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

ADDRESS	CITY	STATE	ZIP CODE

PATIENT PHONE NO.	SS NO.	HOSPITAL NO.

HMH247

PHYSICIAN'S NAME	DATE/TIME	SIGNATURE	SERVICE DATE	ICD-10 / 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.

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

82040 ☐	Albumin	ALB	83550 ☐	Iron Binding Capacity,	TIBC%	82784 ☐	Immunoglobulin A	IGA
84075 ☐	Alkaline Phosphatase	ALP	83615 ☐	LD	LDH	82784 ☐	Immunoglobulin G	IGG
84460 ☐	ALT	ALT	83735 ☐	Magnesium	MG	82784 ☐	Immunoglobulin M	IGM
82150 ☐	Amylase	AMY	84100 ☐	Phosphorus	PHOS	86256 ☐	Mitochondrial Antibody	AMAT
86769 ☐	Anti-SARs-COV-2 Nucleocapsid	COVTN	84132 ☐	Potassium	K	86225 ☐	Native (ds) DNA Antibody	DNA
86769 ☐	Anti-SARs-COV-2 IgG	COV2G	84153 ☐	Prostate Specific Antigen	PSA	83970 ☐	Parathyroid Hormone (PTH)	PTH
86769 ☐	Anti-SARs-COV-2 Total	COV2T	84295 ☐	Sodium	NA	86431 ☐	Rheumatoid Factor	RF
84450 ☐	AST	AST	84439 ☐	T4 Free	T4FRE	86235 ☐	RNP-SM	RNPSM
82551 ☐	Bilirubin, Direct	BILID	84443 ☐	Thyroid Stimulating Hormone	TSH	86592 ☐	RPR Screen	RPR
82247 ☐	Bilirubin, Total	BILIT	84155 ☐	Total Protein	TP	86762 ☐	Rubella Ab IgG	RUBE
84520 ☐	BUN	BUN	84478 ☐	Triglyceride	TRIG	86765 ☐	Rubeola (Measles) Ab IgG	RUBEO
82310 ☐	Calcium	CA	84550 ☐	Uric Acid	URIC	84165 ☐	* Serum Protein Electrophoresis with immunofixation if indicated	SPEP
82465 ☐	Cholesterol	CHOL	86038 ☐	* ANA Screen with titer if positive	ANA			
82550 ☐	CK	CPK	86147 ☐	Cardiolipin IgG, IgM	CARGM	86256 ☐	Smooth Muscle Antibody	ASMA
86769 ☐	COVID Antibody Titer - Spike IgG	CVSPK	86160 ☐	C3 Complement	C3	86235 ☐	SSA-SSB	SSAB
86769 ☐	COVID19 Qualitative RT PCR *CAREs questionnaire required for all PUI's*	NCOVP	86160 ☐	C4 Complement	C4	80197 ☐	Tacrolimus (FK506)	FK506
			86644 ☐	CMV IgG	CMVGG	86777 ☐	Toxoplasma IgG	TOXOG
			86645 ☐	CMV IgM	CMVMM	86778 ☐	Toxoplasma IgM	TOXOM
82565 ☐	Creatinine	CREAT	80158 ☐	Cyclosporin	CYCLO			
80162 ☐	Digoxin	DIG	83036 ☐	Hemoglobin A1C	HA1C			
82670 ☐	Estradiol	EST2	86708 ☐	* Hep. A Antibody-Total (HAV) with IgM if indicated	HAVT			
82977 ☐	GGT	GGT						
82947 ☐	Glucose	GLU	87340 ☐	Hep. B Surface Antigen	HBS			
82950 ☐	Glucose - 2 Hour Post-Prandial	GL2PP	86706 ☐	Hep. B Surface Antibody	HBSAB			
82950 ☐	Glucose - 1 Hour Post-Prandial	GL1PP	86704 ☐	Hep. B Core Antibody	HBCT			
82951 ☐	Glucose Tolerance ____ Hours		86803 ☐	Hep. C Antibody	HCV			
84702 ☐	HCG Quantitative	HCGQ	86703 ☐	* HIV 1, 2 Antibody confirmed by HIV 1 Western Blot if indicated	EHIV			
84703 ☐	HCG Serum Pregnancy Screen	HCGSC						
83718 ☐	HDL	HDL		***Physician is responsible for obtaining consent***				
83540 ☐	Iron	IRON						

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

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

CARES QUESTIONNAIRE - COVID PUI

Q: Is the patient employed in healthcare with direct patient contact? A: ☐ YES or ☐ NO
Q: Is the patient symptomatic for COVID-19 as defined by CDC? A: ☐ YES or ☐ NO
- Date of symptom onset? A: _____
Q: Is the patient hospitalized for COVID-19? A: ☐ YES or ☐ NO
Q: Is the patient admitted to ICU for COVID-19? A: ☐ YES or ☐ NO
Q: Is the patient a resident in a congregate (group) care setting? A: ☐ YES or ☐ NO
Q: Is the patient pregnant? A: ☐ YES or ☐ NO

OTHER SERVICES

ADHERE PATIENT LABEL WITHIN THIS AREA

HOUSTON Methodist LEADING MEDICINE

Physicians Orders - Outpatient Laboratory Tests

Fax: 713.441.4417

Form # HMH247 (01/2023) - Version 1