# Mercy Health Laboratory

# Mercy Advantage Outpatient Test Requisition

## Patient Information [Must be Complete]

NAME (last, first)

ADDRESS | ROOM #

CITY : | STATE | ZIP CODE

SS# | SEX (circle) M F | MARITAL STATUS S M UNK

DOB | TELEPHONE 215-708-1200

**ANGELA JANE PAVILION** **Client Code: ZZFIAJP**

8410 ROOSEVELT BLVD PHILA.,PA 19152 (P) 215.708.1200 (F)

- ☐ AHMAD,MUSTAQ
- ☐ BERDICHEVSKAYA,VIOLETTA
- ☐ BERGMAN,HERBERT
- ☐ VANSANT,MONIKA
- ☐ DOAN,HAHN-NANH
- ☐ FAROOQ,SABAHAT
- ☐ JAMSHIDIAN,FRENNIE CRNP
- ☐ LEVY,KENNETH
- ☐ MANU,KWASI
- ☐ MEPARI,ALEX
- ☐ NEMEZ,JACK
- ☐ PACHO,ARLENE
- ☐ RUDAY,DEAN
- ☐ SEIDMAN,DAVID
- ☐ SHTEINBERG, KIRA CRNP
- ☐ WANG,XIA
- ☐ ZHANG,YUTONG
- ☐ _____

**PHYSICIAN SIGNATURE** _____

**ICD-9 DIAGNOSIS CODE(S) - *MUST BE PROVIDED***

**COLLECTED BY:**

**DATE/TIME:**

## Primary Insurance Information

Check one

- ☐ Medicare Part B (M01)
- ☐ Medicaid (P01)
- ☐ Blue Cross (B01)
- ☐ Personal Choice (B06)
- ☐ Americhoice (G50)
- ☐ Keystone Mercy Hlth Plan (U15)
- ☐ Keystone Health Plan East (K60) capitated physicians only
- ☐ Bill ANGELA JANE PAVILION (I24)
- ☐ Other:

Insurance Name

Policy #

Group #

Subscriber Name (If different than pt)

Relationship to insured ☐ self ☐ spouse ☐ dependent

## Secondary Insurance Information

Check one

- ☐ Medicare Part B (M01)
- ☐ Medicaid (P01)
- ☐ Blue Cross (B01)
- ☐ Personal Choice (B06)
- ☐ Blue Cross 65 (B65)
- ☐ AARP (I11)
- ☐ Other:

Insurance Name

Policy #

Group #

Subscriber Name (If different than pt)

Relationship to insured ☐ self ☐ spouse ☐ dependent

## *PHYSICIAN'S LABORATORY ORDERS*

### LAB PANELS

- ☐ 4919 ACUTE HEPATITIS PANEL (HA-IgM, Hbc-IgM, HbsAg, Hep-C)
- ☐ 3049 BASIC METABOLIC PANEL (LYTES, BUN, CREAT, GLUC, CA)
- ☐ 3496 COMPREHENSIVE PANEL (ALB, ALKP, TBIL, BUN, CA, CREAT, LYTES, GLUC, TP ALT, AST)
- ☐ 3497 ELECTROLYTES
- ☐ 3040 LIPID PANEL (CHOL, TRIG, HDL, LDL)
- ☐ 3592 LIVER (HEPATIC) PANEL (ALB, TBIL, DBIL, ALKP, TP, ALT, AST)

### LAB HEMATOLOGY

- ☐ 1000 CBC, DIFF, & PLT COUNT
- ☐ 1040 CBC & PLATELET COUNT
- ☐ 1080 HEMOGLOBIN
- ☐ 1100 HEMATOCRIT
- ☐ 1140 PT WITH INR
- ☐ 1160 PTT
- ☐ 1260 RETICULOCYTE
- ☐ 1280 SED RATE

