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 215-632-5700

RIVERS EDGE NURSING & REHABILATION CENTEI Client Code: ZZFIRE
9501 STATE RD. PHILA.,PA 19114 (P) 215.632.5700 (F)

- ☐ ALTSCHULER,STANLEY
- ☐ BERGMAN,HERBERT
- ☐ DEPMAN,STANLEY
- ☐ FAROOQ, SABAHT
- ☐ FAROOQ,UMAR
- ☐ HAN,JOYCE
- ☐ SANDRE,BAKSHISH
- ☐ VANSANT,MONIKA
- ☐ _____

PHYSICIAN SIGNATURE _____

COLLECTED BY: | DATE/TIME:

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

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 RIVERS EDGE(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

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

ests which are medically required for the treatment and diagnosis of the patient

Please call (610) 237-4742

SE 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