

PATIENT'S LEGAL NAME: LAST NAME FIRST MIDDLE

# CLINICAL LABORATORY

SEX DATE OF BIRTH PROVIDER: LAST NAME FIRST (PLEASE PRINT LEGIBLY)



**BOZEMAN HEALTH DEACONESS HOSPITAL**

BOZEMAN HEALTH DEACONESS HOSPITAL  
915 HIGHLAND PARK BLVD BOZEMAN, MT 59715  
PH: 406-414-1010

PROVIDER SIGNATURE: \_\_\_\_\_

**BILL TO:**  
 C Dr. - Hospital - Clinic - Client  
 C Client- SNF Part A Medicare Patient  
 P Patient - Insurance - Medicare - Medicaid - Other  
 Minor Consented Sensitive Encounter  
 Bill to Minor patient  
 Insurance

MEDICAID NO. IA MEDIPASS OR PHYSICIAN NPI# POLICY HOLDER DOB

INSURANCE TYPE POLICY HOLDER

INSURANCE MAILING ADDRESS

GROUP NUMBER ID NUMBER

RELATIONSHIP:  SELF  SPOUSE  CHILD  OTHER

**PRACTICE NAME**

**SPECIMEN DATE** **SPECIMEN TIME (MILITARY)**

**FASTING REQUIRED (if checked)**

**DIAGNOSES/ICD-10. Indicate which DX # applies to each Test**

**DX # 1**

**DX # 2**

**DX # 3**

**PANELS (See back for details)**  
\_\_\_ LAB1928 Anemia Reflex Studies  
\_\_\_ LAB16 Electrolyte Panel  
\_\_\_ LAB551 Hepatitis Panel, Acute  
\_\_\_ LAB18 Lipid Panel  
\_\_\_ LAB20 Hepatic Function Panel  
\_\_\_ LAB15 Metabolic Panel, Basic  
\_\_\_ LAB17 Metabolic Panel, Comp  
\_\_\_ LAB-550 Obstetrics Panel  
\_\_\_ LAB19 Renal Function Panel

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\_\_\_ LAB45 Albumin  
\_\_\_ LAB112 Alkaline Phosphatase  
\_\_\_ LAB132 ALT  
\_\_\_ LAB48 Amylase  
\_\_\_ LAB147 ANA Screen w/Reflex  
\_\_\_ LAB131 AST  
\_\_\_ LAB67 B12  
\_\_\_ LAB52 Bilirubin, Direct  
\_\_\_ LAB50 Bilirubin, Total  
\_\_\_ LAB140 BUN  
\_\_\_ LAB155 CA 125  
\_\_\_ LAB776 CA 15-3  
\_\_\_ LAB776 CA 27.29  
\_\_\_ LAB53 Calcium  
\_\_\_ LAB294 CBC No Differential  
\_\_\_ LAB293 CBC with Differential  
\_\_\_ LAB57 CEA  
\_\_\_ LAB1882 Celiac Cascade  
\_\_\_ LAB60 Cholesterol, Total  
\_\_\_ LAB62 Creatine Kinase (CK)  
\_\_\_ LAB62 CK, Reflex to CKMB  
\_\_\_ LAB61 Cortisol, Random  
\_\_\_ LAB149 CRP (Inflammation)  
\_\_\_ LAB383 Creatinine  
\_\_\_ LAB313 D-Dimer  
\_\_\_ LAB322 ESR (Sed Rate)  
\_\_\_ LAB523 Estradiol  
\_\_\_ LAB68 Ferritin  
\_\_\_ LAB69 Folate  
\_\_\_ LAB86 FSH  
\_\_\_ LAB82 Glucose  
\_\_\_ LAB90 Glycated Hgb (HgbA1c)  
\_\_\_ LAB144 HCG Serum, QUALITATIVE

