORMATION (PLEASE PRINT IN BLACK INK)		
Last Name	First	M I	PRIMARY <input type="checkbox"/> Medicare <input type="checkbox"/> Medicaid <input type="checkbox"/> Other Ins.	<input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child	
Address	Birth Date	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Subscriber Last Name	First	M
City	Medical Record#		Beneficiary/Member #	Group #	
ST	ZIP	Home Phone	Claims Address	City	ST ZIP
Employer	Work Phone		SECONDARY <input type="checkbox"/> Medicare <input type="checkbox"/> Medicaid <input type="checkbox"/> Other Ins.	<input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child	
Work Address	City	ST ZIP	Subscriber Last Name	First	M
Bill To: <input type="checkbox"/> Client <input type="checkbox"/> Insurance <input type="checkbox"/> Patient			Beneficiary/Member #	Group #	
CLIENT ACCOUNT INFORMATION			Subscriber Date of Birth	City	ST ZIP
PHYSICIAN(REQUIRED): PHYSICIAN NOTICE When ordering tests, the physician is required to make an independent medical necessity decision with regard to each test the laboratory will bill. The physician also understands he or she is required to (1) submit ICD-9 diagnosis supported in the patient's medical record as documentation of the medical necessity or (2) explain and have the patient sign an ABN.			COLLECTION / REPORTING INFORMATION		
			<input type="checkbox"/> FAX Results to client	Copy to:	
			<input type="checkbox"/> CALL Results	Date Collected: / /	
			<input type="checkbox"/> Fasting (8 Hour)	Time Collected: <input type="checkbox"/> AM <input type="checkbox"/> PM	
			ORDER COMMENT:		
			For Lab Use Only <input type="checkbox"/> Venipuncture Draw Fee Collector's ID		

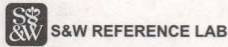
ICD-9 Code(s) Diagnosis 1) 2) 3) 4) 5) 6) 902542

