LAST NAME	FIRST NAME	MIDDLE INITIAL	DOB	SEX ☐M ☐F

ADDRESS	CITY	STATE	ZIP CODE

SS NO.	HOSPITAL NO.

000247

PHYSICIAN'S NAME / SIGNATURE / DATE / TIME	SERVICE DATE	ICD-9 CODES / DIAGNOSIS

In order to comply with CMS requirements, each test ordered must be medically necessary and supported by the patient's symptoms/diagnosis. Medicare generally does not pay for routine screening tests.

DO NOT USE	U	IU	QD	Trailing Zero	Lack of Leading Zero	MS	MSO4	MgSO4	QOD

PANELS WITH COMPONENTS

PANELS		COMPONENTS
80053 ☐ Comprehensive Metabolic Panel	CMP	Na, K, Cl, BUN, Creatinine, Glucose, Calcium, AST, AP, Total Bilirubin, Total Protein, Albumin, CO_2, ALT
80048 ☐ Basic Metabolic Panel	BMP	Na, K, Cl, CO_2, BUN, Creatinine, Glucose, Calcium
80051 ☐ Electrolyte Panel	LYTES	Na, K, Cl, CO_2

(Panels may be ordered if supported by patient's symptoms/diagnosis.)

PANELS		COMPONENTS
80076 ☐ Hepatic Function Panel	LIVER	ALT, AST, AP, Total Bilirubin, Total Protein, Albumin, Direct Bilirubin
80061 ☐ Lipid Panel	LIPPN	Cholesterol, Triglyceride, HDLC, LDLC, Ratios
80055 ☐ Obstetric Panel	OBPN	CBC, Hep B surface Ag, Rubella IgG, RPR Screen, Blood Typing and Antibody Screen
80074 ☐ Acute Hepatitis Panel	HEPPN	Hep B Surface Antigen, Hep A Antibody IgM, Hep B Core Antibody IgM, Hep C Antibody

INDIVIDUAL TESTS

CHEMISTRY

82040 ☐ Albumin	ALB	
84075 ☐ Alkaline Phosphatase	ALP	
84460 ☐ ALT	ALT	
82150 ☐ Amylase	AMY	
84450 ☐ AST	AST	
82551 ☐ Bilirubin, Direct	BILID	
82247 ☐ Bilirubin, Total	BILIT	
84520 ☐ BUN	BUN	
82310 ☐ Calcium	CA	
82465 ☐ Cholesterol	CHOL	
82550 ☐ CK	CPK	
82565 ☐ Creatinine	CREAT	
80162 ☐ Digoxin	DIG	
82670 ☐ Estradiol	EST2	
82977 ☐ GGT	GGT	
82947 ☐ Glucose	GLU	
82950 ☐ Glucose - 2 Hour Post-Prandial	GL2PP	
82950 ☐ Glucose - 1 Hour Post-Prandial	GL1PP	
82951 ☐ Glucose Tolerance ____ Hours		
84702 ☐ HCG Quantitative	HCGQ	
84703 ☐ HCG Serum Pregnancy Screen	HCGSC	
83718 ☐ HDL	HDL	
83540 ☐ Iron	IRON	
83550 ☐ Iron Binding Capacity,	TIBC%	
83615 ☐ LD	LDH	

83735 ☐ Magnesium	MG	
84100 ☐ Phosphorus	PHOS	
84132 ☐ Potassium	K	
84153 ☐ Prostate Specific Antigen	PSA	
84295 ☐ Sodium	NA	
84439 ☐ T4 Free	T4FRE	
84443 ☐ Thyroid Stimulating Hormone	TSH	
84155 ☐ Total Protein	TP	
84478 ☐ Triglyceride	TRIG	
84550 ☐ Uric Acid	URIC	
86038 ☐ * ANA Screen with titer if positive	ANA	
86147 ☐ Cardiolipin IgG, IgM	CARGM	
86160 ☐ C3 Complement	C3	
86160 ☐ C4 Complement	C4	
86644 ☐ CMV IgG	CMVGG	
86645 ☐ CMV IgM	CMVMM	
80158 ☐ Cyclosporin	CYCLO	
83036 ☐ Hemoglobin A1C	HA1C	
86708 ☐ * Hep. A Antibody-Total (HAV) with IgM if indicated	HAVT	
87340 ☐ Hep. B Surface Antigen	HBS	
86706 ☐ Hep. B Surface Antibody	HBSAB	
86704 ☐ Hep. B Core Antibody	HBCT	
86803 ☐ Hep. C Antibody	HCV	
86703 ☐ * HIV 1, 2 Antibody confirmed by HIV 1 Western Blot if indicated	EHIV	

Physician is responsible for obtaining consent

DIAGNOSTIC IMMUNOLOGY

82784 ☐ Immunoglobulin A	IGA
82784 ☐ Immunoglobulin G	IGG
82784 ☐ Immunoglobulin M	IGM
86256 ☐ Mitochondrial Antibody	AMAT
86225 ☐ Native (ds) DNA Antibody	DNA
83970 ☐ Parathyroid Hormone (PTH)	PTH
86431 ☐ Rheumatoid Factor	RF
86235 ☐ RNP-SM	RNPSM
86592 ☐ RPR Screen	RPR
86762 ☐ Rubella Ab IgG	RUBE
86765 ☐ Rubeola (Measles) Ab IgG	RUBEO
84165 ☐ * Serum Protein Electrophoresis ☐ with immunofixation if indicated	SPEP
86256 ☐ Smooth Muscle Antibody	ASMA
86235 ☐ SSA-SSB	SSAB
80197 ☐ Tacrolimus (FK506)	FK506
86777 ☐ Toxoplasma IgG	TOXOG
86778 ☐ Toxoplasma IgM	TOXOM

HEMATOLOGY

85027 ☐ CBC	CBC
85025 ☐ CBC DIFF	CBCWD
85018 ☐ Hemoglobin	HGB
85014 ☐ Hematocrit	HCT
85610 ☐ PT	PT
85730 ☐ PTT	PTT
85049 ☐ Platelet Count	PLT
85651 ☐ Sedimentation Rate	ESR2

URINALYSIS

81001 ☐ Urinalysis	UA	
84703 ☐ HCG Urine Pregnancy Screen	HCGUA	
☐ * Urine Screen with culture, ID, susceptibility, and/or typing if indicated	CXURN	
87088 ☐ * Urine Culture with ID, susceptibility, and/or typing if indicated	CXURN	

24 HOUR URINE COLLECTION

MICROBIOLOGY

☐ *CULTURE TYPE WITH STAIN, ID, SUSCEPTIBILITY, TYPING AND/OR TITER IF INDICATED.

SPECIMEN SOURCE/DATE & TIME OF COLLECTION

OTHER SERVICES

Limited coverage tests. *Generally accepted medical practice reflex test. Cross out if not wanted.

INSTRUCTIONS/ADDITIONAL SERVICES

ADHERE PATIENT LABEL WITHIN THIS AREA

HOUSTON Methodist TEXAS MEDICAL CENTER

Physicians Orders - Outpatient Laboratory Tests

Fax: 713.441.4417

Form # 00-1564 (08/2016)