

OUTPATIENT LAB REQUISITION
CLINIC/PHYSICIAN/HOME CARE/HOSPICE/SURGERY CENTER

CLIENT LOCATION LABEL

www.horizonlaboratory.com

<input type="checkbox"/> ROUTINE <input type="checkbox"/> STAT		CALL #:		FAX NUMBER IN ADDITION TO CLIENT LABEL:	
DATE OF REQUEST:		TO BE COLLECTED:			
PATIENT L, F, M:		DATE OF BIRTH:	M/F	REQUESTING PROVIDER FULL NAME, TITLE:	
ADDRESS:		PHONE:			
CITY:	STATE:	ZIP:		COLLECTED BY, DATE, TIME:	
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	PREGNANCY RELATED TESTS	MICROBIOLOGY
ACUTE HEPATITIS PANEL *	HIV 1 & 2 SCREEN	ANTIBODY SCREEN (INDIRECT COOMBS)	SOURCE REQUIRED FOR SHADED TESTS:
CMP/GFR*	IRON LEVEL	BLOOD TYPE/RH	
BMP/GFR*	IRON TRANSFERRIN PROFILE	GLUCOSE TOLERANCE SCREEN GEST	AFB CULTURE
HEPATIC FUNCTION PANEL*	LIPASE	HIV 1 & 2 SCREEN	AEROBIC CULTURE W/ GRAM STAIN
LIPID PANEL*	LITHIUM LEVEL	OBSTETRIC PANEL * SEE REVERSE	ANAEROBIC BACTERIA CULTURE
ELECTROLYTES*	MAGNESIUM	PREGNANCY QUAL URINE	BODY FLUID CULT W/ GRAM STAIN
RENAL FUNCTION PANEL*	PHENYTOIN-DILANTIN®	PREGNANCY QUAL SERUM	FUNGUS CULTURE
CHEMISTRY TESTS	PHOSPHORUS	PREGNANCY QUANT SERUM	SPUTUM CULT W/ GRAM STAIN
ALBUMIN	POTASSIUM	GROUP B STREP MOLECULAR ASSAY	WOUND CULTURE W/ GRAM STAIN
ALKALINE PHOSPHATASE	PROGESTERONE	HEMATOLOGY	CHLAMYDIA/GC BY AMPLIFICATION
AMYLASE	PSA-SCREEN	ABC (CBC ONLY-NO DIFF)	UA W/ MICROSCOPIC IF INDICATED
BNP-NT-PROBRAIN-NP	PSA-DIAGNOSTIC	CBCD	UAM W/MICRO EXAM
BILIRUBIN DIRECT	ALT-SGPT	SED RATE	UAw/C MICRO IF IND/CULT IF IND
BILIRUBIN TOTAL	AST-SGOT	HGB	UAMC MICRO EXAM/CULT IF IND
CALCIUM TOTAL	SODIUM	HCT	URINE CULTURE
CHOLESTEROL	TESTOSTERONE TOTAL	SEROLOGY	SARS-CoV-2 (COVID-19)
CREATINE KINASE	TESTOSTERONE FREE AND TOTAL	MONO TEST	STREP A, BY PCR
CREATININE/GFR	TROPONIN	RPR SCREEN	RESPIRATORY PANEL BY PCR*
ESTRADIOL E2 LEVEL	TSH	RUBELLA SCREEN	ST C-DIFFICILE GDH/TOXIN ASSAY
FERRITIN LEVEL	URIC ACID	VARICELLA IMMUNE SCREEN, ZOSTER	STOOL GIARDIA/CRYPTO AG
FOLATE	VITAMIN B12	CRP QUANT	STOOL OVA AND PARASITES
FREE T3	VITAMIN D-25 TOTAL	CARDIAC CRP/HS	STOOL PATHOGENS BY PCR*
FREE T4	COAGULATION	RHEUMATOID FACTOR	STOOL PATHOGENS EXPANDED*
FSH	APTT	ADDITIONAL REQUESTS	
GGT	PROTIME/INR		
GLUCOSE RANDOM	QUANT D-DIMER		
GLUCOSE TOLERANCE 1HR / 2HR	www.horizonlaboratory.com		
HEMOGLOBIN A1C	FOR ADDITIONAL TEST INFO		

PHYSICIAN SIGNATURE: _____