\_\_\_ LAB143 HCG Serum, QUANT  
\_\_\_ LAB9999 HCG Urine, QUALITATIVE  
\_\_\_ LAB472 Hepatitis B Surface Ab  
\_\_\_ LAB471 Hepatitis B Surface Ag  
\_\_\_ LAB868 Hepatitis C Ab w/ Reflex  
\_\_\_ LAB159 HIV Screen w/Reflex  
\_\_\_ LAB166 Immunoglobulins (G,A,M)  
\_\_\_ LAB94 Iron  
\_\_\_ LAB829 Iron & TIBC  
\_\_\_ LAB96 LDH  
\_\_\_ LAB87 Luteinizing Hormone (LH)  
\_\_\_ LAB9999 Lipase  
\_\_\_ LAB103 Magnesium  
\_\_\_ LAB482 Mono Test  
\_\_\_ LAB113 Phosphorus  
\_\_\_ LAB301 Platelet Count  
\_\_\_ LAB114 Potassium  
\_\_\_ LAB115 Prealbumin  
\_\_\_ LAB2005 ProBNP  
\_\_\_ LAB529 Progesterone  
\_\_\_ LAB529 Prolactin  
\_\_\_ LAB118 Protein, Total  
\_\_\_ LAB116 PSA  
\_\_\_ LAB320 Protime/INR  
\_\_\_ LAB325 PTT  
\_\_\_ LAB206 Rheumatoid Factor  
\_\_\_ LAB296 Reticulocyte Count  
\_\_\_ LAB496 Rubella IgG  
\_\_\_ LAB122 Sodium  
\_\_\_ LAB866 Syphilis IgG & IgM Ab  
\_\_\_ LAB137 T3, Free  
\_\_\_ LAB127 T4, Free  
\_\_\_ LAB124 Testosterone, Total  
**Therapeutic Drugs**  
\_\_\_ LAB21 Carbamazepine (Tegretol)  
\_\_\_ LAB23 Digoxin  
\_\_\_ LAB29 Lithium  
\_\_\_ LAB24 Valproic Acid (Depakote)  
\_\_\_ Other Therapeutic Drug: \_\_\_\_\_  
\_\_\_ LAB858 TPO  
\_\_\_ LAB138 Troponin HS  
\_\_\_ LAB129 TSH  
\_\_\_ LAB1230008 TSH Reflex Screen

\_\_\_ LAB141 Uric Acid  
\_\_\_ LAB535 Vitamin D, Total

**URINALYSIS**  
\_\_\_ LAB4000 UA Dipstick Only  
\_\_\_ NBLD0001 UA Dip w/Microscopic  
\_\_\_ NBLD0001 UA Dip w/Microscopic  
\_\_\_ LAB4006 UA Dip, Reflex to Micro  
\_\_\_ LAB347 UA Reflex to Micro & Cult.  
\_\_\_ LAB239 Urine culture only  
\_\_\_ Clean Catch \_\_\_ Foley Cath  
\_\_\_ Straight Cath

**URINE CHEMISTRIES**  
Random \_\_\_ 24 Hour \_\_\_  
24 hour urine volume \_\_\_  
\_\_\_ LAB818 Ur. Creatinine Clearance  
\_\_\_ LAB743 Ur. Protein/Creat Ratio  
\_\_\_ LAB689 Microalbumin/Creat Ratio  
\_\_\_ Other Urine Chemistry: \_\_\_\_\_

**BODY FLUIDS**  
Source: \_\_\_\_\_  
Volume: \_\_\_\_\_  
\_\_\_ Cell Count and Differential  
\_\_\_ Protein, Total  
\_\_\_ Glucose  
\_\_\_ Crystals

**RAPID TESTING**  
\_\_\_ LAB1319 *Cryptosporidium* & *Giardia*  
Ag Rapid Assay, Stool  
\_\_\_ LAB731 Lactoferrin (Stool WBC)  
\_\_\_ LAB1727 Occult Blood Screen, stool  
\_\_\_ LAB258 Ova & Parasite Exam, stool  
\_\_\_ LAB397 *H. pylori* Antigen, stool  
\_\_\_ NBLD0231 Rotavirus Antigen, stool  
\_\_\_ LAB10085 Influenza A/B & RSV, NAD  
\_\_\_ LAB1369 Strep Group A Rapid, NAD  
\_\_\_ LAB10086 Flu/Covid, NAD

**ALLERGEN PANEL TESTING**  
\_\_\_ LAB950 Food & Nut Allergy Panel  
\_\_\_ LAB117704 Peanut Allergen w/reflex  
\_\_\_ LAB117706 Early Childhood Panel  
\_\_\_ LAB587 Rocky Mtn Resp. Panel  
\_\_\_ Other Allergen: \_\_\_\_\_

