OSF HEALTHCARE

CLIENT:

1224 N. Berkeley Ave
Peoria, IL 61603 • (309) 655-2336
1-800-533-6730 FAX (309) 624-9152

① BILL TO INSURANCE ☐
(Bill to Patient or Patient's Insurance) **If Insurance Bill, please attach a copy (front and back) of insurance card.**

① CLIENT BILL ☐
(Bill to Submitter's office account)

V.005

② Patient Information - Please Print

PATIENT'S LAST NAME (PLEASE PRINT)

PATIENT'S FIRST NAME | MI | DATE OF BIRTH | SEX

ADDRESS | CITY | STATE | ZIP

PHONE NUMBER | SOCIAL SECURITY NUMBER

④ AUTHORIZING PROVIDER (FIRST & LAST NAME)

⑤ DUPLICATE REPORT TO:

⑥ COLLECTOR INITIALS	⑦ FASTING?	⑧ COLLECTED DATE	⑧ TIME
MANDATORY	☐ YES ☐ NO	/ /	AM PM

③ **Advanced Beneficiary Notice Attached:** ☐ YES ☐ NO

You **MUST** issue an ABN when there is any possibility to expect that Medicare may deny payment if the test is not deemed reasonable and necessary under Medicare Program standards. *If you believe that a test subject to a frequency limitation (printed in red font with *) exceeds the Medicare Program frequency limits for test ordering, you **MUST** issue an ABN before you draw and order the test. With this requirement, you must evaluate test frequency limits and look up how many times the test was ordered during the specific timeframe for that patient. **Failure to submit an ABN to OSF in these cases, resulting in claim denial, will result in a service charge to your office.**

⑨ **ICD Diagnosis Code: All requests must be accompanied by a valid alpha-numeric diagnosis code as to establish medical necessity for tests ordered. If the ICD code is not provided and/or does not meet coverage requirements, this can result in test delays and/or reimbursement delays.**

1) 2) 3) 4)

☐ STAT? ☐ PHONE RESULTS ( ) — ☐ FAX RESULTS ( ) —

OSF Requisition Number

OSF USE ONLY
PLACE
EPIC STICKER
HERE

⑩ PANELS

	Acute Hepatitis Panel	AHP	LAB1170		Hepatic Function Panel	HF	LAB1152				
	Hep C Ab, Hep B surf Ag, Hep A IgM Ab, Hep B Core IgM Ab				TP, Alb, AST, ALT, ALP, Tbil, Dbil						
	Basic Metabolic Panel	PR8	LAB765		**Lipid Panel***	**LIPD**	LAB1258				
	Na, K, Cl, CO2, Ca, Gluc, BUN, Creatinine				LDL, Cholesterol, Triglycerides, calc VLDL, HDL Cholesterol						
	Comp Metabolic Panel	CMET	LAB858		Obstetric Panel	OBSPAN	LAB1313		Renal Function Panel	RFP	LAB1407
	Na, K, Cl, CO2, Ca, Gluc, BUN, Creat, TP, Alb, AST, ALT, ALP, Tbil				CBC, Hep B Surf Ag, Syphilis IgG, ABO & Rh, Rubella IgG Ab, Antibody Screen				Na, K, Cl, CO2, Ca, Gluc, BUN, Creat, Alb, PO4		

