

Lab Orders Fax: 207-626-1143
 Nursing Home Orders Fax (Waterville): 207-872-1157
 Nursing Home Order Fax (Augusta): 207-626-1200

Alfond Center for Health- Phone: 207-626-1400
 Thayer Center for Health- Phone: 207-872-1150

ECD: _____ **Agency/Nursing Home** _____ **Unit** _____ **Room#** _____ Skilled Non-Skilled

***** Name (Last, First, MI): _____ ***** D.O.B _____ Sex: M F Other

Insurance Plan: _____ Policy #: _____ Group#: _____

***** Order Date: _____ **Priority:** STAT Routine Pre-op

***** Ordering Clinician: _____ Standing Order Frequency: _____ Duration: _____

Address: _____ ***** Specimen Collection Date: _____ ***** Time: _____ ***** Initials: _____

Copy to: _____ ***** **Diagnosis:1.** _____ **2.** _____ **3.** _____ **4.** _____

When ordering tests for which Medicare reimbursement will be sought, clinician should order only MEDICALLY NECESSARY test(s) for diagnosis and treatment. Screening tests may be ordered on Medicare patients. However, the clinician should inform the patient he/she may be financially responsible for screening tests.

Commonly Ordered Panels and Tests

- Acute Hepatitis Panel** BMP CBC CBC w/ DIFF-R CMP **Chronic Hepatitis Panel** Electrolytes
 Hepatic Function Panel (Liver Group) Iron Panel **Lipid Panel W/Reflex LDL-R Fasting/Non-Fasting** **Prenatal Panel**
 Renal Function Panel Tick Borne Panel, PCR Tick Borne Disease Antibodies Panel Lyme Antibody w/ Reflex- R
 Allergen Panels-R: Respiratory Mold Furry Animal Tree Nut Seafood

Individual Tests

- | | | | |
|---|---|---|--|
| <input type="checkbox"/> Amylase <input type="checkbox"/> Calcium <input type="checkbox"/> CEA <input type="checkbox"/> Creatine Kinase <input type="checkbox"/> Creatinine <input type="checkbox"/> Electrophoresis (S/U)-R <input type="checkbox"/> ESR <input type="checkbox"/> Ferritin <input type="checkbox"/> Folate <input type="checkbox"/> FSH | <input type="checkbox"/> Glucose <input type="checkbox"/> Glycohemoglobin,A1C <input type="checkbox"/> HCG. Beta Sub Unit <input type="checkbox"/> HGB/HCT <input type="checkbox"/> HIV 1/2 <input type="checkbox"/> Lead <input type="checkbox"/> Lipase <input type="checkbox"/> Lithium <input type="checkbox"/> Microalbumin, Random <input type="checkbox"/> Occult Blood, Diagnostic | <input type="checkbox"/> Potassium <input type="checkbox"/> Pregnancy Test, Urine <input type="checkbox"/> PSA-Diagnostic <input type="checkbox"/> PSA-Screening <input type="checkbox"/> PT INR <input type="checkbox"/> PTT <input type="checkbox"/> SGOT(AST) <input type="checkbox"/> SGPT(ALT) <input type="checkbox"/> T4, Free <input type="checkbox"/> TSH | <input type="checkbox"/> TSH W/FT4 Reflex-R <input type="checkbox"/> Uric Acid <input type="checkbox"/> Urinalysis W/O Microscopic <input type="checkbox"/> Clean Catch <input type="checkbox"/> Catheter <input type="checkbox"/> Urinalysis, Culture if Indicated-R <input type="checkbox"/> Clean Catch <input type="checkbox"/> Catheter <input type="checkbox"/> Valproic Acid (Depakote) <input type="checkbox"/> Vit B-12 <input type="checkbox"/> Vit-D |
|---|---|---|--|

Microbiology

- | | | | |
|--|---|---|---|
| <p>Rapid Testing</p> <input type="checkbox"/> C.difficile Screen-R <input type="checkbox"/> Group A Strep PCR (Throat ONLY) <input type="checkbox"/> Trichomonas/Bacterial Vaginosis Antigen <input type="checkbox"/> SARS/FLU/RSV PCR (C4PLEX) <input type="checkbox"/> H. pylori Stool | <p>Parasitology (cont.)</p> <input type="checkbox"/> Ova & Parasite (Mayo) Indicate Risk Factor: _____ Travel to endemic areas _____ Pt immunocompromised | <p>Virology (Mayo)</p> <input type="checkbox"/> Herpes PCR Source required: _____ <input type="checkbox"/> Virus Other: Specify Source /Virus _____ | <input type="checkbox"/> Eye Culture-R <input type="checkbox"/> Superficial Wound (aerobic/GS)-R <input type="checkbox"/> Deep Wound (aerobic/anaerobic/GS)-R <input type="checkbox"/> Body Fluid-R *aerobic/anaerobic/GS *Synovial/Sterile body fluid <input type="checkbox"/> Tissue-Biopsy (aerobic/anaerobic/GS)-R <input type="checkbox"/> Blood Culture-R *Specify Peripheral or Line <input type="checkbox"/> AFB (TB) Smear & Culture (MAYO) <input type="checkbox"/> Fungus Culture (MAYO) |
| <p>Parasitology</p> <input type="checkbox"/> Giardia Antigen <input type="checkbox"/> Cryptosporidium Antigen NOTE: Giardia/Cryptosporidium antigen replaces O&P unless risk factor indicated | <p>Molecular Testing</p> <input type="checkbox"/> Stool Enteric Pathogen (Salmonella, Shigella, Campylobacter, ShigaToxin) <input type="checkbox"/> Chlamydia trachomatis (DNA Probe) <input type="checkbox"/> Neisseria. Gonorrhoeae (DNA Probe) <input type="checkbox"/> Trichomonas vaginalis (DNA Probe) <input type="checkbox"/> Bacterial Vaginosis PCR | <p>CULTURES: Bacterial- Source Required</p> <input type="checkbox"/> Urine Culture-R *Specify Source: _____ <input type="checkbox"/> Group B Strep (prenatal)-R *Indicate if PCN allergy <input type="checkbox"/> Yeast Culture-R (Oral, Genital, Urine ONLY) <input type="checkbox"/> Respiratory Culture w/GS-R <input type="checkbox"/> Ear Culture-R | |

