UNIVERSITY of MARYLAND MEDICAL CENTER

LABORATORIES OF PATHOLOGY
LABORATORY OUTREACH PROGRAM
22 S. Greene Street
Baltimore, MD 21201
410-328-TEST (8378)

STAT

Collection Date ____/____/____

Collection Time _____ a.m. _____ p.m.

Fasting _____ hrs.

Collected by _____

UMB STIK
Account# 467558
Contact: Dr Kyle Fletke
Phone: Cell: 269-744-7611
Fax: 410-685-3142

I certify that all tests ordered are medically necessary for the diagnosis indicated and treatment of the patient

Physician signature (required)

SPN

SOURCE PATIENT DOB _____ SEX M F OTHER I.D.# _____

CONSULTANT COPY TO:
(Physician Name/Complete Address/Other Information)

SEND BILL TO: ACCOUNT PATIENT INSURANCE **PLEASE ATTACH COPY OF CARD**

GUARANTOR RELATIONSHIP INSURANCE #1 POLICY#/GRP#

DX#	ICD-9 CODE MANDATORY	DX#	ICD-9 CODE MANDATORY
1	Z77.21	3	
2	Z57.9	4	

I authorize the release of any medical information to process a claim and request payment of any medical insurance benefits.

Patient/Responsible Party Signature _____ Date _____

A.M.A. PANELS (All tests may be ordered individually)

_____	LYTES*	Electrolytes Panel (CO_2, Cl, Na, K)	GG
_____	BMP*	Basic Metabolic Panel (CO_2, Cl, Creat, Glu, Na, K, Ca, BUN)	GG
_____	CMP*	Comprehensive Metabolic Panel (Alb, T. Bill, Ca, Cl, CO_2, Creat, Glu, Na, K, TP, Bun, Alk phos, AST, ALT)	ss
_____	HFP*	Hepatic Function Panel (Alb, T. Bill, D. Bili, Alk phos, AST, ALT, TP)	GG
_____	HEP*	Acute Hepatitis Panel (HepA IgM, HbcAb, HbsAg, HCV Ab)	
_____	LIPID 3*	Lipid Panel (Chol, Trig, HDL, Calc'd. LDL)	
_____	RFP*	Renal Function Panel (Alb, Ca, CO_2, Cl, Creat, Glu, Phos, K, Na, BUN)	

Immunology

Hepatitis Markers		SS,R	Immunology General			
HEP A Ab		SS,R	_____	ANA	ANA	SS,R
_____	HBs Ag*	SS,R	_____	LYM CD4	CD4	L
_____	HBs Ab*	SS,R	_____	HIV	HIV Ab Screen w/WB and interpretation if+	R
_____	HBc Ab*	G and L	_____	MONO	Mono Screen	R
_____	HEP C Ab		_____	RF*	Rheumatoid Factor	R
	RFX		_____	RPR*	RPR w/ FTAif +	SS,R
	HCV RNA quant		_____	RUB G SCRN	Rubella Ab Screen	SS,R
			_____	RUBEO G	Rubella Screen	SS,R
			_____	VAR IGG	Varicella Ab	SS,R

Virology

_____ Chlamydia
_____ Chlamydia/Gonorrhea (probe)
_____ C. difficile
_____ Cytomegalovirus
_____ Herpes simplex virus antigen or culture
_____ Respiratory virus panel-PCR
_____ Rotavirus antigen
_____ Varicella zoster antigen
_____ Other

Specimen source:

Microbiology

Includes Gram stain for CSF, Sterile Fluids, Biopsy/Tissue and Wound cultures

_____ Aerobic Culture
_____ Anaerobic Culture
_____ Fungus Culture
_____ Genital Culture
_____ Group B Strep
_____ Mycobacteria Culture & Stain
_____ Stool Culture
_____ Strep Screen
_____ Throat Culture
_____ Urine Culture
_____ Other

Specimen source:

Immunohematology

_____	ABO Type	Pink
_____	Rh Type	Pink
_____	Antibody Screen (ID if positive)	Pink (Not intended for pre-transfusion testing)

