MaineGeneral Medical Center

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

☐Standing Order Frequency: _____ Duration: _____

*Ordering Clinician: _____

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.

Panels

☐Acute Hepatitis Panel ☐BMP ☐CMP **☐Chronic Hepatitis Panel** ☐Hepatic Function Panel (Liver Group)
☐Lipid Panel W/Reflex DLDL-R Fasting/Non-Fasting **☐Prenatal Panel** ☐Renal Function Panel ☐Electrolytes ☐Tick Borne Panel, PCR
☐Tick Borne Disease Antibodies Panel

Individual Tests

☐Amylase
☐BUN
☐Calcium
☐Carbamazepine (Tegretol)
☐CBC DIFF.R
☐CBC
☐CEA
☐Cholesterol
☐Creatine Kinase
☐Creatinine
☐Digoxin (Lanoxin)
☐Direct LDL
☐Cholesterol w/Reflex LIPID-R

☐Electrophoresis (S/U)-**R**
☐ESR
☐Ferritin
☐Folate
☐FSH
☐GGTP
☐Glucose
☐Glucose Pregnancy Screen (50gm)
☐Glycohemoglobulin(A1C)
☐HCG. Beta Sub Unit
☐HGB/HCT
☐Semen Analysis-Post Vas
☐Semen Analysis-Infertility

☐HIV 1/2
☐Iron
☐IBC% Saturation
☐Lead
☐Lipase
☐Lithium
☐Lyme Antibody w/ Reflex- **R**
☐Microalbumin, Random
☐Occult Blood, Diagnostic
☐Occult Blood, Annual Screening
☐Phenobarbital
☐Phenytoin (Dilantin)
☐Platelet Count

☐Potassium
☐Pregnancy Test, Urine
☐PSA-Diagnostic
☐PSA-Screening
☐PT INR
☐PTT
☐SGOT(AST)
☐SGPT(ALT)
☐T4, Free
☐Theophylline
☐Total Protein-24 Urine
☐Triglyceride
☐TSH
☐TSH W/FT4 Reflex-R

☐Uric Acid
☐Urinalysis W/O Microscopic
☐Clean Catch ☐Catheter
☐Urinalysis, Culture if Indicated-**R**
☐Clean Catch ☐Catheter
☐Valproic Acid (Depakote)
☐Vit B-12
☐Vit-D 25

Blood Bank

☐ABO/RH-**R** ☐Antibody Screen-**R**
☐Crossmatch _____Units Leukoreduced RBC's _____Units Leukoreduced, Irradiated RBCs ☐Please provide HGB_____HCT_____

Microbiology

Rapid Testing
☐C.difficile Screen **R**
☐Rapid Group A Strep Antigen (Throat ONLY) **R**
☐Trichomonas/Bacterial Vaginosis Antigen
☐SARS/FLU/RSV PCR (C4PLEX)
☐H. pylori Stool

Parasitology
☐Giardia Antigen
☐Cryptosporidium Antigen
NOTE: Giardia/Cryptosporidium antigen replaces O&P unless risk factor indicated
☐Ova & Parasite (Mayo)
Indicate Risk Factor:
_____Travel to endemic areas
_____Pt immunocompromised

Molecular Testing
☐Stool Enteric Pathogen (Salmonella, Shigella, Campylobacter, ShigaToxin)
☐Chlamydia trachomatis (DNA Probe)
☐Neisseria. gonorroheae (DNA Probe)
☐Trichomonas vaginalis (DNA Probe)
☐Bacterial Vaginosis PCR
☐MRSA PCR (Anterior Nares ONLY)

Virology (Mayo)
☐Herpes PCR
Source required: _____
☐Virus Other:
Specify Source /Virus_____

CULTURES: Bacterial- Source Required_____
☐Urine Culture **R**
*Specify collection method
☐Clean Catch
☐Str. Cath
☐Foley Cath
☐Cystoscopy
☐Beta Strep A Culture (Throat or rectal ONLY)
☐Group B Strep (prenatal) **R**
*Indicate if PCN allergy
☐Gram Stain ONLY (ie. Vaginal or Stool)
☐Yeast Culture **R** (Oral, Genital, Urine ONLY)
☐Respiratory Culture w/GS **R**

☐Ear Culture **R**
☐Eye Culture **R**
☐Superficial Wound (aerobic/GS) **R**
☐Deep Wound (aerobic/anaerobic/GS) **R**
☐Body Fluid **R**
*aerobic/anaerobic/GS
*Synovial/Sterile body fluid
☐Tissue-Biopsy (aerobic/anaerobic/GS) **R**
☐Blood Culture **R**
*Specify Peripheral or Line
☐AFB (TB) Smear & Culture (MAYO)
☐Fungus Culture (MAYO)
☐Yersinia Stool Culture (MAYO)
☐Vibrio Stool Culture (MAYO)

Other Testing/Special Instructions:

Key: **R**=Reflex Testing -See next Page **BOLD**=Test may require Advanced Beneficiary Notice (ABN) *=This information is required

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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 DLDL (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	*					

Hematology

CBC 85027
1. WBC
2. RBC
3. HGB
4. HCT
5. Indices
6. Platelet

CBC and DIFF 85025-**R**
1. CBC
2. WBC Differential

Other

Acute Hepatitis Panel
1. HBsAG
2. aHBcM
3. aHAVM
4. aHCV

Chronic Hepatitis Panel
1. HBcAB, total
2. ANti-HBs
3. Anti-HCV
4. HBsAG
5. HBsAB confirmation if indicated

Prenatal Panel
1. CBCD-**R**
2. HBsAG
3. Rubella AB
4. Syphillis
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

(R)Reflex Testing Listing: The following may reflex to the indicated components when reflex parameters ae 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)

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