CHEMISTRY TESTS

	Albumin	ALB	LAB666		Folate	FOLAT	LAB1033		Phosphorus	PO4	LAB1347
	Allergy Respiratory Panel	RSPALG	LAB1409		**Ferritin***	**FER**	LAB1001		Potassium	K	LAB1367
	Allergy, Food Profile	FDALLPRO	LAB4790		FSH	FSH	LAB1035		Progesterone	PROG	LAB1375
	Alpha Fetoprotein, Maternal (Include Mayo form)	MAFP1	LAB4935		Glucose Tolerance, Gestational 2 HR	GGTT	LAB1117		Prolactin	PROL	LAB1376
	ALT/SGPT	SGPT	LAB1494		**Glucose***	**GLUC**	LAB1096		Pregnancy Serum, Qualitative	PREG	LAB1369
	AST/SGOT	SGOT	LAB1493		Glucose Tolerance, 2 HR	2GTT	LAB1115		**PSA Screen***	**PSASCR**	LAB1390
	Amylase	AMYL	LAB694		**Hemoglobin A1c w/ est Gluc***	**A1CGLU**	LAB1805		**PSA Diagnostic***	**PSA**	LAB1389
	Bilirubin, Direct (Conjugated)	CBIL	LAB753		HCG-Beta Subunit Quant	HCGQ	LAB1139		Quad Screen (Include Mayo form)	QUAD1	LAB4934
	Bilirubin, Total	TBIL	LAB752		**HDL (Cholesterol)***	**HDL**	LAB1140		Tacrolimus (FK506)	FK506	LAB1020
	BUN (Blood Urea Nitrogen)	BUN	LAB789		Hepatitis A IgM Ab	HEPA	LAB1154		**T3, Free***	**FRET3**	LAB1530
	B-Type Natriuretic Peptide	BNP	LAB735		Hepatitis B Core IgM Ab	HBAB	LAB1156		**T4, Free***	**FT4**	LAB1556
	CA-125*	**C125**	LAB800		Hepatitis B Surf Antibody	HBSAB	LAB1158		**T3, Total***	**T3**	LAB1533
	Cortisol	CORT	LAB862		Hepatitis B Surf Antigen	HBSAG	LAB1157		**T4, Total***	**T4**	LAB1557
	SARS-COV-2-IgG (Antibody)	SCOV2G	LAB7078		Hepatitis C Antibody	HEPC	LAB1163		Testosterone (Total)	TEST	LAB1538
	C-Reactive Protein	CRP	LAB792		Homocysteine	HCY	LAB1782		Testosterone, Free & Total	FTTST	LAB4707
	C-Reactive Protein, High Sensitivity	HSCRP	LAB793		**Iron Transferrin w/ Calc TIBC % Sat***	**FEPNL**	LAB3221		Triglycerides	TRG	LAB1583
	Creatinine Serum W/ GFR	CREGFR	LAB865		Lead, Blood	LEAD6	LAB1249		**Thyroid Screen***	**THYSCR**	LAB4692
	CPK-Creatine Kinase, Total	CPK	LAB866		LH	LH	LAB1256		**TSH***	**TSH**	LAB1554
	Dehydroepiandrosterone Sulfate	DHEAS	LAB943		Lipase	LIPA	LAB1257		Uric Acid	URIC	LAB1691
	Digoxin	DIG	LAB1247		Magnesium	MG	LAB1269		Valproic Acid (Depakene)	VAL	LAB1697
	Electrophoresis, Serum Protein	SPE	LAB965		Methylmalonic Acid	MMAS	LAB2023		Vitamin B12	B12	LAB1716
	Estradiol	ESTDL	LAB976		Parathyroid Hormone	PARAT	LAB1331		Vitamin D, 25 Hydroxy Total	VTMD	LAB1866

Patient Name and DOB: _____

Documentation is needed so that a copy of this page has patient identifiers.

SEROLOGY TESTS

	ANA Screen with reflex	ANAO	LAB695		HCV RNA Quant PCR	HCVRT	LAB1807		Phospholipid Ab Panel	ANTIPHOS	LAB4656
	ANCA, Titer and Reflex if Pos	ANCAMP	LAB1894		HIV I/II Ab/Ag Screen	HIVCS	LAB1858		Quantiferon TB Gold PLUS	QFTP	LAB4907
	Celiac Panel with reflex	CELAC	LAB1850		HIV I/II Ab/Ag Diagnostic	HIVCD	LAB1857		Rhuematoid Factor Qt	RFQT	LAB1415
	Chlamydia & GC Probe	CGPRB	LAB826		HIV 1 RNA Quant PCR	HIVRT	LAB1808		Rubella Immunity IgG Ab	RUBIM	LAB1426
Site:					Lyme IgG and IgM Ab	LYME	LAB1264		Rubeola/Measels IgG Ab	RUG	LAB1428
					Measels IgG, Mumps IgG, Rubella, Varicella Zoster IgG	MMRV	LAB4819		Syphilis IgG w/ reflex RPR	SYPIGG	LAB4611
	CMV IgG and IgM Ab	ECMV	LAB934		Mono Test	MSPOT	LAB1293		TORCH Panel	ETOR	LAB1563
	EBV Comprehensive	EBVAB	LAB974		Mumps Virus IgG Ab	MUMG	LAB1755		Varicella Zoster IgG Ab	VZOST	LAB1703