Hematology

_____	CBC*	CBC, PLTS, No Diff	L
_____	CBC/DIFF*	CBC, PLT, Auto Diff	L
_____	ESR WEST*	Sedimentation Rate (Westergren)	L
_____	HCT*	Hematocrit	L
_____	HGB*	Hemoglobin	L
_____	HGB ELECTR	Hemoglobin Electrophoresis w/interp.	L
_____	PT*	Prothrombin Time (PT)	B
_____	PTT*	Partial Thromboplastin Time (APTT)	B
_____	RETIC	Reticulocyte Count	L
_____	Sickle SCR	Sickle Screen	L
_____	DIFF	Manual Differential	L

Urine

_____	UR CHEM MI Chemical Screen- w/ microscopic if positive	U
_____	urine hCG qual UMMC Urine pregnancy	U

Chemistry

_____	ALB	Albumin	G
_____	ALK PHOS*	Alkaline phosphatase	G
_____	ALT*	Alanine aminotransferase	G
_____	AMYLASE*	Amylase	G
_____	AST*	Aspartate aminotransferase	G
_____	BILI T*	Bilirubin, total	G
_____	BUN*	Urea nitrogen	G
_____	CA*	Calcium	G
_____	CHOL*	Cholesterol	G
_____	CL*	Chloride	G
_____	CO_2*	Carbon Dioxide	G
_____	CK	CPK	G
_____	CT*	Creatinine	G
_____	FERRITIN*	Ferritin	G
_____	FOLATE	Folate	G
_____	FSH	FSH	G
_____	GGT*	Gamma glutamyltransferase	G
_____	GLU*	Glucose	G
_____	GT1*	Glucose, 1 hr GTT	G
_____	GT3*	Glucose, 3 hr GTT	G
_____	GHB*	Glycohemoglobin (Hgb A1C)	L
_____	HCG QLT	Pregnancy (Serum-qual)	SS
_____	HCG QNT*	Pregnancy (Serum-quant)	SS, G
_____	HDL*	HDL (Chol)	G
_____	IRON	Iron _____ TIBC (Iron, Transferrin, TIBC)	G
_____	K*	Potassium	G
_____	LDH	LDH	G
_____	LEAD	Lead	RB
_____	LH	LH	G
_____	LIPASE	Lipase	G
_____	MG	Magnesium	G
_____	NA	Sodium	G
_____	PSA*	PSA	G
_____	TP*	Protein, total	G
_____	TRIG	Triglyceride	G
_____	TSH	Thyroid stimulating hormone	SS SS
_____	T4, Free	Thyroxine, free	SSG
_____	VITB12	Vitamin B12	

Drug Monitoring/Toxicology

_____	CARB	Carbamazepine	SS or G
_____	DIG	Digoxin	SS
_____	DILA	Dilantin (Phenytoin)	SS or G
_____	OBSB	OB tox blood (ETOH)	SS or G U
_____	OBSU	OB tox urine (Amphetamine/methamphetamine, barbiturates, benzodiazepines, cocaine, metabolite, opiates, PCP)	U
_____	RTOXU	Urine toxscreen (Amphetamine/methamphetamine, benzodiazepines, cocaine, metabolite, opiates, PCP, THC)	

Molecular Diagnostics

_____	Hepatitis C virus Quant PCR	HCVPCR	3L
_____	HIV RNA HIV-1 Viral Load		3L, CSF
_____	HIV GENO HIV-1 Genotype		3L
_____	ToxoDNA Toxoplasma gondii PCR		L (whole blood)
_____	CMV Quant Cytomegalovirus PCR		3L, CSF

Interpretation w/ all molecular diagnostic testing

UNIQUE IDENTIFICATION NUMBER (required for HIV and CD4 testing):

SS# last 4 digits _____ Birthdate (MO-DAY-YR) _____ Race _____

Gender _____ Zip Code _____

1=male, 2=female

Physician must obtain patient's permission to use patient's partial SSN

Race: 1=White 2=African American (not Hispanic) 3=Hispanic 4=Asian/Pacific Islander 5=American Indian/Alaska Indian 9=Not specified

Other Tests

✓ Hep B Surface Ag
✓ Hep C Ab
✓ HIV STAT Ag/Ab

Call 269-744-7611 with results

Specimens submitted: R=red top, L=lavender, B=blue, U=urine, Pink=Pink, GY=gray, SS=gel barrier, G=Lithium Green RB=Royal

The Codes, Panel, and ABN structuring are based on our current understanding of MEDICARE, ICD-9, and CPT rules in effect at the time this order form was printed and may change without notice. *Medicare limited coverage tests