



# HEALTHLINK LABORATORY SERVICES



10758845

Northeast Georgia Health System, Inc.  
743 Spring NE Gainesville, GA 30505 770-219-7828  
Dr. E. Joseph Conway, Laboratory Director

## LABORATORY TEST REQUEST

Collection Date/Time/Collectors Initials: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ DIAG/ICD10 Code: \_\_\_\_\_

### PATIENT INFORMATION

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ INITIAL: \_\_\_\_\_

PATIENT ADDRESS: \_\_\_\_\_

DOB: \_\_\_\_\_ SS# \_\_\_\_\_ PHONE: \_\_\_\_\_ GENDER: MALE or FEMALE

OFFICE NAME: \_\_\_\_\_ ORDERING PHYSICIAN: \_\_\_\_\_

BILL TO: INSURANCE PATIENT MEDICARE MEDICAID OFFICE/DOCTOR

INSURANCE COMPANY: \_\_\_\_\_ POLICY/GROUP# \_\_\_\_\_

INSURED NAME: \_\_\_\_\_ DOB: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

### CHEMISTRY PROFILES (SERUM SEPERATOR TUBE)

Acute Hepatitis Profile (LAB551)	Bilirubin, Neonatal (LAB51)	FSH (LAB86)	Progesterone (LAB529)	Uric Acid (LAB141)
Basic Metabolic Panel (LAB15)	Bilirubin, Total (LAB50)	GGT (LAB85)	Protein, Total (LAB118)	
Comprehensive Metabolic Panel (LAB17)	BUN (LAB140)	Glucose, Fasting (LAB81)	Protein Electrophoresis (LAB119)	
Electrolyte Panel (LAB16)	CA 125 (LAB155)	HIV (LAB473)	Protein Electrophoresis w/ reflex Immuno (LAB9946)	Vitamin B12 (LAB67)
Hepatic Function Panel (LAB20)	Calcium (LAB53)	Iron (LAB94)	PSA, Screening/Routine (LAB116)	
Lipid Panel (LAB18)	CEA (LAB57)	Iron/TIBC (LAB829)	PSA, Diagnostic/Symptoms (LAB1076)	
Renal Function Panel (LAB19)	Total Cholesterol (LAB60)	Lutenizing Hormone (LAB87)	Rubella (LAB496)	
Thyroid (FT4/TSH) Panel (LAB9942)	Total CPK (LAB62)	Magnesium (LAB103)	RPR (LAB494)	
	CRP (LAB149)	Mono (LAB482)	Sodium (LAB122)	
Alkaline Phosphatase (LAB112)	Creatinine (LAB66)	Phosphorous (LAB113)	Testosterone, Male (LAB124)	
AST/SGOT (LAB131)	Estradiol (LAB523)	Potassium (LAB114)	Testosterone, Female/Child (LAB9459)	
ALT/SGPT (LAB132)	Estrogens, Fractionated (LAB980)	Pregnancy Test, Qualitative (LAB144)	T3, Free (LAB137)	
Amylase (LAB48)	Ferritin (LAB68)	Pregnancy, Quantitative (LAB143)	T4, Free (LAB127)	
Bilirubin, Direct (LAB52)	Folate (LAB69)		Triglycerides (LAB134)	

### LAVENDER TOP (EDTA)

CBC w/ Diff (LAB1748)  
CBC wo/Diff (LAB294)  
HGB A1C (LAB90)  
Retic Count (LAB296)  
Sed Rate/ESR (LAB322)

### BLUE TOP (SODIUM CITRATE)

DDIMER (LAB313)  
Fibrinogen (LAB314)  
Prottime/INR (LAB320)  
PTT (LAB325)

### URINE TEST

Urinalysis, Routine (LAB347)  
Urinalysis, Reflex to Culture (LAB9967)  
Urine Pregnancy (LAB437)  
Drug Quick Screen (LAB9638)

### 24 HR URINE TESTING

Height: \_\_\_\_\_ inches  
Weight: \_\_\_\_\_ lbs  
Urine Total Volume: \_\_\_\_\_ ml  
Creatinine Clearance (LAB1765)  
\*Must send Serum for creatinine\*  
Creatinine (LAB712)  
Protein (LAB441)

### SPECIAL PROFILES

Arthritis Panel (LAB9966) GOLD/LAV  
Anemia Profile (LAB9464) GOLD/LAV

### OB TESTING/BLOOD BANK LAVENDER TOP (EDTA)

Antibody Screen (LAB278)  
Blood Type (LAB895)  
Fetal Fibronectin (LAB287)  
Maternal 2nd Trimester/ Screen (LAB9724) AND Patient information FORM by Gold top  
Prenatal Profile (LAB9487/LAB9293) (Draw Gold/Lavender)

### MICRO TESTING

Acid Fast Culture/ Smear  
Anaerobic Culture (LAB233)  
Beta Strep, Group B Screen (LAB1377)  
Blood Culture (LAB462)  
Body Fluid Culture, (LAB269)  
Clostridium Difficile, PCR (LAB253)  
Ear Culture (LAB942)  
Eye Culture (LAB943)  
Fungus Culture/ Smear (LAB1294)  
Throat Culture (LAB228)  
Strep Screen (LAB885)  
Stool culture (LAB223)  
Stool WBC Screen (LAB265)  
Stool Occult Blood (LAB921)  
Ova/ Parasite Screen (LAB258)  
Urine Culture (LAB239)  
Sputum culture (LAB9994)

### MUST PROVIDE SOURCE

SOURCE: \_\_\_\_\_

### COMMENTS AND/OR OTHER TEST NOT LISTED


Call To: \_\_\_\_\_

Fax To: \_\_\_\_\_

### ADVANCE NOTICE of Noncoverage of Outpatient Laboratory Services

This is to advise you that based on our understanding of current Medicare coverage policy, the laboratory test(s) selected above, are not covered by Medicare because:

- Medicare does not pay for routine screens or annual physicals;
- Medicare does not pay for this service for your condition; or
- Medicare does not pay for research or investigational use tests.

This is to acknowledge that I received this notice of noncoverage of services under Medicare in person on the date I have indicated below. I understand that Medicare will not pay for the laboratory tests indicated above and agree to be personally and fully responsible for payment.

X \_\_\_\_\_ Date \_\_\_\_\_ X \_\_\_\_\_ Date \_\_\_\_\_  
PATIENT SIGNATURE WITNESS SIGNATURE



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