



**Drop OFF in Lab Phlebotomy Area
LABORATORY**
901 Patients First Drive
Washington, Mo 63090
Phone: 636 390-1565 or 1577
Fax: 636 390-4534

TEST REQUISITION

Patient Name _____	Ordering Physician _____
DOB _____	Ordering Location _____
SS# _____	Time and Date of Collection _____
Date of Test _____	Specimen Collected by _____
Insurance _____	CC Report to _____ Fax # _____
Diagnosis _____	Fasting or Non-Fasting (Circle)

PF Test Menu	ICD9/Dx Code	PF Test Menu	ICD9/Dx Code
<input type="checkbox"/> CBC with Autodiff	_____	<input type="checkbox"/> RA Rheumatoid Factor	_____
<input type="checkbox"/> Lipid Profile	_____	<input type="checkbox"/> PTT	_____
<input type="checkbox"/> CMP (Chem 14)	_____	<input type="checkbox"/> FSH	_____
<input type="checkbox"/> BMP (Chem 8 + Mg)	_____	<input type="checkbox"/> LH	_____
<input type="checkbox"/> TSH	_____	<input type="checkbox"/> Prolactin	_____
<input type="checkbox"/> HbA1c	_____	<input type="checkbox"/> Direct Bilirubin	_____
<input type="checkbox"/> Microalbumin urine	_____	<input type="checkbox"/> Sodium	_____
<input type="checkbox"/> PSA	_____ Screen or Diagnostic	<input type="checkbox"/> Potassium	_____
<input type="checkbox"/> TSH w/Ref to FT4	_____	<input type="checkbox"/> Electrolytes	_____
<input type="checkbox"/> PT/INR	_____	<input type="checkbox"/> Amylase	_____
<input type="checkbox"/> AST/SGOT	_____	<input type="checkbox"/> Lipase	_____
<input type="checkbox"/> Liver Profile	_____	<input type="checkbox"/> Calcium	_____
<input type="checkbox"/> ESR	_____	<input type="checkbox"/> Cholesterol	_____
<input type="checkbox"/> FT4	_____	<input type="checkbox"/> ALT/SGPT	_____
<input type="checkbox"/> CRP	_____	<input type="checkbox"/> Hgb and Hct	_____
<input type="checkbox"/> B12	_____	<input type="checkbox"/> Platelet Count Only	_____
<input type="checkbox"/> FOLATE	_____	<input type="checkbox"/> Glucose 1hr pp	_____
<input type="checkbox"/> Urinalysis(UA)	_____	<input type="checkbox"/> Glucose Tolerance	_____ #Hours _____
<input type="checkbox"/> UA w/Ref Culture	_____	<input type="checkbox"/> Glucose random or fast	_____
<input type="checkbox"/> UA w/Microscopic	_____	<input type="checkbox"/> Hemogram	_____
<input type="checkbox"/> Ferritin	_____	<input type="checkbox"/> Alk Phosphatase	_____
<input type="checkbox"/> IRON	_____	<input type="checkbox"/> Albumin	_____
<input type="checkbox"/> BUN	_____	<input type="checkbox"/> Total Protein	_____
<input type="checkbox"/> Creatinine w/egfr	_____	<input type="checkbox"/> FIT test fecal oc. bld	_____ Screen or Diagnostic
<input type="checkbox"/> CK (creatine kinase)	_____	<input type="checkbox"/> Other	_____
<input type="checkbox"/> Magnesium (Mg)	_____	<input type="checkbox"/> Other	_____
<input type="checkbox"/> BNP	_____	<input type="checkbox"/> Other	_____
<input type="checkbox"/> D-Dimer	_____	<input type="checkbox"/> Other	_____
<input type="checkbox"/> Cardiac Profile	_____	<input type="checkbox"/> Other	_____
<input type="checkbox"/> Dyspnea Panel	_____	<input type="checkbox"/> Other	_____

NOTE: Please include all Diagnosis Codes

PHYSICIAN Authorization _____

Steps to complete laboratory testing for Patients First Health Care Laboratory

1. Physician or Nurse Practitioner from PFHC can use NextGen on line ordering process by signing in to the remote access portal.
2. If order is written on a prescription or the Nursing Home physician order sheet; a copy should be attached to the PFHC Test Requisition Form. The PFHC Test Requisition Form can also serve as the physician order if signed by the ordering physician or nurse practitioner (or signed by the nurse as a verbal or phone order from the ordering physician).
3. Complete the patient name & other key demographic information on the requisition and identify the laboratory testing to be done along with the diagnosis & diagnosis code. In order to process the order without delay or rejection; we need this key information.
4. Specimen collection: Make sure the specimen is labeled with the full proper name of the patient, date of birth, date/time specimen collected and initials of person collecting specimen.
5. Place specimen in a split biohazard bag along and place the requisition in the split section of the bag.
6. Avoid rejection of the specimen: Make sure lab tube is NOT expired. If Protime is ordered; make sure the tube is 90% full. Red top tubes (SST tubes) need to be centrifuged within 2 hours of collection. If any questions; call PFHC Lab at number listed on the requisition.
7. Specimen delivery to Patients First Health Care Laboratory; go to the Diagnostic Area in the main area of the Washington Campus. Enter the laboratory door and place specimen on the "Specimen Drop Off" Shelf just inside the laboratory door (shelf is located on the left side just past the restroom).
8. There is no need to stop at the Diagnostic Front Desk unless you have questions.
9. Thank you for the opportunity to provide your laboratory needs.