**Perll Diagnostics, Inc.**

Medical Pathology Laboratory

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CLINICAL REQUISITION

CLIENT ID

PHYSICIAN ID

PHYSICIAN NAME

PHYSICIAN SIGNATURE

ADDRESS

CITY STATE ZIP

PHONE FAX

PATIENT INFORMATION (PLEASE PRINT)

NAME

ADDRESS

CITY STATE ZIP

BILLING INFORMATION

PHONE □ MALE □ FEMALE

□ **PAID IN LAB** □ **CASH** □ **CHECK** □ **CHARGE**

□ **BILL OFFICE ACCOUNT** □ **BILL PATIENT (SELF PAY)**

□ **BILL INSURANCE**

**(ATTACH COPY OF INSURANCE CARD OR COMPLETE BILLING INFORMATION BELOW)**

**GUARANTOR NAME**

DATE OF BIRTH

□ FASTING □ NON-FASTING □ STAT

SOC. SEC. # MR#

CALL RESULTS TO

DUPLICATE REPORT TO

COMMENTS

**SECONDARY BILLING ACCOUNT**

**INS CO**

**ID #**

**GROUP #**

**BILLING ADDRESS**

**PRIMARY BILLING ACCOUNT**

**INS CO**

**ID #**

**GROUP #**

**BILLING ADDRESS**

COLLECTION INFORMATION

|  |  |  |
| --- | --- | --- |
| DATE & TIME | | PHLEBOTOMIST |
|  | |  |
| **ICD 9 CODE(S)** |  | |

NOTICE: TESTS SHOULD ONLY BE ORDERED THAT ARE MEDICALLY NECESSARY FOR DIAGNOSIS AND TREATMENT OF PATIENT

PLEASE REFER TO PERLL DIAGNOSTICS, INC. LAB HANDBOOK FOR A COMPLETE TEST LISTING AND OTHER METHODOLOGIES AVAILABLE. INDICATE DESIRED TESTS WITH A “X” IN THE CORRESPONDING BOX. TESTS ARE SUBJECT TO LIMITED COVERAGE RESTRICTIONS UNDER MEDICARE AND MAY REQUIRE A COMPLETED ABN FORM. REFLEX AND/OR CONFIRMATORY TESTING WILL BE PERFORMED AT AN ADDITIONAL CHARGE IN ACCORDANCE WITH PERLL’S REFLEX/CONFIRMATORY TESTING POLICY.

