HORIZON Laboratory

Facility Label Required

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OUTSIDE FACILITY LAB REQUISITION

☐ **STAT** ☐ **ROUTINE** REQUISITION COMPLETED BY:_____DATE:_____DATE TO BE COLLECTED:_____

PATIENT NAME:_____DOB:_____ROOM #:_____
SEX: (circle) MALE / FEMALE BILL: (circle) PATIENT INSURANCE (provide info) CARE FACILITY
PRIMARY INSURANCE NAME:_____POLICY/ID:_____GROUP:_____
SECONDARY INSURANCE NAME:_____POLICY/ID:_____GROUP:_____

NOTICE: Request only tests that are medically necessary and provide supporting diagnosis or symptoms and/or ICD10 codes for each test. **Insurance DOES NOT allow "rule out" or "new admit" as a diagnosis.**

ICD10 and Diagnosis/Symptoms Required:			

ORDERING PROVIDER FULL NAME, CREDENTIALS AND AUTHORIZED SIGNATURE REQUIRED:

_____

	PANELS AND PROFILES
	80053 CMPGFR-COMP PANEL
	80048 BMPGFR-BASIC PANEL
	80076 HFP-HEPATIC FUNCTION
	80061 LIPID PANEL
	83540/83550 FETIBC-IRON PANEL
	80051 LYTES-ELECTROLYTES
	MICROBIOLOGY
	SPECIMEN COLLECTION DATE/TIME:
	SPECIMEN COLLECTION SOURCE:
	87081 C STR STREP SCREEN CX
	81003 UA DIPSTICK ONLY
	81001 UA W/ MICROSCOPIC REFLEX
	81001 UA W/ MICRO REFLEX, W/ CULTURE REFLEX (87086, 87077)
	87086 C U-URINE CULTURE
	87506 STPCR-STOOL PATHOGENS BY PCR
	87209 OP-OVA AND PARASITES
	87493 CDIFF AMP

	CHEMISTRY
	82040 ALB-ALBUMIN
	84075 ALKP-ALK PHOS
	84460 ALT
	84450 AST
	82150 AMYL-AMYLASE
	83880 BNPC-NT-PROBRAIN NP
	82310 CA-CALCIUM TOTAL
	82435 CL-CHLORIDE
	82374 CO2-CARBON DIOXIDE
	82977 GGT
	83735 MG-MAGNESIUM
	84100 PHOS-PHOSPHORUS
	84134 PREALB-PREALBUMIN
	84295 SODIUM SERUM
	84155 PROT-PROTEIN TOTAL
	84478 TGL-TRIGLYCERIDES
	DRUG LEVELS
	80164 VALP-VALPROIC ACID
	80178 LI-LITHIUM LEVEL
	80202 VANCOMYCIN
	PEAK TROUGH RANDOM

	SPECIAL CHEMISTRY
	82728 FERRI-FERRITIN LEVEL
	82746 FOL- FOLATE LEVEL
	84439 FT4-FREE T4
	83036 HGBA1C
	84153 PSAS
	84443 TSH
	82607 B12-VIT B-12 LEVEL
	HEMATOLOGY
	85025 CBCD
	85018 HGB-HEMOGLOBIN
	85014 HCT-HEMATOCRIT
	85652 ESR-SED RATE
	COAGULATION
	85610 PT- PROTIME/INR
	85730 APTT-ACTIVATED PTT
	85380-DDIQ-D-DIMER QUANT
	OTHER TESTS
	86140 CRP-C-REACTIVE PRTN
	82043 RUMA-MICROALBUMIN URINE
	86431 RFACT-RHEUMATOID

Additional Requests:

Phlebotomist Number:	Date of Collection:	Time of Collection:	Source/Site of Collection: