

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 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	LDH	LDH
	G	IRON	Iron
	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

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)
	B		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
		FCOT	Fecal Culture
		TCOT	Throat Culture
@		UCO	Urine Culture
AFB/ Mycology/ Parasitology			
		AFBCO	AFB Smear and Culture
		WPRES	KOH/Wet Prep
		FUNO	Fungal Culture
		OVPO	Ova and Parasite Exam
Virology			
		GCCHB	GC/Chlamydia Amp.
		DCIF	Clostridium Difficile Toxin
B	G	HIV	HIV Antibody
		MHSV	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 Atb)
	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:

**CODE**

OFFICE NAME  
OFFICE ADDRESS  
OFFICE PHONE #

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G	VD25	Vitamin D, 25-Hydroxy		