GY

GRAY

FN

ANAEROBIC

LV

LAVENDER

SS

GOLD SST

FT

FECAL TRAN

BU

BLUE

BT

BAC TRAN

RD

RED

ST

STERIL TRAN

UC

URINE CATCH

PF

PEDIATRIC

FA

AEROBIC

RU

RDM URINE

VT

VIRAL TRAN

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **AMA PANELS**  **ANY PANEL MAY BE ORDERED SEPARATELY** | | | | |
| **□ AHEP** | | **SS** | | **ACUTEHEPATITIS**  **PANEL** (HAVAb, HBsAg, HBcAb, HCVAb) |
| □ **BMP** | | **SS** | | **BASIC METABOLIC PANEL** (BUN, CA, CREAT, GLUC, NA, K, CL, CO2,AGAP, calc. GFR) |
| □ **CMP** | | **SS** | | **COMPREHENSIVE METABOLIC PANEL** (ALB, ALPH, ALT, AST, BUN, CA, CREAT, GLUC, TBIL, TP, NA, K, CL, CO2, AGAP, calc. GFR) |
| □ **LYTES** | | **SS** | | **ELECTROLYTE PANEL** (NA, K, CL,CO2,AGAP) |
| □ **LFP** | | **SS** | | **LIVER FUNCTION PANEL** (ALB, ALPH, ALT,AST, DBIL, TBIL, TP) |
| □ **LIPID** | | **SS** | | **LIPID PANEL**  (CHOL, TRIG, HDL,  calc. LDL, calc.) |
| □ **RENAL** | | **SS** | | **RENAL FUNCTION PANEL** (ALB, BUN,  CA, CREAT, GLUC, PHOS, NA, K, CL, CO2,, AGAP, calc. GFR |
| □ **GHP** | | **SS**  **LV** | | **GENERAL HEALTH PANEL**  (CA, CBCD, CHOL, CREAT, HDL, LDL calc, TRIG, URIC) |
| **PERLL PROFILES: ANY TEST MAY BE ORDERED SEPARATELY. PROFILES BILLED BY COMPONENT LISTED** | | | | |
| □ **PLIP** | | **SS** | | **LIPID PROFILE**  **W/LDL** (Lipid Panel, direct LDL) |
| □ **BHP** | | **SS** | | **BASIC HEALTH PANEL** (BMP, CBCD) |
| **ALPHABETICAL TEST LISTING** | | | | |
| □ **A1C2** | | **LV** | | HEMOGLOBIN A1C |
| □ **AHBS** | | **SS** | | HEP B SURF AB |
| □ **ALB** | | **SS** | | ALBUMIN |
| □ **ALP** | | **SS** | | ALK PHOS TOTAL |
| □ **ALT** | | **SS** | | ALT (SGPT) |
| □ **AMYL** | | **SS** | | AMYLASE |
| □ **ANA** | | **SS** | | ANTI-NUCLEAR  Ab SCREEN (ANA) |
| □ **APTT-SS** | | **BU** | | PTT |
| □ **AST** | | **SS** | | AST (SGOT) |
| □ **BHCG** | | **SS** | | HGC, QUANTITATIVE |
| □ **BNP** | | **LV** | | B-TYPE NATRIURETIC  PEPTIDE |
| □ **BUN** | | **SS** | | BUN |
| □ **CA** | | **SS** | | CALCIUM |
| □ **CARB** | | **RD** | | CARBAMAZEPINE  (TEGRETOL) |
| □ **CBC** | | **LV** | | CBC (W/O DIFF) |
| □ **CBCD** | | **LV** | | CBC W/DIFF |
| □ **CEA** | | **SS** | | CEA |
| □ **CHOL** | | **SS** | | CHOLESTEROL |
| □ **CK-TOT** | | **SS** | | CK-TOTAL |
| □ **CL** | | **SS** | | CHLORIDE |
| □ **CO2** | | **SS** | | CO2 |
| □ **CORT** | | **SS** | | CORTISOL |
| □ **CR-S** | | **SS** | | CREATINE W/ GFR |
| □ **DBILI** | | **SS** | | BILIRUBIN, DIRECT |
| □ **DIG** | | **SS** | | DIGOXIN |
| □ **EBV** | | **SS** | | EPSTEIN BARR |
| □ **ESR** | | **LV** | | SED RATE |
| □ **ESTR** | | **SS** | | ESTRADIOL |
| □ **FE** | | **SS** | | IRON (Fe) |
| □ **FER** | | **SS** | | FERRITIN |
| □ **FOL** | | **SS** | | FOLATE |
| □ **FRT4** | | **SS** | | T4, FREE |
| □ **FSH** | | **SS** | | FSH |
| □ **FT3** | | **SS** | | T-3 FREE |
| □ **GGT** | | **SS** | | GAMMA GT |
| □ **GLUC** | | **SS** | | GLUCOSE |
| □ **HBSAG** | | **SS** | | HBs Ag (w/ Neut. Confirm) |
| □ **HCGQ** | | **SS**  **RU** | | HCG, QUALITATIVE |
| □ **HCT** | | **LV** | | HEMATOCRIT |
| □ **HCV** | | **SS** | | HEPATITIS C |
| □ **HDL** | | **SS** | | HDL CHOLESTEROL |
| **ALPHABETICAL TEST LISTING** | | | | |
| □ **HGB** | | **LV** | | HEMOGLOBIN |
| □ **HIV** | | **SS** | | HIV ½ Ab PROFILE  (W/WB CONFIRM) |
| □ **K** | | **SS** | | POTASSIUM |
| □ **LAC** | | **GY** | | LACTIC ACID |
| □ **LDLD** | | **SS** | | LDL CHOLESTEROL |
| □ **LIP** | | **SS** | | LIPASE |
| □ **LYME** | | **SS** | | LYME DISEASE |
| □ **MEASLES** | | **SS** | | MEASLES AB |