DIRECT EXAM	BODY FLUID CULTURE	RESPIRATORY (CONT)	VIROLOGY
<input type="checkbox"/> GRAM STAIN (GST)	<input type="checkbox"/> AMNIOTIC FLUID CULTURE (AMNCU)	<input type="checkbox"/> STREP PNEUMO URINARY AG (SPNUA)	<input type="checkbox"/> CMV CULTURE (CMV)
<input type="checkbox"/> ACID FAST SMEAR (AFSM)	<input type="checkbox"/> CSF CULTURE (CSFCU)	<input type="checkbox"/> TRACHEAL ASPIRATE CULTURE (TACU)	<input type="checkbox"/> ENTEROVIRUS CULTURE (ENTCU)
<input type="checkbox"/> FUNGAL SMEAR (FUNSM)	<input type="checkbox"/> PERICARDIAL FLUID CULTURE (PCFCU)	STOOL	<input type="checkbox"/> HERPES CULTURE (HERCU)
<input type="checkbox"/> EOSINOPHIL SMEAR (EOSSM)	<input type="checkbox"/> PERITONEAL FLUID CULTURE (PTFCU)	<input type="checkbox"/> SALMONELLA, SHIGELLA (STCU)	<input type="checkbox"/> RESPIRATORY CULTURE (RESCU)
<input type="checkbox"/> MALARIA SMEAR (GIEMS)	<input type="checkbox"/> PLEURAL FLUID CULTURE (PLFCU)	<input type="checkbox"/> CAMPYLOBACTER (CAMPY)	<input type="checkbox"/> INFLUENZA STUDY (INFST)
CULTURES (MISC)	<input type="checkbox"/> SYNOVIAL FLUID CULTURE (SYNCU)	<input type="checkbox"/> EHEC EIA (E. COLI O157) (EHEC)	<input type="checkbox"/> VARICELLA-ZOSTER CULTURE (VARCU)
<input type="checkbox"/> ABCESS CULTURE (ABSCU)	GENITAL	<input type="checkbox"/> VIBRIO (VIBCU)	<input type="checkbox"/> FLU EIA (NP WASH ONLY) (FLUEI)
SITE:	<input type="checkbox"/> GENITAL CULTURE (GENCU)	<input type="checkbox"/> YERSINIA (YERCU)	<input type="checkbox"/> RSV EIA (NP WASH ONLY) (RSV)
<input type="checkbox"/> ACANTHAMOEBA CULTURE (ACNAE)	CIRCLE SOURCE:	<input type="checkbox"/> CLOSTRIDIUM DIFF. TOXIN (CDIFF)	SOURCE OR SITE
<input type="checkbox"/> ACID FAST CULTURE (AFCU)	CERVIX ENDOMETRIAL URETHRAL VAGINAL	<input type="checkbox"/> GIARDIA/CRYPTOSP. DFA (GIACR)	
<input type="checkbox"/> ANAEROBE CULTURE (ANACU)	<input type="checkbox"/> GROUP B STREP CULTURE (GBSCU)	<input type="checkbox"/> H. PYLORI STOOL AG (EIA) (HPSA)	
<input type="checkbox"/> BLOOD CULTURE (ROUTINE) (BC)	STD SCREEN	<input type="checkbox"/> OVA & PARASITE (ROUTINE) (O&P)	
<input type="checkbox"/> BLOOD CULTURE (AFB) (BCAF)	<input type="checkbox"/> GC CULTURE (GCCU)	<input type="checkbox"/> PIN WORM (PIN)	
<input type="checkbox"/> BLOOD CULTURE (FUNGUS) (BCFUN)	<input type="checkbox"/> CHLAMYDIA CULTURE (CHLCU)	<input type="checkbox"/> ROTAVIRUS AG (ROTA)	
<input type="checkbox"/> CATHETER TIP CULTURE (TIPCU)	RESPIRATORY	<input type="checkbox"/> FECAL FAT (QUALITATIVE) (FAT)	
<input type="checkbox"/> EAR CULTURE (EARCU)	<input type="checkbox"/> BRONCH WASH (BWCU)	THROAT	
<input type="checkbox"/> EYE CULTURE (EYECU)	<input type="checkbox"/> CYSTIC FIBROSIS CULTURE (CFRCU)	<input type="checkbox"/> RAPID STREP SCREEN (RSS)	*****If indicated, identifications and sensitivities will be performed at an additional charge.***
<input type="checkbox"/> FUNGUS CULTURE (ROUTINE) (FUNCU)	<input type="checkbox"/> LEGIONELLA URINARY AG (LEGUA)	<input type="checkbox"/> THROAT CULTURE (THRCU)	
<input type="checkbox"/> FUNGUS (DERMATOPHYTE) (DERM)	<input type="checkbox"/> NASOPHARYNX (NP) CULTURE (NPCU)	URINE CULTURE	
<input type="checkbox"/> WOUND CULTURE (WOUNCU)	<input type="checkbox"/> SINUS CULTURE (SINUS)	<input type="checkbox"/> URINE CULTURE (UC)	
SOURCE:	<input type="checkbox"/> SPUTUM CULTURE (SPUCU)	CIRCLE ONE: CLEAN CATCH CATHETER	

