

LABORATORY REQUISITION

PATIENT NAME:		LOCATION:
MRN:	DOB:	PHONE:
ORDERING PROVIDER:		PROVIDER #:
PHONE:	FAX:	
ICD-10 DX CODES:		

Apex Label

COLLECTION DATE/TIME:	PHLEBOTOMIST/RN CODE:
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MEDICAL NECESSITY AND ICD-10 CODES (Required for outpatients only) Medicare (and, increasingly, other insurers) will only pay for services that are reasonable and necessary for the diagnosis and treatment of the patient. The physician must specify an ICD-10 diagnostic code to indicate the medical necessity of *each* test requested. Medicare and other carriers may not pay for screening tests or tests that are not FDA-approved. If there is reason to believe that a carrier will not pay for a test, the patient should be informed and asked to sign an Advanced Beneficiary Notice (ABN) indicating acceptance of responsibility for the cost of the test if the carrier denies payment.

HEMATOLOGY			
CBC	CBC	LAV	
CBC w/ Diff	CBCD	LAV	
aPTT	PTT	BLU	
PT/INR	PT	BLU	
Fibrinogen	FIB	BLU	
Sed Rate	ESR	LAV	
CHEMISTRY & IMMUNOLOGY			
Alpha-feto protein	AFPT	GOLD	
Albumin	ALB	LT GRN	
Alk Phos	ALKP	LT GRN	
ALT	ALT	LT GRN	
AST	AST	LT GRN	
Bilirubin, Direct	BILD	LT GRN	
Bilirubin, Total	BILT	LT GRN	
BMP, Fasting	FBMP	LT GRN	
BMP, Random	NBMP	LT GRN	
BNP	BNP	LAV	
C-Reactive Protein	CRP	LT GRN	
Calcium, Ionized	CAI	LT GRN	
Calcium, total	CA	LT GRN	
Carbon Dioxide, Total	CO2AN	LT GRN	
Chloride	CL	LT GRN	
Cholesterol, LDL	LDL	LT GRN	
CMP, Fasting	FCMP	LT GRN	
CMP, Random	NCMP	LT GRN	
Creatine kinase, total	CK	LT GRN	
Creatinine	CRG	LT GRN	
Ferritin	FERR	GOLD	
Free T4	FT4	GOLD	
GGT	GGT	LT GRN	
Glucose, fasting	FBS	LT GRN	
Glucose, non-fasting	GLU	LT GRN	
Beta-HCG, serum	HCGPA	LT GRN	
Hep B Core Ab	CORE	GOLD	
Hep B Surf Ag	HBAG	GOLD	
Hep B Surf Ab	HBABQ	GOLD	
Hep C Ab	HCV	GOLD	
HgbA1c	HBA1	LAV	
HIV Ab / Ag	HIVAA	RED	
IgG, serum	IGG	GOLD	
Iron, serum	IRON	LT GRN	
Lactate, plasma	LACT	GRAY	
LDH	LD	LT GRN	
Lipase	LIPA	LT GRN	
Magnesium	MG	LT GRN	
Osmolality, serum	OSM	GOLD	
Phosphorus	PO4	LT GRN	
Potassium	K	LT GRN	
Protein, Total	TP	LT GRN	
Prostate Specific Ag	PRSA	GOLD or RED	
RPR	RPR	GOLD	
Sodium	NA	LT GRN	
Tacrolimus, Trough	TAC	LAV	
Transferrin	TRFN	GOLD	
Triglycerides, serum	TRIG	LT GRN	
Troponin I	TRPI	LT GRN	
T3, Free	FT3	GOLD	
TSH	TSH	GOLD	
Urea Nitrogen	BUN	LT GRN	
Uric Acid	URIC	LT GRN	
Vancomycin	VANC	GOLD	
Vit D, 25-Hydroxy	25HD	LT GRN	
Vitamin B12	VB12	GOLD	
URINE TESTS			
Urinalysis	UA	URINE CUP	
Urinalyiss w/ Micro	UAWM	URINE CUP	
Creatinine, urine	CRUR	URINE CUP	
Beta-HCG, urine	HCGUA	URINE CUP	
Microalbumin	AUR	URINE CUP	
Protein, Total, urine	TPCUR	URINE CUP	
MICROBIOLOGY (USE SEPARATE FORM)			
Blood Culture	P060	BLOOD CULT SET	
C. difficile	P328	URINE CUP	
Chlamydia / GC RNA	P704	SEE LAB MAN*	
CMV DNA, Quant.	CMVQT	LAV	
Culture, Sterile Site	P095	SEE LAB MAN*	
DTTP	P061	BLOOD CULT SET	
Fungal Culture	P256	SEE LAB MAN*	
MRSA Screen	P114	SWAB	
Respiratory Culture	P063	SEE LAB MAN*	
TB Culture	P285	SEE LAB MAN*	
Urine Culture	P059	URINE CUP	
COVID-19 RNA, PCR	COV19	SWAB IN UTM	
Respi Panel PCR	P370	SWAB IN UTM	
OTHER TESTS - SPECIFY SOURCE			
WRITE LEGIBLY			

Please see lab manual for policies on reflex testing <<https://clinlab.ucsf.edu/regulatory-compliance>>

*<http://clinlab.ucsf.edu/>