**MICROBIOLOGY**  
Source: \_\_\_\_\_

**BACTERIAL/FUNGAL CULTURES**  
\_\_\_ LAB897 Culture, Bacterial  
Other with Gram Stain (*Aerobic*)  
\_\_\_ LAB233 Anaerobic Culture  
\_\_\_ LAB877 AFB Culture with Stain  
\_\_\_ LAB8971 Culture, Bacterial, Orthopedic  
Extended Incub. w/Gram Stain  
\_\_\_ LAB240 Fungal, Other\*  
\_\_\_ LAB1294 Fungal, Skin/Hair/Nails\*  
\*If Fungal cx, want KOH prep? \_\_\_  
\_\_\_ LAB242 Blood Culture  
\_\_\_ LAB242 Fungal, Blood  
\_\_\_ LAB235 GC Culture  
\_\_\_ LAB1377 Group B Strep - Vag/Rectal  
For GBS: Penicillin Allergy? \_\_\_  
\_\_\_ LAB236 Group A Strep Confirm  
\_\_\_ LAB2501 Respiratory Culture w/  
Gram Stain (*Sputum, Bronch Wash*)  
\_\_\_ MICR0001 Respiratory Culture  
without Gram Stain (*Throat, Nasal*)  
\_\_\_ LAB9401 Stool Culture w/Shiga-Like  
Toxin  
\_\_\_ LAB239 Urine Culture  
\_\_\_ Clean Catch \_\_\_ Foley Cath  
\_\_\_ Straight Cath

**MOLECULAR TESTING**  
\_\_\_ LAB923 *Bordetella pertussis*, NAD  
\_\_\_ LAB257 C.Diff toxin w/Lactoferrin  
\_\_\_ LAB1901 Enteric Pathogen Panel  
w/Reflex to CDI Cascade  
\_\_\_ LAB1376 GC/Chlamydia, PCR  
\_\_\_ LAB945 HSV 1&2, PCR (not CSF)  
\_\_\_ LAB1372 VZV, PCR (not CSF)  
\_\_\_ LAB10088 Meningitis/Encephalitis  
Panel, CSF  
\_\_\_ LAB1747 MRSA/Staph. Aureus, PCR  
(*Nasal swabs only*)  
\_\_\_ LAB1900 Respiratory Pathogen  
Panel, PCR  
\_\_\_ LAB914 Vaginitis Probe (*AFFIRM*)  
by NAT

ADDITIONAL TESTS OR COMMENTS: <http://bozeman.testcatalog.org>

Please send additional copy of report to: (Limited to one)  
(Must provide COMPLETE name and address or fax #)  
Physician (last, first) \_\_\_\_\_  
Address or Fax \_\_\_\_\_

**\*\*PROVIDER SIGNATURE, DIAGNOSIS, & INSURANCE INFORMATION MUST BE PROVIDED OR TESTING MAY BE DELAYED\*\***

**NOTIFICATION TO PHYSICIANS AND OTHER PERSONS LEGALLY AUTHORIZED TO ORDER TESTS FOR WHICH MEDICARE REIMBURSEMENT WILL BE SOUGHT.**

Medicare will pay only for tests that meet the Medicare coverage criteria and are reasonable and necessary to treat or diagnose an individual patient. Medicare does not pay for tests for which documentation, including the patient record, does not support that the tests were reasonable and necessary. Medicare generally does not cover routine screening tests even if the physician or other authorized test orderer considers the tests appropriate for the patient.

**The following reflex protocols are automatic:**

1. Abnormal CBCs & Diff that meet certain laboratory established criteria will have a manual differential performed and charged.
2. Positive microbiology cultures automatically generate procedures and charges for Organism IDs, MICs, and some gram stains.
3. VDRL with TP-PA will be performed if Treponemal Antibodies are detected.

**Optional Reflex Protocols:**

1. ANA reflex: ANA  $\geq$  3.0 reflexes to ANA Titer and Pattern, and dsDNA and ENA Antibodies.
2. Anemia Reflex: A CBC & Diff will be performed. If HGB is low and MCV is elevated, a B12 and Folate will be performed and charged. If HGB is low and MCV is also low, a Ferritin and Iron Profile will be performed and charged. If the HGB is low and the MCV is normal, no further testing will be performed.
3. Platelet Function Test: An epinephrine/collagen screen will be performed. If it is positive, an ADP/Collagen screen will be performed and charged.
4. TSH Reflex: If TSH is normal, testing stops. If TSH is low, a free T4 is ordered and if the Free T4 is high, testing stops. If the reflexed Free T4 is low, a Free T3 is ordered. If TSH is high, a Free T4 and TPO are ordered.
5. UA Reflex to Micro: Urine Microscopic will be performed, if indicated per Lab protocol.
6. Reflex to Culture: A urine culture will be performed if two or more of the following parameters are positive: Nitrite + and Leukocyte Esterase +, Leukocyte Esterase + and WBC  $>$ 5/HPF, Nitrite + and WBC  $>$ 5/HPF, or Nitrite +, Leukocyte Esterase + and WBC  $>$ 5/HPF

