

PLEASE FILL IN COMPLETELY OR ATTACH LABEL BELOW—PLEASE PRINT

<b>STAT</b>	Call To:	Fax To:	Bill Type:	__Insurance	__Patient	__Client		
WF MRN:	Office ID:	Patient Name:	Race:	Sex: M   F   U	D.O.B:			
Ordering Physician Name:	Collect Date and Time:	Patient Address:	Guarantor Name and Address:					
Ordering Physician Code:	Collector:	Insurance Name and Code (Attach Copy):	Subscriber Name:	Relationship:				
		Group Name:	Policy ID:	Group ID:				
<b>List ICD-9/10 Codes (must be provided):</b>	Specimen Source/ Type:	<b>Tube Type Abbreviations and Totals:</b>						
		Red (R)	Gold (G)	Lavender (L)	Lt. Blue (B)	Green (GR)	Pink (P)	Gray (GY)
		Swab:	Urine:	Stool:	Other (specify) #:	Total Specimen (s):		
						Total Test (s):		

Chemistry Panels/ Profiles			
@ G	BMEP		Basic Metabolic Panel
@ G	CMEP		Comprehensive Metabolic Panel
@ G	HFP		Hepatic Function Panel
G	RFP		Renal Function Panel
B G	LPP		Lipid Profile
G	FTI		Free Thyroxine Index (TT4, T3U, calc. FTI)
G	IRP		Iron Profile (Transferrin, Ferritin, Iron, % Sat.)
G	HTP		Hypothyroid Profile (TSH, T3Uptake)
Individual Tests			
G	ANAS		Antinuclear Ab
GR	AMON		Ammonia (Draw on Ice)
G	AMY		Amylase
L	BNP		BNP (Brain Natriuretic Peptide)
G	BUN		BUN
G	CA		Calcium
B G	CEA		CEA
B G	CHL		Cholesterol
G	CK		CK
G	CKISO		CK Total and Isoenzymes
G	SDHES		DHEA Sulfate
G	CRT		Creatinine
@ G	DGN		Digoxin
G	ESDL		Estradiol
G	FSH		FSH
G	FOL		Folate
L	RFOLT		RBC Folate
B G	GGT		GGT
G	HCG		HCG
B L	HBA1C		Hemoglobin A1C
G	IRON		Iron
G	LDH		LDH
G	LIPS		Lipase
G	MG		Magnesium
G	PROG		Progesterone
B G	PROL		Prolactin
F G	SPSA		PSA (Screening)
G	TESTR		Testosterone - Total
R	STESTF		Testosterone - Free
R	SFTB		Testosterone (Free , Total, Bioavailable) Serum binding Globulin, Albumin
B G	TSH		TSH
B G	TT4		Thyroxine (T4) - Total
G	FT4		Thyroxine (T4) - Free
B G	TT3		T3 - Total
G	SFTT3		T3 - Free
G	URIC		Uric Acid
G	B12		Vitamin B12
G	VD25		Vitamin D, 25-Hydroxy

Quantitative Urine Chemistry			
(Random ___ / Interval ___ Hr)			
		UDS	Urine Drug Screen
		UPROT	Urine Protein
		UCRT	Urine Creatinine
		UNAK	Urine Na/K
		UPREG	Urine Pregnancy Test
Urinalysis and Fecal Testing			
		UAMR	Urinalysis with Microscopic
		UA	Routine Urinalysis
		UOSMO	Urine Osmolality
		FCOB	Fecal Occult Blood
Hematology/ Coagulation			
@ L		CBC	CBC
@ L		CBCD	CBC with Diff
L		WBC	WBC
L		ESR	ESR
L		RETIC	RETIC
L		SCS	Sickle Cell Screen
B B		PTE	Prothrombin Time including INR
@ B		PTT	PTT Activated
B		FIB	Fibrinogen
B		DIMER	Dimertest
B			Factor Assays (specify)
			Consult Lab First 716-4509
CSF/ Body Fluids			
		FPROT	Protein
		FGLU	Glucose
		FCD	Cell Count and Diff
			Indicate Source:
Blood Bank (Outpatient Only)			
P			ABO/RH
P			Antibody Screen
P			Direct Combs

Microbiology			
		WCO	Bacterial Culture (specify site)
		GSO	Gram Stain
		GIP	Gastrointestinal Pathogen Panel (for Stool Culture)
		TCOT	Throat Culture
@		UCO	Urine Culture
AFB/ Mycology/ Parasitology			
		AFBCO	AFB Smear and Culture
		WPREG	KOH/Wet Prep
		FUNO	Fungal Culture
		GIP	Gastrointestinal Pathogen Panel (Ova and Parasite Exam)
Virology			
		GCCHB	GC/Chlamydia Amp.
		DCIF	Clostridium Difficile Toxin
B G		HIV	HIV Antibody
		MHSVB	HSV by PCR
		DROT	Rotavirus
		ERSV	Rapid RSV
		FLUA	Rapid Influenza A & B
		QPCMB	CMV by PCR - Quant
R		CMVG	CMV Antibody - IgG
R		CMVM	CMV Antibody - IgM
G		HBS	Hep B Surface Antigen
G		HAVA	Hep A Ab - IgM and IgG
G		HBCA	Hep B Core - IgM and IgG
G		HCV	Hep C Antibody
G		HEPP	Hepatitis Panel (Hep B(s) Ag, Hep A Total, Hep B(c) Total, Hep C Ab)
R		MMR	Measles, Mumps, Rubella

**Medicare Limited Coverage Tests**

@ =May not be covered for diagnosis  
F = Has prescribed rules for frequency  
B = Has both diagnosis and frequency

Provide signed ABN when necessary

OTHER TESTS:



**Wake Forest™**  
Baptist Health

Diagnostic Laboratories

Medical Center Boulevard  
Winston Salem, NC 27157  
Client Services: 877-933-9522  
Fax: 336-716-8866

Location:

**Location Name**  
Address:  
Phone Number:  
Fax Number:

PLEASE FILL IN COMPLETELY OR ATTACH LABEL BELOW—PLEASE PRINT