

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

CLIENT LOCATION LABEL

LEFT BLANK FOR LABORATORY USE

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<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
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

BILL INSURANCE (PROVIDE DETAILED INFORMATION OR COPY OF CARDS)

BILL PROVIDERS OFFICE (CONTRACT REQUIRED)

PATIENT RELATIONSHIP TO POLICY HOLDER:	POLICY HOLDER DOB:	POLICY HOLDER NAME L, F:
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 *	HEMOGLOBIN A1C	ANTIBODY SCREEN (INDIRECT COOMBS)	SOURCE REQUIRED FOR SHADED TESTS:
CMP/GFR*	HIV 1 & 2 SCREEN	BLOOD TYPE/RH	
BMP/GFR*	IRON LEVEL	GLUCOSE TOLERANCE SCREEN GEST	AFB CULTURE
HEPATIC FUNCTION PANEL*	IRON PANEL-FETIBC	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	RPR SCREEN	WOUND CULTURE W/ GRAM STAIN
ALKALINE PHOSPHATASE	PROGESTERONE	GROUP B STREP MOLECULAR ASSAY	CHLAMYDIA/GC BY AMPLIFICATION
AMYLASE	PSA-SCREEN	HEMATOLOGY	UA DIPSTICK ONLY
BNP-NT-PROBRAIN-NP	PSA-DIAGNOSTIC	ABC (CBC ONLY-NO DIFF)	UA W/ MICROSCOPIC REFLEX
BILIRUBIN DIRECT	ALT-SGPT	CBCD	UA W/MICRO REFLEX W/CULT REFLX
BILIRUBIN TOTAL	AST-SGOT	SED RATE	URINE CULTURE
CALCIUM TOTAL	SODIUM	HGB	STREP SCREEN CULTURE
CHOLESTEROL	TESTOSTERONE TOTAL	HCT	STREP A BY PCR RAPID
CREATINE KINASE	TROPONIN	SEROLOGY	INFLUENZA AB/RSV BY PCR RAPID
CREATININE/GFR	TSH	RPR SCREEN	RESPIRATORY PANEL BY PCR
ESTRADIOL E2 LEVEL	URIC ACID	RUBELLA SCREEN	ST C-DIFFICILE GDH/TOXIN ASSAY
FERRITIN LEVEL	VITAMIN B12	MONO TEST	STOOL GIARDIA/CRYPTO AG
FOLATE	VITAMIN D-25 TOTAL	CRP QUANT	STOOL OVA AND PARASITES
FREE T3	COAGULATION	CARDIAC CRP/HS	STOOL PATHOGENS BY PCR
FREE T4	APTT	RHEUMATOID FACTOR	STOOL WBC
FSH	PROTIME/INR	ADDITIONAL REQUESTS	
GGT	QUANT D-DIMER		
GLUCOSE RANDOM	*ADDITIONAL INFORMATION FOR PANEL TESTS ON REVERSE*		
GLUCOSE TOLERANCE 1HR / 2HR			

PHYSICIAN SIGNATURE: _____

