

<div>MERCYONESM</div>				Patient Information							
				Patient Full Legal Name (Last, First)							
1111 6th Avenue Des Moines, IA 50314 Phone 515-247-4471 Fax 515-643-8832				Date of Birth: / /		Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female					
				Phone #		SSN #					
Location		Location ID		Address							
ADDRESS				City, State, Zip Code							
CITY		STATE		ZIP		Clinical Information and Special Requests:					
PHONE				Collection Date:							
				Collection Time:							
Ordering Provider (NPI):				Billing Information							
Ordering Provider (Print):				<input type="checkbox"/> Bill Office/Facility/SNF/Skilled							
<input type="checkbox"/> Fax To # <input type="checkbox"/> Call To #				<input type="checkbox"/> Bill Insurance (Attach Insurance Card(s)) **ICD-10 Codes Needed**							
For MercyOne DSM Lab Use Only				<input type="checkbox"/> Bill Patient							
Date/Time Rcvd:		Initials: RQ#:		ICD-10 Code(s) (Required to Bill Insurance)		<input type="checkbox"/> ABN Attached					
MRN #		Courier Tracking #				Medicare will only pay for tests that meet the medicare definition of "Medical Necessity." Medicare may deny payment for a test that the physician believes is appropriate, such as a screening test. If a test is ordered as a screening test, is ordered too frequently or does not meet medicare coverate criteria, be certain the patient has signed an Advance Beneficiary Notice (ABN).					
Additional Tests:				1. 2. 3. 4. 5.							
OBGYN Requisition Form											
	PANELS	CPT		GENERAL TESTS	CPT		GENERAL TESTS (Cont.)	CPT		MICROBIOLOGY TESTS	CPT
	Acute Hepatitis Panel [LAB5111]	80074		ABO/Rh Blood Type [LAB895]	86900		Hemoglobin [LAB291]	85018		Chlamydia/N. gonorrhea, by DNA [LAB4261] Site:	87491
	Basic Metabolic Panel (BMP) [LAB15]	80045		AFP Maternal Quad Screen [LAB560]	82105		Hemoglobin/Hematocrit [LAB753]	85014		*Genital Culture, Sens if Ind [LAB6925] Site:	87070
	Comp. Metabolic Panel (CMP) [LAB17]	80053		Maternal NTD Screen (Neural Tube Disorder) [LAB692]	82105		Hepatitis C Antibody Screen [LAB10241]	86803		Group B Strep Cult, Sens if Allergy to Pen. ALLERGIC TO PEN Y or N [LAB4002] Site:	87081
	Electrolyte Panel (Lytes) [LAB16]	80051		Antibody Screen, RBC [LAB278]	86850		Hepatitis B Surface Antigen, Rflx Conf [LAB8951]	87340		HSV (Herpes Simplex Virus PCR) [LAB4460] Site:	87529
	Hepatic Function Panel (HFP) [LAB20]	80076		Bile Acids, Fractionated and Total, Pregnancy [LAB4204]	82542		HIV Antibody Scrn, Rflx Conf. [LAB10235]	87389		Vaginitis Panel [LAB4025]	87400, 87510, 87660
	Lipid Panel [LAB18]	80061		BUN [LAB140]	84520		Herpes Simplex Virus 1 2 IgG Ab [LAB4459]	86695, 86696		Urine Culture, Sens if Ind [LAB239]	87086
	Renal Function Panel (RFP) [LAB19]	80069		CA 125 [LAB155]	86304		Luteinizing Hormone [LAB87]	83002			
	Thyroid Function Cascade W/Rflx [LAB10671]	84443		CBC w/Differential [LAB293]	85025		Potassium [LAB114]	84132			
				CBC (Hemogram) [LAB294]	85027		Prolactin [LAB531]	84146			
				CMV IgG [LAB467]	86644		Rubella IgG Antibody Screen [LAB496]	86762			
				CMV IgM [LAB861]	86645		Syphilis Treponemal IgG/IgM Abs, Rflx Conf. [LAB5908]	86780			
				Creatinine [LAB383]	82565		TSH (Thyroid Stimulating Hormone) [LAB129]	84443			
				Estradiol [LAB523]	82670		T4, Free [LAB127]	84439			
				FSH (Folicle Stimulating Hormone) [LAB86]	83001		Uric Acid [LAB141]	84550			
				Glucose Tolerance, Gestational 1hr [LAB6357]	82952		Urinalysis (Rflx Microscopic if Ind.) [LAB4860]	81003			
				Glucose Tolerance, Gestational 2hr [LAB4870]	82952		Urinalysis, Microscopic Only [LAB4858]	81015			
				Glucose Tolerance, Gestational 3hr [LAB4871]	82952		Urinalysis, Culture if Indicated [LAB347]	81003			
				Glucose, Fasting [LAB81]	82947		WBC Count [LAB299]	85048			
				Glucose, Random [LAB82]	82947		WBC and Diff (includes ANC) [LAB843]	85048, 85004			
				HCG Blood, Quantitative [LAB143]	84702						
				HCG Blood, Qualitative [LAB144]	84703						
				HCG Urine, Qualitative [LAB437]	81025						