CML BILLING COPY

Creighton UNIVERSITY Medical Center

CREIGHTON MEDICAL LABORATORIES

Clinical Laboratory Requisition
1-800-237-1528

Phone: (402) 280-4382
Fax: (402) 280-4360

REQUIRED PATIENT INFORMATION

Last Name | First Name | Middle Initial

Date of Birth | Sex ☐M ☐F | Patient I.D.

SSN | Phone ( )

Bill To: ☐ **Our Account** (No further information is needed.)
☐ **Patient Insurance** (The following must be completed or your account will be billed.)

Patient's Marital Status (circle one): S M D W

Responsible Party

Name
Address
City | State | Zip
SSN | Relationship to Patient

Primary Insurance Information:

Insurance Co. Name
Address
☐ Medicare ☐ Medicaid ☐ Insurance No.
Group No.
Primary Care Physician (If other than ordering physician)

Secondary Insurance Information: Attach separate sheet

Check if this incident involves: ☐ Worker's Comp ☐ Litigation

Are ABN's, Referrals or Waivers needed for this billing? ☐ **No** ☐ **Yes (Attach copy)**

Diagnosis #1 | Diagnosis #2 | Diagnosis #3

Specimen Information:

Collection Date: | Time: ☐ AM ☐ PM

IF APPLICABLE

☐ Fasting ☐ Therapeutic Drugs Phlebotomist's I.D.
Time of last dose: ☐ AM ☐ PM
Handling: ☐ Room Temp ☐ Refrigerated ☐ Frozen ☐ Spun-Down
☐ Perform **STAT**
☐ Phone Results to
☐ Fax Results to #

FOR CML LAB USE ONLY:

Account Number	Fin Class	Specimens Received	Bar Code Label

1 2 3

Panel Tests (Defined on Back)

Basic Metabolic **(S)**	Lipid **(S)**
Comprehensive **(S)**	Obstetrics* **(R,L,S)**
Electrolytes **(S)**	Renal Function **(S)**
Hepatic **(S)**	

Individual Tests

- Albumin **(S)**
- Alkaline Phosphatase **(S)**
- ALT (SGPT) **(S)**
- ANA (Anti-nuclear Ab) **(S)**
- AST (SGOT) **(S)**
- Bilirubin, Direct **(S)**
- Bilirubin, Total **(S)**
- BUN **(S)**
- Calcium **(S)**
- CBC (incl. hemogram/plt/diff)* **(L)**
- Cholesterol, HDL **(S)**
- Cholesterol, LDL Direct Measure **(S)**
- Cholesterol, Total **(S)**
- Creatinine **(S)**
- Creatinine Clearance **(S, 24U)**
- Digoxin **(R)**
- Electrophoresis (Includes Interpretation)
  ☐ Hemoglobin **L** ☐ Serum **R** ☐ Urine **U** or **24U**
- GGTP **(S)**
- Glucose **(S)**
- Glucose Tolerance (Pregnant? Yes / No) **(S)**
- HCG Qualitative **(S)**
- HCG Quantitative **(S)**
- Hemoglobin A_1C **(L)**
- Hemogram (incl. plt/no diff) **(L)**
- Hepatitis A IgM Ab **(S)**
- Hepatitis B Core Ab (HBcAb) **(S)**
- Hepatitis B Surface Ab (HBsAb) **(S)**
- Hepatitis B Surface Ag (HBsAg)* **(S)**
- Hepatitis C Ab (HCV Ab) **(S)**
- HIV-1/HIV-2 Abs (Consent Form Required)* **(S)**
- Lead ☐ Venous **(T)** ☐ Capillary **(LM)**
- Lymph Immune Markers **(1L)**
  Room Temp Draw M-Th: call for STAT PICK-UP
- Mononucleosis Screen **(S)**
- Occult Blood (Source) ______
- Phosphorus **(S)**
- Potassium **(S)**
- Prealbumin **(S)**
- Protein, Total, Serum **(S)**
- Protein, Total, Urine **(U or 24U)**
- PSA (Medically Indicated) **(S)**
- PSA (Screening) **(S)**
- PT (Pt. on Coumadin ☐ Yes ☐ No) **(LB)**
- PTT (Pt. on Heparin ☐ Yes ☐ No) **(LB)**
- Rheumatoid Factor **(S)**
- Rubella **(S)**
- Sedimentation Rate (ESR) **(L)**
- Sodium **(S)**
- Syphilis Serology* **(S)**
- Triglycerides **(S)**
- Triple Screen (Complete Form) **(S)**
- TSH **(S)**
- Uric Acid **(S)**
- Urinalysis (w/o microscopy)* **(U)**

Additional Tests

Microbiology/Virology*

(Use line provided to identify source)

- AFB Culture ______
- Anaerobic Culture ______
- Chlamydia PCR ______
- Gonorrhea PCR ______
- Chlamydia Culture ______
- Gonorrhea Culture ______
- C. Difficile Toxin ______
- Fungus Culture ______
- Giardia Antigen ______
- Herpes Culture ______
- Influenza A Antigen ______
- Ova & Parasites ______
- Respiratory Culture ______
- RSV Antigen ______
- Stool Culture ______
- Stool Rotavirus Antigen ______
- Throat, Beta Strep Culture ______
- Rapid Strep Screen, Throat ______
- Viral Culture ______
  Agent
- Wound Culture ______
- Urine Culture ______
  Method of Collection
- Other Culture ______

Total No. of Tests Checked

L = Lavender Top Tube (EDTA)	**LB** = Light Blue Top Tube (Sodium Citrate) (Tube must be completely full)
LM = Lavender Top Microtainer Tube (EDTA)	**T** = Tan Top Tube (K2 EDTA 5.4 mg)
R = Red Top Tube (Plain clot)	**U** = Random Urine
S = Spun, Unopened Barrier Tube (SST)	**24U** = 24 HR Urine Collection

*Indicates additional testing may be done. See Reflex Testing List on back.