Procedures not listed/ Enter code from catalog: Rev. 10/03/2007

Top Copy - Laboratory
Bottom Copy - Client

Sample Requisition form



Your Laboratory Healthcare Partner

2401 S. 31ST
TEMPLE, TX 76508
PHONE# 800-792-3369
FAX# 254-724-5466

Patient Name _____
 DOB _____ **006790 -1**

Patient Name _____
 DOB _____ **006790 -3**

Patient Name _____
 DOB _____ **006790 -2**

Patient Name _____
 DOB _____ **006790 -4**

PATIENT DEMOGRAPHIC INFORMATION (PLEASE PRINT)				INSURANCE BILLING INFORMATION (PLEASE PRINT IN BLACK INK)			
Last Name	First	M I		PRIMARY <input type="checkbox"/> Medicare <input type="checkbox"/> Medicaid <input type="checkbox"/> Other Ins.	<input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child		
Address	Birth Date	Sex	<input type="checkbox"/> M <input type="checkbox"/> F	Subscriber Last Name	First	M	
City	Medical Record#			Beneficiary/Member #	Group #		
ST	ZIP	Home Phone		Claims Address	City	ST	ZIP
Employer	Work Phone				SECONDARY <input type="checkbox"/> Medicare <input type="checkbox"/> Medicaid <input type="checkbox"/> Other Ins.	<input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child	
Work Address	City	ST	ZIP	Subscriber Last Name	First	M	
Bill To: <input type="checkbox"/> Client <input type="checkbox"/> Insurance <input type="checkbox"/> Patient CLIENT ACCOUNT INFORMATION				Beneficiary/Member # _____ Subscriber Date of Birth _____ Claims Address _____ City _____ ST _____ ZIP _____			
PHYSICIAN (REQUIRED): When ordering tests, the physician is required to make an independent medical necessity decision with regard to each test the laboratory will bill. The physician also understands he or she is required to (1) submit ICD-9 diagnosis supported in the patient's medical record as documentation of the medical necessity or (2) explain and have the patient sign an ABN.				COLLECTION / REPORTING INFORMATION <input type="checkbox"/> FAX Results to client Copy to: <input type="checkbox"/> CALL Results Date Collected: / / <input type="checkbox"/> Fasting (8 Hour) Time Collected: <input type="checkbox"/> AM <input type="checkbox"/> PM ORDER COMMENT:			
				For Lab Use Only <input type="checkbox"/> Venipuncture Draw Fee Collector's ID			

