



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.004

2 Patient Information - Please Print

PATIENT'S LAST NAME (PLEASE PRINT)

Grid for patient last name

PATIENT'S FIRST NAME MI DATE OF BIRTH SEX

Grid for patient first name, MI, DOB, and sex

ADDRESS CITY STATE ZIP

Grid for address, city, state, and zip

PHONE NUMBER SOCIAL SECURITY NUMBER

Grid for phone number and social security number

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.

STAT? PHONE RESULTS FAX RESULTS

Grid for STAT, phone results, and fax results

4 AUTHORIZING PROVIDER (FIRST & LAST NAME)

Grid for authorizing provider name

5 DUPLICATE REPORT TO:

Grid for duplicate report to

6 COLLECTOR INITIALS 7 FASTING? 8 COLLECTED DATE 8 TIME

Grid for collector initials, fasting status, collected date, and time

9 ICD Diagnosis Code: All requests must be accompanied by a valid alpha-numeric diagnosis code as to establish medical necessity for tests ordered.

Grid for ICD diagnosis code (1-4)

OSF Requisition Number

Table with 10 panels: Acute Hepatitis Panel, Hep C Ab, Basic Metabolic Panel, Na, K, Cl, CO2, Ca, Gluc, BUN, Creatinine, Comp Metabolic Panel, Electrolyte Panel, LYTE, LAB964, Hepatic Function Panel, HF, LAB1152, Lipid Panel*, LIPD, LAB1258, LDL, Cholesterol, Triglycerides, calc VLDL, HDL Cholesterol, Obstetric Panel, OBSPAN, LAB1313, Renal Function Panel, RFP, LAB1407

OSF USE ONLY PLACE EPIC STICKER HERE

CHEMISTRY TESTS

Table of chemistry tests including Albumin, Allergy Respiratory Panel, Allergy Food Profile, Alpha Fetoprotein, Maternal, ALT/SGPT, AST/SGOT, Amylase, Bilirubin, BUN, B-Type Natriuretic Peptide, CA-125*, Cortisol, C-Reactive Protein, C-Reactive Protein High Sensitivity, Creatinine Serum W/ GFR, CPK-Creatine Kinase, Total, Dehydroepiandrosterone Sulfate, Digoxin, Electrophoresis Serum Protein, Estradiol, Folate, Ferritin*, FER, LAB1001, Potassium, K, LAB1367, FSH, FSH, LAB1035, Progesterone, PROG, LAB1375, Glucose*, GLUC, LAB1096, Prolactin, PROL, LAB1376, Glucose Tolerance, Gestational 2 HR, GGTT, LAB1117, Pregnancy Serum, Qualitative, PREG, LAB1369, Glucose Tolerance, 2 HR, 2GTT, LAB1115, PSA Screen*, PSASCR, LAB1390, Hemoglobin A1c w/ est Gluc*, A1CGLU, LAB1805, PSA Diagnostic*, PSA, LAB1389, HCG-Beta Subunit Quant, HCGQ, LAB1139, Quad Screen (Include Mayo form), QUAD1, LAB4934, HDL (Cholesterol)*, HDL, LAB1140, Tacrolimus (FK506), FK506, LAB1020, Hepatitis A IgM Ab, HEPA, LAB1154, T3, Free*, FRET3, LAB1530, Hepatitis B Core IgM Ab, HBAB, LAB1156, T4, Free*, FT4, LAB1556, Hepatitis B Surf Antibody, HBSAB, LAB1158, T3, Total*, T3, LAB1533, Hepatitis B Surf Antigen, HBSAG, LAB1157, T4, Total*, T4, LAB1557, Hepatitis C Antibody, HEPC, LAB1163, Testosterone (Total), TEST, LAB1538, Homocysteine, HCY, LAB1782, Testosterone, Free & Total, FTTST, LAB4707, Iron Transferrin w/ Calc TIBC % Sat*, FEPNL, LAB3221, Triglycerides, TRG, LAB1583, Lead, Blood, LEAD6, LAB1249, Troponin, TRP, LAB1585, LH, LH, LAB1256, Thyroid Screen*, THYSCR, LAB4692, Lipase, LIPA, LAB1257, TSH*, TSH, LAB1554, Magnesium, MG, LAB1269, Uric Acid, URIC, LAB1691, Methylmalonic Acid, MMAS, LAB2023, Valproic Acid (Depakene), VAL, LAB1697, Parathyroid Hormone, PARAT, LAB1331, Vitamin B12, B12, LAB1716, Phosphorus, PO4, LAB1347, 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	Rheumatoid 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: <table border="1"> <tr> <td><input type="checkbox"/></td> <td>RANDOM</td> <td><input type="checkbox"/></td> <td>CATH</td> </tr> <tr> <td><input type="checkbox"/></td> <td>CLEAN CATCH</td> <td></td> <td></td> </tr> </table>				<input type="checkbox"/>	RANDOM	<input type="checkbox"/>	CATH	<input type="checkbox"/>	CLEAN CATCH		
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Urine Protein/Creatinine, Random	UTPCR	LAB1674	24 Hr UR, Uric Acid	UUA	LAB1617												
Creatinine Clearance	CRCL	LAB1602	FOR LAB1602 (CRCL) a serum sample must be submitted with the 24 hr urine sample														
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									
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, Anaerobic	CULANA	LAB898	Culture, Group B Strep	GPBST	LAB910	RSV Ag	RESSY	LAB1424									
Culture, Aerobic	AE	LAB897	Culture TB (AFB)	TBC	LAB920	Respiratory Pathogen Array (17 viruses & 3 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											

Additional Comments: