COMMUNITY PROVIDER LABORATORY ORDER FORM

UPIN / NPI#: ______________________

PROVIDER NAME: ______________________

ADDRESS: ______________________

____

PHONE NUMBER: ______________________

SECURE FAX NUMBER: ______________________

ICD 9 DIAGNOSIS CODE(s): **REQUIRED**

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**Medicare does not generally cover routine screening tests

FILL IN ALL INFORMATION

PATIENT NAME (Last, First):

____

DATE OF BIRTH: ______________________

KAISER PERMANENTE HEALTH RECORD / MEMBER ID #:

____

☐ NON-FASTING ☐ STAT ☐ ASAP
☐ FASTING ____ HOURS ☐ ROUTINE

PROVIDER: Please sign and date below.
Then FAX order to: 303-404-4030 or 1-877-347-5221

☑ URINALYSIS
☐ 81003 UA reflex MICRO if positive - 81002
☐ 87088 CULTURE (reflexed as indicated)
☑ HEMATOLOGY
☐ 85025 CBC/AUTO DIFF (man diff reflexed if meets criteria)
☐ 85652 ESR - SED RATE
☐ 85014 / 85018 Hemoglobin & Hematocrit
☐ 85046 RETICULOCYTE
☑ COAGULATION
☐ 85610 PT PROTIME / INR
☑ CHEMISTRY PROFILES
☐ 80048 **BMP** (LYTES, BUN, CREAT, GLU, CA)
☐ 80053 **CMP** Comp Metabolic Prof (BMP, HFP, TP)
☐ 80061 **FLIPP** FASTING LIPIDS (CHOL, TGL, HDL, LDL) Direct LDL reflexed if Trig >400
☐ 83550 / 83540 **IRPF** Iron Panel (FE, IBC, TIBC, TRANS SAT)
☐ 80076 **HFP** Hepatic Function Panel (ALB, AST, ALT, ALKP, TBIL/DBIL, T PROT)
☐ 80051 **LYTES** (NA, K, CL, CO2)
☐ 80069 **RFP** (LYTES, BUN, CR, GLU, CA, ALB, PHOS)
☐ 84443 **THYP** FT4 reflexed if TSH abnormal HIGH; FT3 reflexed if TSH low and FT4 norm
☑ CHEMISTRY SINGLE TESTS
☐ 84460 ALT (SGPT)
☐ 82150 AMYLASE
☐ 84450 AST (SGOT)
☐ 82247 BILIRUBIN, TOTAL - ADULT
☐ 84520 BUN
☐ 82310 CALCIUM
☐ 82550 CPK
☐ 82565 CREATININE
☐ 82728 FERRITIN
☐ 82746 FOLATE
☐ 82947 GLUCOSE
☐ 83036 HEMOGLOBIN A1C LAV
☐ 84132 POTASSIUM
☐ 83690 LIPASE
☐ 83735 MAGNESIUM
☐ 82043, 82570 MICROALB / CREAT RATIO
☐ 84100 PHOSPHORUS
☐ 83970 / 82310 / 82565 / 84100 PTHINT INTACT PTH - Fasting preferred SST & LAV
☐ 82043 / 82570 RMA RAND URINE PROT/CREAT RATIO
☐ 84295 SODIUM
☐ 84443 TSH
☐ 84550 URIC ACID
☐ 82607 VITAMIN B12
☐ 82746 / 82607 VITAMIN B12 / FOLATE
☑ THERAPEUTIC DRUGS
DATE AND TIME OF LAST DOSE:
☐ 80162 DIGOXIN
☐ 80185 DILANTIN (PHENYTOIN) R
☐ 80178 LITHIUM
☐ 80156 TEGRETOL (CARBAMAZEPINE)
☐ 80164 DEPAKOTE (VALPROIC ACID)
☐ 80202 VANCOMYCIN R ☐ PEAK ☐ TROUGH
☑ SPECIAL CHEMISTRY
☐ 86592 RPR SYPHLIS SCREEN
☐ 84165 SPEP SERUM PROT ELECTROPHORESIS
☐ 86706 HEPATITIS B SURFACE AB
☑ OTHER TESTING
☐ GLUCOSE TOLERANCE ☐ 82950 1 HOUR Gestational ☐ 82947 (X4) 3 HOUR TOLERANCE
☐ 84703 SERUM PREG (Qualitative)
☐ 81025 URINE PREG (Qualitative)
☐ 84702 BETA HCG (Quantitative)
☐ 82670 ESTRADIOL
☐ 84144 PROGESTERONE
☐ 83001 (+ 83002) LH/FSH
☑ 24-HOUR URINE TESTS
Total volume required: ____________
Date of completion: ____________
☐ 82575 CRCL CREAT CLEARANCE W/SERUM
☐ 82340 UCA CALCIUM
☐ 84166 UPEP URINE PROTEIN ELECTROPHORESIS
☐ 84156 UPROT TOTAL URINE PROTEIN
☑ OTHER

24-hour urine containers can be picked up at any Kaiser Permanente laboratory location.

No appointments necessary for routine laboratory testing at any Kaiser Permanente lab facility.

Laboratory hours: 9 a.m. to 5 p.m., weekdays.

PLEASE NOTE: Specimens from outside of Kaiser Permanente will not be accepted.

****TESTING ORDERED MUST BE MEDICALLY NECESSARY TO PREVENT, DIAGNOSE, OR TREAT A MEDICAL CONDITION.**

THE TESTS ON THIS ORDER FORM HAVE BEEN APPROVED BY THE ATTENDING PHYSICIAN. (PLEASE SIGN/DATE BELOW)

____
Signature

____
Date

Reorder form #00254730 / Updated 12/30/09
10_DC_LabOrderForm_v2

KAISER PERMANENTE®