ICD-9 Code(s) (Diagnosis)		1	2	3	4	5	6	006790	
ORGAN DISEASE PROFILES		CHEMISTRY / IMMUNOLOGY / HLA			CHEMISTRY / IMMUNOLOGY / HLA			BLOOD BANK	
<input type="checkbox"/> Acute Hepatitis Panel (HSURV)	SST	<input type="checkbox"/> CPK (CK)	SST	<input type="checkbox"/> Creatinine (CREA)	SST	<input type="checkbox"/> Rubella AB (RUB)	SST	<input type="checkbox"/> Direct Antiglob. Test, Coombs (DAT)	PNK
<input type="checkbox"/> Basic Metabolic Panel (BASIC)	SST	<input type="checkbox"/> CRP (High Sensitivity) (H.CRP)	SST	<input type="checkbox"/> Estradiol (ESTR)	SST	<input type="checkbox"/> Stone Analysis (KSTON)	SST	<input type="checkbox"/> Antibody Screen (Ind.Coomb's) (AS)	PNK
<input type="checkbox"/> Comp. Metab. Panel (COMP)	SST	<input type="checkbox"/> Fetal Lung Maturity (FLM)	AF	<input type="checkbox"/> Ferritin (FER)	SST	<input type="checkbox"/> T3 Total (T3)	SST	<input type="checkbox"/> Blood Type & RH (ABORH)	PNK
<input type="checkbox"/> Electrolyte Panel (Na,K,Cl,CO2) (EGR)	SST	<input type="checkbox"/> Folate, serum (FOLS)	SST	<input type="checkbox"/> GGTP (GGTP)	SST	<input type="checkbox"/> T3 Free (FT3)	SST	HEMATOLOGY/COAGULATION	
<input type="checkbox"/> Hepatic Function Panel (HEP)	SST	<input type="checkbox"/> Glucose (GLU)	SST	<input type="checkbox"/> Glucose w/ Glucola (GCOLA)	SST	<input type="checkbox"/> T3 Uptake (TUP)	SST	<input type="checkbox"/> CBC with Differential (Auto)(CBC)	LAW
<input type="checkbox"/> Lipid Panel (LIPID)	SST	<input type="checkbox"/> Gastrin (GAST)	SST	<input type="checkbox"/> HCG, Quant. (HCG)	SST	<input type="checkbox"/> T4 Total (T4)	SST	<input type="checkbox"/> CBC w/out Differential (HEMGM)	LAW
<input type="checkbox"/> Prenatal Basic (PRNBS)	lav/pink/	<input type="checkbox"/> Hemoglobin A1C (HGA1C)	EDTA	<input type="checkbox"/> Hemoglobin B Core Ab, Total	SST	<input type="checkbox"/> T4 Free (FT4)	SST	<input type="checkbox"/> Blood Morphology (Path Review)	LAW
<input type="checkbox"/> Prenatal Full (PRNF)	lav/pink/	<input type="checkbox"/> Hepatitis B Surface Ab (HBSAB)	SST	<input type="checkbox"/> Hepatitis B Surface Ag (HBSAG)	SST	<input type="checkbox"/> Testosterone (TEST.)	SST	<input type="checkbox"/> Manual Differential	LAW
<input type="checkbox"/> Renal Funct. Panel (Dialysis Prof) (DIALY)	SST	<input type="checkbox"/> HIV-1/2 Ab (w/Western Blot conf)(HIV12)	SST	<input type="checkbox"/> Hgb A1C (glycohemoglobin)(HGA1C)	LAW	<input type="checkbox"/> Testosterone-Free (FTEST)	SST	<input type="checkbox"/> D-Dimer (DDISC)	BLUE
OTHER PROFILES		<input type="checkbox"/> HLA B27 (B27)	ACIA	<input type="checkbox"/> HIV-1/2 Ab (w/Western Blot conf)(HIV12)	SST	<input type="checkbox"/> Triglycerides (TRIG.)	SST	<input type="checkbox"/> Fibrinogen (FIB)	BLUE
<input type="checkbox"/> ANA Profile (ANAPR)	SST	<input type="checkbox"/> Iron (IRON)	SST	<input type="checkbox"/> HLA B27 (B27)	ACIA	<input type="checkbox"/> TSH (TSH.)	SST	<input type="checkbox"/> Hematocrit (HCT)	BLUE
<input type="checkbox"/> ACTH (ACTH.)	SST	<input type="checkbox"/> Iron Bind. Cap, Total (TIBC)	SST	<input type="checkbox"/> Homocystine (HMCYS)	SST	<input type="checkbox"/> VDRL (VDRL.)	SST	<input type="checkbox"/> Hemoglobin (HGB)	LAW
<input type="checkbox"/> AFP TUMOR MARKER (AFPTM)	SST	<input type="checkbox"/> Lead (LEADD)	OK/BLU	<input type="checkbox"/> H. Pylori Ab, IgG (HYPLG)	SST	<input type="checkbox"/> Vitamin B12 (VB12)	SST	<input type="checkbox"/> Platelet Count (PLT)	LAW
<input type="checkbox"/> AFP (Maternal-MSAFP) (MSAFP)	SST	<input type="checkbox"/> Luteinizing Hormone (LH)	NAHEP	<input type="checkbox"/> Magnesium (MG)	SST	THERAPEUTIC DRUGS		<input type="checkbox"/> PT / INR (PTINR)	BLUE