| □ **MG** | | **SS** | | MAGNESIUM |
| □ M**ONO** | | **SS** | | MONO TEST,  QUALITATIVE |
| □ **MUMPS** | | **SS** | | MUMPS AB |
| □ **NA** | | **SS** | | SODIUM |
| □ **PAB** | | **SS** | | PREALBUMIN |
| □ P**HENO** | | **RD** | | PHENOBARBITAL |
| □ **PHOS** | | **SS** | | PHOSPHORUS |
| □ **PHY** | | **SS** | | PHENYTOIN (DILANTIN) |
| □ **PROG** | | **SS** | | PROGESTERONE |
| □ **PRL** | | **SS** | | PROLACTIN |
| □ **PSA** | | **SS** | | PSA (DIAGNOSTIC) |
| □ **PSAF** | | **SS** | | PSA (FREE) |
| □ **PSAS** | | **SS** | | PSA (SCREEN) |
| □ **PT-RP** | | **BU** | | PT WITH INR |
| □ **RETIC** | | **LV** | | RETICULOCYTE  COUNT |
| □ **RF** | | **SS** | | RHEUMATOID  FACTOR |
| □ **RPR** | | **SS** | | RPR(W/TREPONEMAL CONFIRM |
| □ **RUB** | | **SS** | | RUBELLA IgG Ab |
| □ **T3TOT** | | **SS** | | T-3 TOTAL |
| □ **T4TOT** | | **SS** | | T4 TOTAL (THYROXINE) |
| □ **TBIL** | | **SS** | | BILIRUBIN, TOTAL |
| □ **TESTO** | | **SS** | | TESTOSTERONE,  TOTAL |
| □ **THEO** | | **SS** | | THEOPHYLLINE |
| □ **TIBC** | | **SS** | | IRON BINDING CAPACITY |
| □ **TP** | | **SS** | | TOTAL PROTEIN |
| □ **TRIG** | | **SS** | | TRIGLYCERIDE |
| □ **TSH** | | **SS** | | TSH |
| □ **TU** | | **SS** | | T3, UPTAKE |
| □ **URIC** | | **SS** | | URIC ACID |
| □ **VB12** | | **SS** | | VITAMIN B12 |
| □ **VIT-D** | | **SS** | | VITAMIN D,25-OH |
| □ **VPA** | | **SS** | | VALPROIC ACID  (DEPAKOTE) |
| **URINE TESTS** | | | | |
| □ **M-ALB** | | **RU** | | MICROALBUMIN |
| □ **MTP** | | **RU** | | MICRO-TOTAL PROTEIN |
| □ **UA** | | **RU** | | URINALYSIS (REFLEX TO MICROSCOPIC) |
| □ **UPREG** | | **RU** | | URINE PREGNANCY |
| **MICROBIOLOGY Sensitives and/or IDs will be performed FOr an additional charge \*see handbook for special instructions\*** | | | | |
| **SOURCE:**  (REQUIRED) | | | | |
| □ **BCULT** | |  | | **BLOOD CULTURE** |
| **PF** | | □ PEDIATRIC |
| **FA** | | □ AEROBIC |
| **FN** | | □ ANAEROBIC |
| □ **CHLA** | | **BT** | | CHLAMYDIA |
| □ **GCSC** | | **BT** | | GONORRHEA CULTURE |
| □ **SCULT** | | **FT** | | STOOL |
| □ **STREPA** | | **BT** | | THROAT GpA STREP |
| □ **UCULT** | | **UC** | | URINE CULTURE |
| □ **CDIFFAG** | | **ST** | | C. DIFF AG |
| □ **CDIFFT** | | **ST** | | C. DIFF TOXIN AB |
| □ **MRSA** | | **BT** | | MRSA SCREEN |
| □ **VRE** | | **BT** | | VRE SCREEN |
| □ **O&P** | | **OP** | | OVA AND PARASITE |
| □ **CFUNG** | | **ST** | | FUNGUS/YEAST |
| □ **SPUTUM** | | **ST** | | CULTURE; SPUTUM |
| □ **FLUAB** | | **ST** | | INFLUENZA AB SCR |
| □ **HSV** | | **VT** | | HERPES SIMPLEX |
| □ **RSV** | | **VT** | | RESP SYNCTIAL |
| □ **EBV** | | **VT** | | EPSTEIN BARR |
| □ **WOUND** | | **BT** | | **WOUND CULTURE**  □ AEROBIC  □ ANAEROBIC |
| **IMMUNOLOGY TESTING PLEASE REFER TO HANDBOOK FOR PANEL DETAILS** | | | | |
| □ **APS** | **SS** | | **ANTI-PHOSPHOLIPID PANEL** | |
| □ **CALLP** | **SS** | | **CHILDHOOD**  **ALLERGY PROFILE** | |
| □ **CELIAC** | **SS** | | **CELIAC DISEASE COMPREHENSIVE** | |
| □ **FALLP** | **SS** | | **FOOD ALLERGY PROFILE** | |
| □ **RASCR** | **SS** | | **RHEUMATOID ARTH SCREEN** | |
| □ **RGID** | **SS** | | **RECURRENT GI**  **DISTRESS PROFILE** | |
| □ **UEF** | **SS** | | **UNEXPLAINED FATIGUE PANEL** | |
| **IMMUNOLOGY TESTING PLEASE REFER TO HANDBOOK FOR PANEL DETAILS** | | | | |
| □ **URGG1** | **SS** | | **UPPER RESPIRATORY REGION 1 PANEL** | |
| □ **URGG2** | **SS** | | **UPPER RESPIRATORY REGION 2 PANEL** | |
| □ **MAAP** | **SS** | | **MEDICAL ARTS ALLERGY PROFILE (100 Allergens)** | |
| **OTHER TESTS** | | | | |
|  | | | | |