HEMATOLOGY/COAG TESTS

	Antithrombin III	ANT3	LAB726		Erythrocyte Sedimentation Rate	SRATE	LAB1434		Lupus Anticoagulant	LUPAP	LAB5035
	CBC With Differential	CBC	LAB817		Factor V Leiden Screen	APCR	LAB985		Prothrombin Time w/ INR	PT	LAB1387
	CBC Without Differential	HGRAM	LAB1151		Factor VIII Activity	F8	LAB991		PTT	PTT	LAB1397
	D Dimer	DIMERS	LAB937		Hemoglobin and Hematocrit	HH1	LAB1175				

URINE TESTS

	Urine Drug Screen w/out confirm	UDS	LAB1644		24 Hr UR, Protein	UP	LAB1615		Pathology Cytology Non-Gyn	CYTOL	LAB1769
	Urine Microalbumin/Creatinine	MACR	LAB1657		24 Hr UR, Urea Nitrogen	UUN243	LAB1619		Urinalysis Reflex if Indicated	UA	LAB5025
	Urine Pregnancy, Qualitative	UPREG	LAB1670		24 Hr UR, Creatinine	UCREQ	LAB1601		**SOURCE:**		
	Urine Protein/Creatinine, Random	UTPCR	LAB1674		24 Hr UR, Uric Acid	UUA	LAB1617		RANDOM		CATH
	Creatinine Clearance	CRCL	LAB1602		**FOR LAB1602 (CRCL) a serum sample must be submitted with the 24 hr urine sample**				CLEAN CATCH		

HT: WT: ←

OSF USE: IS THIS SPECIMEN SHARED WITH CYTOLOGY? **Y** or **N**

BLOOD BANK TESTS

	ABO and Rh Blood Type	ABORH	LAB549		Antibody Screen	ABSCR	LAB718	OPTS (Type and Screen) can no longer be ordered via paper req

STOOL TESTS

	Occult Blood Immunoassay*	**IFOB**	LAB1317		Stool For Giardia Ag	GIARG	LAB1514		Stool for WBC Lactoferrin	LEUKO	LAB1513
	C. difficile by PCR	PCRDIF	LAB1829		Stool For Cryptosporidium Ag	CSPR	LAB1517		Helicobacter pylori Ag, Stool	HPSTL	LAB4800
	Gastrointestinal Path. Panel	GIP	LAB5003								

CULTURES/MICRO

Indicate source for each culture submitted:					Culture, Fungus	FUNG	LAB908		Culture, Group A Beta Strep	THSTR	LAB927
					Culture, MRSA Screen	MRSAC	LAB912		Culture, Urine	URC	LAB922
					Culture, Stool	ST	LAB1766		Influenza A and B Ag, Rapid	FLU	LAB1217
	Culture, Aerobic	AE	LAB897		Culture, Group B Strep	GPBST	LAB910		RSV Ag	RESSY	LAB1424
	Culture, Anaerobic (Anaerobic culture order MUST have an Aerobic culture ordered with it)	CULANA	LAB898		Culture TB (AFB)	TBC	LAB920		Respiratory Pathogen Array (18 viruses & 4 bacterial pathogens)	RESPA	LAB2944
	NOTE: OSF System Lab recommends ordering the Gram Stain when ordering the Aerobic Culture.				**NOTE**: OSF System Lab recommends ordering the AFB Smear when ordering the TB culture.				MRSA, Methicillin Resistant Staph aureus, by PCR	PCRMSA	LAB1294
	Gram Stain	GS	LAB1126		AFB (TB) Smear	TBS	LAB1500		Vaginitis Screen	VAGSCR	LAB1783
	Culture, Blood	ANBL	LAB899		Culture, Lower Respiratory	SP	LAB916		Gardnerella, Trichomonas & Candida		

MOLECULAR/PCR

	SARS-COV-2 PRE PROC SCREEN	SARSCOV2B	LAB7069

LAB7069 ahould be ordered for the screening of an active COVID infection

Requires a nasopharyngeal or nasal swab in viral transport media

PLEASE CONTACT LABORATORY OUTREACH BEFORE SENDING MORE THAN 10

	Yes	No	Unknown
Have you previously been tested for COVID-19?			
Are you employed in a healthcare setting?			
Are you symptomatic for COVID-19 as defined by the CDC?			
Date of symptom onset: _____			
Have you been hospitalized for COVID-19?			
Have you been admitted to the ICU for COVID-19?			
Are you a resident in a congregate (group) care setting?			
Are you pregnant?			
Is this for Pre-Procedural Screening?			
Date of Procedure: _____			

Additional Comments: