



OUTPATIENT LAB REQUISITION

<input type="checkbox"/> ROUTINE <input type="checkbox"/> STAT		CALL #:	FAX NUMBER IN ADDITION TO CLIENT LABEL:
PATIENT L, F, M:			REQUESTING PROVIDER FULL NAME, TITLE:
DATE OF BIRTH:	GENDER: M / F		
ADDRESS:	PHONE:		
CITY:	STATE:	ZIP CODE:	
REQUIRED BILLING INFORMATION: Please check appropriate box and supply complete information. Attach copy of the insurance card if available. Include alpha and numeric characters in policy/group numbers			
<input type="checkbox"/> BILL INSURANCE (PROVIDE DETAILED INFORMATION OR COPY OF INSURANCE CARD) <input type="checkbox"/> BILL PROVIDERS OFFICE (CONTRACT REQUIRED)			
PRIMARY INSURANCE:		POLICY NUMBER:	GROUP NUMBER:
SECONDARY INSURANCE:		POLICY NUMBER:	GROUP NUMBER:
ICD10 CODE/DIAGNOSIS/SYMPTOMS REQUIRED: Request tests that are medically necessary and provide supporting codes for each test requested.			
CHEMISTRY PANELS - *See Reverse	CHEMISTRY TESTS	COAGULATION	MICROBIOLOGY
	Lipase	APTT	SOURCE REQUIRED FOR SHADED TESTS:
Acute Hepatitis Panel*	LI - Lithium Level	Prottime.INR	
BMP/GFR*	Magnesium	Quant D-Dimer	Fungus Culture
CMP/GFR*	Phosphorus	HEMATOLOGY	Sputum Culture w/GRAM Stain
Hepatic Function Panel*	Potassium	ABC (CBC only-NoDiff)	Wound Culture w/GRAM Stain
Lipid Panel*	PreALB - Prealbumin	CBCD	Chlamydia/GC by A
Renal Function Panel*	Progesterone	HCT	UA w/Microscopic if Indicated
CHEMISTRY TESTS	Prolactin	HGB	UAM w/Micro Exam
Amylase	PSA Diagnostic	Sed Rate	UA w/C Micro if Ind / Cult if Ind
Bilirubin Direct	PSA - Screen	SEROLOGY	UAMC Micro Exam / Cult if Ind
Bilirubin Total	PTH	Cardiac CRP / HS	Urine Culture
BNP - NT - Probrain NP	Testosterone Free and Total	CRP Quant	Respiratory Panel by PCR - *See Reverse
Calcium Total	Testosterone Total	Hepatitis C Ab	
Creatine Kinase	TGL - Triglycerides	Hep B Surface Ab	SARS CoV-2 (COVID-19)
Creatinine/GFR	Troponin	Hep B Surface Ag	C STR Strep Screen CX
Estradiol E2 Level	TSH	Rheumatoid Factor	STREP A by PCR
Ferritin Level	Uric Acid	Rubella Screen	ST C-Difficile GDH/Toxin Assay
Folate	Vitamin B12	Syphilis Screen w/ reflex RPR & Titer	Stool Giardia / Crypto AG
Free T3	Vitamin D - 25 Total	Varicella Immune Screen, Zoster	Stool OVA and Parasites
Free T4	OTHER TESTS		Stool Pathogens by PCR *
FSH	Antibody Screen (Indirect Coombs)	MICROBIOLOGY	Stool Pathogens Expanded * See Note **
GGT		SOURCE REQUIRED FOR SHADED TESTS:	
Glucose Random	Blood Type/RH		
Glucose Tolerance 1 HR / 2 HR	Group B Strep Molecular Assay	AFB Culture	
Hemoglobin A1C	Pregnancy Qual Serum	Aerobic Culture w/GRAM Stain	
HIV 1 & 2 Screen	Pregnancy Quant Serum	Anaerobic Bacteria Culture	www.horizonlaboratory.com For Additional Test Info
Insulin	RUMA - MicroAlbumin Urine	Body Fluid Culture w/GRAM Stain	
Iron Level	Vancomycin -	ADDITIONAL REQUESTS	
Iron Transferrin Profile	PEAK TROUGH RANDOM		

PHYSICIAN SIGNATURE: _____



2026 Physician Orders



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Information provided regarding test and panels below are provided as a reference. The most current information is provided at www.horizonlaboratory.com or <https://jdos.nicholsinstitute.com/dos/noco/>

<p>Acute Hepatitis Panel Hepatitis A Antibody, IGM Only Hepatitis B Core Antibody Hepatitis Bs Antigen Hepatitis C Antibody</p> <p>Basic Metabolic Panel/GFR Calcium, Total Carbon Dioxide (CO2) Chloride Creatinine GFR (calculation) Glucose Potassium (K+) Sodium Urea Nitrogen (BUN) AG Ratio (calculation) BUN/CREA Ratio (calculation)</p>	<p>Comprehensive Metabolic Panel/GFR Albumin Alkaline Phosphatase ALT/SGPT AST/SGOT Bilirubin, Total Calcium, Total Carbon Dioxide (CO2) Chloride Creatinine Glucose Potassium (K+) Protein, Total Sodium Urea Nitrogen (BUN) AG Ratio (calculation) BUN/CREA Ratio (calculation) GFR (calculation)</p> <p>Lipid Panel Cholesterol, HDL Cholesterol, Total Triglycerides Cholesterol, Non HDL (calculation) Cholesterol/HDL Cholesterol Ratio (calculation) LDL (calculation) VLDL (calculation)</p>	<p>Liver (Hepatic) Function Panel Albumin Alkaline Phosphatase ALT/SGPT AST/SGOT Bilirubin, Direct Bilirubin, Total Protein, Total AG Ratio (calculation) Bilirubin, Indirect (calculation)</p> <p>Renal Panel/GFR Albumin Calcium, Total Carbon Dioxide (CO2) Chloride Creatinine Glucose Phosphorus Potassium (K+) Sodium Urea Nitrogen (BUN) GFR (calculation)</p>
<p>Respiratory Panel By PCR Influenza A Influenza B Respiratory Syncytial Virus (RSV)</p>	<p>Stool Pathogens by PCR Campylobacter Group Salmonella Shigella Shiga toxin 1 Shiga toxin 2</p>	<p>Stool Pathogens Expanded by PCR Vibrio Group Yersinia enterocolitica Norovirus GI/GII Rotavirus A</p> <p><i>**This panel DOES NOT include the tests in the Stool Pathogens by PCR panel**</i></p>