Other Testing/Special Instructions:

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Chemistry Profile

When ordering Chemistry Panels use caution to avoid ordering duplicate testing.

- Basic Metabolic Panel (BMP) 80048
- Comprehensive Metabolic Panel (CMP) 80053
- Electrolyte Panel (LYTE) 80051
- Hepatic Function Panel (HFP) 80076
- Lipid Panel W/Reflex LDL (LIPIDT) 80061
- Renal Function Panel (RFP) 80069

| Analyte | RFP | LYTE | BMP | CMP | HFP | LIPIDT |
|-------------------|-----|------|-----|-----|-----|--------|
| Albumin | * | | | * | * | |
| Alkaline Phos | | | | * | * | |
| ALT (SGPT) | | | | * | * | |
| AST (SGOT) | | | | * | * | |
| Bilirubin, Direct | | | | | * | |
| Bilirubin, Total | | | | * | * | |
| BUN | * | | * | * | | |
| Calcium | * | | * | * | | |
| Chloride | * | * | * | * | | |
| Cholesterol | | | | | | * |
| Creatinine | * | | * | * | | |
| CO2 | * | * | * | * | | |
| Glucose | * | | * | * | | |
| HDL Cholesterol | | | | | | * |
| LDL Cholesterol | | | | | | * |
| Potassium | * | * | * | * | | |
| Protein, Total | | | | * | * | |
| Sodium | * | * | * | * | | |
| Triglyceride | | | | | | * |
| Phosphorus | * | | | | | |

(R)Reflex Testing Listing: The following may reflex to the indicated components when reflex parameters are met. Each additional CPT code will be charged accordingly.

- ANA Qualitative** (86038) may reflex to ANA Quantitative (86039) and nDNA (86225)
- ASO Anti-strep Screen** (86063) may reflex to Anti-Strep Titer (86060)
- Beta Strep Group A Antigen Screen** (86850) may reflex to Beta Strep Culture (87081)
- ABO/RH** (86900, 86901) may reflex to some or all the following: Antibody Screen (86850) Antibody ID (86970) DATx3 (86880) Type & Screen/Non-preg (86900, 86901, 86850) Antibody Elution (86860) Antibody Testing (86903) RhoGam Antenatal (86900,86901) Antibody Titer (86886)
- DAT** (86880) may reflex to some or all the following: Antibody Elution (86860) Antibody ID (86970)
- Crossmatch** (86920) may reflex to some or all the following: Compatibility AHG (86922) Antigen Screen per unit ordered (86903) Antibody ID (86970) DATx3 (86800) Antibody Elution (86860) Antibody testing (86803) Antibody Titer (86886)
- Urinalysis, Culture if indicated** may reflex to urine culture (87086) Indicate collection method
- Cultures** may reflex to identification (87185,87076) and/or Antibiotic Susceptibilities (87186,87147)
- Electrophoresis** (84165) may reflex to Immunofixation (86334), Quantitative Immunoglobulins IgG, IgA, IgM (82784x3)
- Hepatitis C Antibody** (86803) may reflex to Hepatitis C RIBA (86804)
- Syphilis** (86592) may reflex to Quantitative RPR (86593)
- C. Difficile Screen** (87314) may reflex to DNA Probe for Toxigenic C. Difficile (87493)

Hematology

- | | |
|-------------|----------------------|
| CBC 85027 | CBC and DIFF 85025-R |
| 1. WBC | 1. CBC |
| 2. RBC | 2. WBC Differential |
| 3. HGB | |
| 4. HCT | |
| 5. Indices | |
| 6. Platelet | |

Other

- | | |
|---|------------------------------------|
| Acute Hepatitis Panel | Chronic Hepatitis Panel |
| 1. HBsAG | 1. HBcAB, total |
| 2. aHBcM | 2. ANti-HBs |
| 3. aHAVM | 3. Anti-HCV |
| 4. aHCV | 4. HBsAG |
| | 5. HBsAB confirmation if indicated |
| Prenatal Panel | |
| 1. CBCD-R | |
| 2. HBsAG | |
| 3. Rubella AB | |
| 4. Syphilis | |
| 5. ABO & Rh-R | |
| 6. Antibody Screen-R | |
| Tick Borne Panel, PCR | |
| 1. Babesia species PCR, B | |
| 2. Ehrlichia/Anaplasma, PCR, B | |
| 3. Borrelia miyamotoi Detection, PCR, B | |
| Tick Borne Disease Antibodies Panel (TICKS)-R | |
| 1. Ehrlichia Chaffeensis (HME) Ab, IgG | |
| 2. Anaplasma phagocytophilum Ab, IgG,S | |
| 3. Babesia microti IgG Ab, S | |
| 4. Lyme Disease Serology, S | |