<input type="checkbox"/> ALT (SGPT) (SGPT)	SST	<input type="checkbox"/> Magnesium (TP)	SST	<input type="checkbox"/> Protein, Total (TP)	SST	<input type="checkbox"/> Carbamazepine (Tegretol) (CARB)	RED	<input type="checkbox"/> PTT (PTTSC)	BLUE
<input type="checkbox"/> Amylase (AMYL)	SST	<input type="checkbox"/> Protein, Electroph., serum (Incl. TP) (SEP)	SST	<input type="checkbox"/> Protein, Total (TP)	SST	<input type="checkbox"/> Digoxin (Lanoxin) (DIG)	RED	<input type="checkbox"/> Retic Count (RETIK)	LAW
<input type="checkbox"/> AST (SGOT) (SGOT)	SST	<input type="checkbox"/> RHEUMATOID FACTOR (RF)	SST	<input type="checkbox"/> PSA (PSA)	SST	<input type="checkbox"/> Lithium (LI)	RED	<input type="checkbox"/> Sed Rate (ESR)	LAW
<input type="checkbox"/> Bilirubin, Direct (DBIL)	SST			<input type="checkbox"/> PSA Free & Total (PSAFT)	SST	<input type="checkbox"/> Phenytoin (Dilantin) (PHENY)	SST	STOOL (FECAL)	
<input type="checkbox"/> Bilirubin, Total (TBIL)	SST			<input type="checkbox"/> PTH (Parathyroid Hormone) (PTH.)	EDTA	<input type="checkbox"/> Theophylline (THEO.)	SST	<input type="checkbox"/> C-Difficile (CDIF)	LPG
<input type="checkbox"/> CEA (CEA)	SST			<input type="checkbox"/> RHEUMATOID FACTOR (RF)	SST	<input type="checkbox"/> Valproic Acid (Depakene) (VALPR)	RED	<input type="checkbox"/> Stool Culture R/O _____ (STCU)	PARPK
<input type="checkbox"/> Cholesterol (CHOL.)	SST					URINE TESTS		<input type="checkbox"/> Occult Blood (1-3 specimens)(OCC)	CARD
<input type="checkbox"/> CMV IgG AB (CMVG)	SST					<input type="checkbox"/> Creatinine Clearance (CCLR)	SST/ 24UA	<input type="checkbox"/> Ova & Parasite (O&P)	PARPK
<input type="checkbox"/> Cortisol-serum (CORT)	SST					<input type="checkbox"/> Protein, Total, urine quant. (UPRO)	24UA	<input type="checkbox"/> Rotavirus Ag (ROTA)	GRTY CU
Procedures not listed/ Enter code from catalog:						<input type="checkbox"/> Urinalysis, complete (UA)	UA C	MICROBIOLOGY	
						<input type="checkbox"/> Culture, Urine (Voided) (UC)	STC	<input type="checkbox"/> Culture ID & Sensitivity (If Indicated)	
						<input type="checkbox"/> Culture, Urine (Cath.) (UC)	STC	<input type="checkbox"/> Anaerobic Cult: source _____ (ANACU)	
						<input type="checkbox"/> Microalbumin, Urine with Creat Ratio-24hr(MA)	STC	<input type="checkbox"/> Culture, AFB x _____ (AFCU)	
						<input type="checkbox"/> Microalbumin w/ creat ratio-random(MAR)	STC	<input type="checkbox"/> Acid Fast Smear (AFSM)	
						MOLECULAR PATHOLOGY		<input type="checkbox"/> Culture, Blood x _____ (BC)	
						<input type="checkbox"/> Chlamydia/GC PCR (GCCHM)	VT	<input type="checkbox"/> Culture, Herpes (HERCU)	
						<input type="checkbox"/> Group B Strep-PCR (GBSO)	VT	<input type="checkbox"/> Gram Stain (GST)	
						<input type="checkbox"/> MRSA SCREEN (MRSA4)	SWAB	<input type="checkbox"/> Bacterial ID (AERID)	
						<input type="checkbox"/> HIV-RNA Quant(HVRNA)	PWK	<input type="checkbox"/> Culture, Miscellaneous	
						<input type="checkbox"/> HEP C QUANT (HCVQT)	SST	<input type="checkbox"/> Fungus Culture (FUNCU)	
						<input type="checkbox"/> HPV	SST	<input type="checkbox"/> Fungus Smear (FUNSM)	
						<input type="checkbox"/> Herpes Virus PCR other(HSV0), CSF(HSV)	SST	<input type="checkbox"/> Rapid Strep. Screen (RSS)	
						SURGICAL PATHOLOGY		CYTOLGY	
						<input type="checkbox"/> SURG PATH		<input type="checkbox"/> NON-GYN	
								<input type="checkbox"/> THIN PREP PAP	

Rev. 10/26/2007

Top Copy - Laboratory

Bottom Copy - Client