### CYT CYTOLOGY

Use cytopathology requisition

### PTH PATHOLOGY

Use cytopathology requisition

### LAB OTHER TESTS

- ☐ 3023 ALBUMIN
- ☐ 3017 ALKALINE PHOSPHATASE
- ☐ 3016 ALT
- ☐ 3027 AMYLASE

### LAB OTHER TESTS

- ☐ 4818 ANTINUCLEAR AB
- ☐ 3015 AST
- ☐ 3020 BILIRUBIN, DIRECT
- ☐ 3019 BILIRUBIN, TOTAL
- ☐ 3006 BUN
- ☐ 7032 CA-125
- ☐ 3024 CALCIUM
- ☐ 3190 CARBEMAZEPINE
- ☐ 3870 CEA
- ☐ 3029 CHOLESTEROL
- ☐ 3650 CORTISOL 8 AM
- ☐ 3655 CORTISOL 4 PM
- ☐ 3007 CREATININE
- ☐ 4834 C-REACTIVE PROTEIN
- ☐ 3979 high sensitivity CRP (Cardio)
- ☐ 3100 DIGOXIN
- ☐ 7078 ESTRADIOL
- ☐ 3715 FERRITIN
- ☐ 3725 FOLATE
- ☐ 7088 FSH
- ☐ 3018 GGT
- ☐ 3005 GLUCOSE
- ☐ 3685 HCG, QUANT (PREG TEST)
- ☐ 7096 HEMOGLOBIN A1C
- ☐ 7098 HEMOGLOBIN A1C WITH FRUCTOSAMINE REFLEX
- ☐ 4807 HEP A AB, IGM
- ☐ 4810 HEP B SURFACE AB
- ☐ 4809 HEP B SURFACE AG
- ☐ 4856 HEP C AB

### LAB OTHER TESTS

- ☐ 4862 HIV AB SCREEN**
- ☐ **Keep consent on file
- ☐ 7271 HOMOCYSTEINE (Plasma)
- ☐ 3701 IRON/TRANSFERRIN/TIBC
- ☐ 7119 LEAD
- ☐ 7122 LH
- ☐ 3028 LIPASE
- ☐ 7123 LIPOPROTEIN (a)
- ☐ 3101 LITHIUM
- ☐ 4870 LYME AB w/ reflex confirm
- ☐ 3026 MAGNESIUM
- ☐ 7272 MICROALBUMIN, Urine
- ☐ 4805 MONO TEST
- ☐ 1760 OCCULT BLOOD, STOOL
- ☐ 3160 PHENOBARBITAL
- ☐ 3025 PHOSPHORUS
- ☐ 3856 PREALBUMIN
- ☐ 7146 PROGESTERONE
- ☐ 7148 PROLACTIN
- ☐ 3022 PROTEIN, TOTAL
- ☐ 7154 PSA, SCREEN

*Date of Last PSA _____

- ☐ 7152 PSA, DIAGNOSTIC
- ☐ 7156 PSA with FREE PSA Reflex
- ☐ 7145 PTH, INTACT
- ☐ 4882 RHEUMATOID FACTOR
- ☐ 4801 RPR
- ☐ 4804 RUBELLA SCREEN
- ☐ 3605 T4 (THYROXINE)
- ☐ 7090 T4, FREE
- ☐ 7089 TESTOSTERONE, TOTAL

### LAB OTHER TESTS

- ☐ 3200 THEOPHYLLINE
- ☐ 3625 THYROGLOBULIN ANTIBODIES
- ☐ 7166 TRANSFERRIN
- ☐ 3620 TSH
- ☐ 3008 URIC ACID
- ☐ 1700 URINALYSIS
- ☐ 4895 V ZOSTER AB
- ☐ 3720 VITAMIN B12

### MICROBIOLOGY w/reflex confirm

SOURCE/SITE:

- ☐ 4060 C DIFF (C.DIFFICILE TOXIN A&B)

Urethral ☐ Endocervical

- ☐ 4911 CHLAMYDIA/GC, PCR (Aptima)
- ☐ 4086 CULTURE, CAMPYLOBACTER
- ☐ 4017 CULTURE, GYN
- ☐ 4019 CULTURE, STOOL
- ☐ 4009 CULTURE, THROAT
- ☐ 4004 CULTURE, URINE
- ☐ 4012 CULTURE, WOUND
- ☐ 4065 GROUP B STREP CULT
- ☐ 4024 OVA & PARASITES

### ADDITIONAL TESTS

- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____

*With any payor that has a medical necessity requirement, order only those tests which are medically required for the treatment and diagnosis of the patient*

**For Customer Service, Please call (610) 237-4742**

***** LAB USE ONLY*****

_____ SST
_____ PLAIN RED
_____ LAV
_____ LT BLUE

_____ GREEN
_____ GRAY
_____ URINE
_____ URINE CULTURE

_____ CULTURE (OTHER)
_____ DNA PROBE
_____ OTHER
_____ OTHER

*MHL ID NUMBER*

Form MNA 11/18/2009