<u>Electrolytes</u>	<u>Lipid Panel</u>	<u>Enteric Pathogen Panel</u>	<u>Respiratory Pathogen Panel</u>
Sodium Potassium Chloride CO2	Triglyceride Cholesterol HDL LDL (If Triglyceride $>$ 400 a Direct LDL will be performed)	<b>Bacteria</b> <i>Campylobacter</i> <i>Clostridium difficile Toxin A/B</i> <i>Plesiomonas shigelloides</i> <i>Salmonella</i> <i>Vibrio</i> <i>Vibrio cholera</i> <i>Yersinia enterocolitica</i>	Bordetella pertussis Chlamydomphila pneumoniae Mycoplasma pneumoniae Adenovirus Coronavirus HKU1, NL63, 229E, OC43 Human Metapneumovirus Human Rhinovirus/Enterovirus Influenza A Influenza A / H1 Influenza A / H1-2009 Influenza A / H3 Influenza B Parainfluenza Virus 1, 2, 3, & 4 Respiratory Syncytial Virus
<u>Liver Function Panel</u> Albumin T & D Bilirubin ALT AST Alkaline Phosphatase Total Protein Indirect Bilirubin (calculated)	<u>Acute Hepatitis Panel</u> Hepatitis A Antibody IgM Hepatitis B Core Antibody IgM Hepatitis B Surface Antigen Hepatitis C Virus Antibody	<b>Diarrheagenic E.coli/Shigella</b> Enteroaggregative <i>E. coli</i> (EAEC) Enteropathogenic <i>E. coli</i> (EPEC) Enterotoxigenic <i>E. coli</i> (EPEC) <i>It1st</i> Shiga-like toxin-producing <i>E. coli</i> (STEC) <i>stx1stx2</i> <i>E. coli</i> O157 <i>Shigella</i> / Enteroinvasive <i>E. coli</i> (EIEC)	<u>Meningitis/Encephalitis Panel</u> <b>Bacteria</b> <i>Escherichia coli</i> K1 <i>Haemophilus influenza</i> <i>Listeria monocytogenes</i> <i>Neisseria meningitides</i> <i>Streptococcus agalactiae</i> <i>Streptococcus pneumoniae</i>
<u>Basic Metabolic Panel</u> Sodium Potassium Chloride CO2 Glucose Urea Nitrogen Creatinine Calcium	<u>Comprehensive Metabolic Panel</u> Sodium Potassium Chloride CO2 Glucose Urea Nitrogen Calcium Creatinine Total Protein Alkaline Phosphatase Albumin & A/G Ratio Total Bilirubin ALT AST	<b>Parasites</b> <i>Cryptosporidium</i> <i>Cyclospora cayatenensis</i> <i>Entamoeba histolytica</i> <i>Giardia lamblia</i>	<b>Viruses</b> Cytomegalovirus Enterovirus Herpes simplex virus 1 Herpes simplex virus 2 Human herpesvirus 6 Human parechovirus Varicella zoster virus
<u>Renal Function Panel</u> Albumin Calcium CO2 Chloride Creatinine Glucose Phosphorus Potassium Sodium BUN	<u>Obstetrics Panel</u> Syphilis IgG & IgM antibody Type & Screen Rubella IgG HBsAG CBC & DIFF	<b>Viruses</b> Adenovirus F 40/41 Astrovirus Norovirus GI/GII Rotavirus A Sapovirus (I, II, IV, V)	<b>Yeast</b> <i>Cryptococcus neoformans/gattii</i>

**Please have patient sign an ABN if needed, and include copy with this order.**

Out-Patient Service Locations:

Bozeman Health Deaconess Outreach at N. 19<sup>th</sup>  
120 N. 19<sup>th</sup>, Suite D  
Open: 7:00 to 5:30 PM Mon through Fri  
7:30 – 11:30 AM Saturday

Out Patient Services  
Bozeman Health Deaconess Hospital  
Highland Park Building 3, second floor  
Open: 7:00 to 5:30 PM Mon through Fri