

<b>Central Scheduling</b> 356-8128	<b>SOUTHERN OHIO MEDICAL CENTER LABORATORY</b> 1805 27th Street • Portsmouth, Ohio 45662 • 740-356-8280 Dr. Vincent Randaisi D.O., FCAP Medical Director	<b>F-133A</b>			
<b>NAME:</b>	<b>DOB:</b>	<b>SSN</b>	<b>Sex:</b>	<input type="checkbox"/> M	<input type="checkbox"/> F
<b>Address</b>		<b>City</b>	<b>State</b>	<b>Zip:</b>	
<b>Home Phone</b>	<b>Work Phone</b>	<b>ALLERGIES:</b>		<b>Today's Date:</b>	
<b>Insurance Information</b>					
<b>Provider Signature:</b>				Location: ( ) SOMC Home Health ( ) N.H. ( ) Other _____	
<b>FASTING: Please do not eat or drink after 10 PM the night before your test.</b>					
<b>Pertinent and Documented Signs, Symptoms, Diagnoses Required for all tests. { } denotes Medical Necessity Tests.</b>					
<b>CHEMISTRY PANELS</b>					
<b>{ } BMP</b> 80048		<b>{ } RENAL PANEL</b> 80069		<b>GLUCOSE Monitoring</b>	
<u>List dx/sx for Glucose</u>		<u>List dx/sx for Glucose</u>		<input type="checkbox"/> <b>Glucose, Fasting</b> 82947	
<input type="checkbox"/> BUN 84520	<input type="checkbox"/> Sodium 84295	<input type="checkbox"/> BUN	<input type="checkbox"/> Calcium	<input type="checkbox"/> Sodium	<input type="checkbox"/> <b>Glucose 2hr PP</b> 82950
<input type="checkbox"/> Creatinine 82565	<input type="checkbox"/> Potassium 84132	<input type="checkbox"/> Creatinine	<input type="checkbox"/> <b>Glucose</b>	<input type="checkbox"/> Potassium	<input type="checkbox"/> <b>Glucose Tol. Test (GTT)</b> 82950
<input type="checkbox"/> Calcium 82310	<input type="checkbox"/> Chloride 82435	<input type="checkbox"/> Phosphorus 84100	<input type="checkbox"/> Chloride	<input type="checkbox"/> <b>Glucose Tol. Test (Gestational)</b> 82951	<i>(Fasting &amp; 2 hr-75 gm dose)</i>
<input type="checkbox"/> <b>Glucose</b> 82947	<input type="checkbox"/> CO2 82374	<input type="checkbox"/> Albumin 82040	<input type="checkbox"/> CO2	<input type="checkbox"/> <b>Glucose Tol. Test (Gestational)</b> 82951	<i>(Fast, 1,2,3hr-100 gm dose)</i>
<b>Gluc.</b> <i>Diab. mellitus</i>	<i>Polyuria</i>	<i>Glucosuria</i>	<i>Hypokalemia</i>	<input type="checkbox"/> <b>GTT, Other</b> _____ hours	<input type="checkbox"/> <b>CBC with Diff</b> 85025
<b>Dx:</b> <i>Hypoglycemia</i>	<i>Polydipsia</i>	<i>Malaise/fatigue</i>	<i>Abn wt gain</i>	Every 30 min. <input type="checkbox"/> Every 1 hr. <input type="checkbox"/>	<input type="checkbox"/> Hemoglobin 85018
<i>Hyperglycemia</i>	<i>Hyperkalemia</i>	<i>Dizziness</i>	<i>Nocturia</i>	<input type="checkbox"/> <b>Glucola (1 hour)</b> 82950	<input type="checkbox"/> Hematocrit 85014
<i>Syncope</i>	<i>Gest. Diabetes</i>	<i>Urinary frequency</i>	<i>Hyperlipidemia</i>	<input type="checkbox"/> <b>Hemoglobin A1C</b> 83036	<input type="checkbox"/> Manual Diff 85007
<i>Blurred vision</i>	<i>Abn. Gluc. Tol.</i>	<i>Other</i>		<i>Diabetes mellitus</i> <input type="checkbox"/> <i>Gest. diabetes</i>	<input type="checkbox"/> <b>CBC without Diff</b> 85027
				<i>Abnormal Glucose Tolerance</i>	<input type="checkbox"/> Reticulocyte Count 85045
				<i>Other:</i> _____	<input type="checkbox"/> Sed. Rate 85652
<b>{ } CMP</b> 80053		<b>{ } HEPATIC FUNCTION PANEL</b> 80076		<b>CARDIAC</b>	
<i>Includes BMP plus tests listed below.</i>				<input type="checkbox"/> <b>BNP (Natriuretic Peptide)</b> 83880	
<u>List dx/sx Glucose (above)</u>		<input type="checkbox"/> Albumin		<i>Shortness of Breath</i> <input type="checkbox"/> <i>CHF, Unspec.</i>	
<input type="checkbox"/> Albumin 82040	<input type="checkbox"/> Alk. Phos. 84075	<input type="checkbox"/> ALT (SGPT)	<input type="checkbox"/> Tot. Bilirubin	<i>Intermediate Coronary Syndrome</i>	
<input type="checkbox"/> ALT 84460	<input type="checkbox"/> Tot. Bilirubin 82247	<input type="checkbox"/> AST (SGOT)	<input type="checkbox"/> Tot. Protein	<input type="checkbox"/> CK Profile (CK & MB)	
<input type="checkbox"/> AST 84450	<input type="checkbox"/> Tot. Protein 84155	<input type="checkbox"/> Dir. Bilirubin 82248		<input type="checkbox"/> CK, Total 82550	<input type="checkbox"/> Troponin I 84484
<b>{ } ELECTROLYTE PANEL</b> 80051		<b>{ } LIPID PANEL</b> 80061		<input type="checkbox"/> <b>Homocysteine</b> 83090	
<input type="checkbox"/> Sodium 84295	<input type="checkbox"/> Chloride 82435	<i>Includes Chol, HDL, Trig, calc LDL</i>		<input type="checkbox"/> <b>EKG</b> 93005	
<input type="checkbox"/> Potassium 84132	<input type="checkbox"/> CO2 82374	<input type="checkbox"/> <b>Fasting</b> <input type="checkbox"/> <b>Non-Fasting</b>		<i>Chest pain</i> <input type="checkbox"/> <i>Cardiomegaly</i>	
<b>{ } ACUTE HEPATITIS PANEL</b> 80074		<input type="checkbox"/> <b>Cholesterol</b> 82465		<input type="checkbox"/> <b>CAD</b> <input type="checkbox"/> <b>Hyperlipidemia</b>	
<input type="checkbox"/> <b>Hep. A Antibody, IgM</b> 86709		<input type="checkbox"/> <b>HDL</b> 83718		<input type="checkbox"/> <b>CHF</b> <input type="checkbox"/> <b>Hypertension</b>	
<input type="checkbox"/> <b>Hep. B core Antibody, IgM</b> 86705		<input type="checkbox"/> <b>Triglycerides</b> 84478		<i>Other:</i> _____	
<input type="checkbox"/> <b>Hep. B surface Antigen</b> 87340		<i>Arteriosclerosis</i> <input type="checkbox"/> <i>Hypertension</i>			
<input type="checkbox"/> <b>Hep. C Antibody, IgG</b> 86803		<i>Cor. Artery Dis.</i> <input type="checkbox"/> <i>Hyperlipidemia</i>			
		<i>Diabetes mellitus</i>			
		<i>Other:</i> _____			
<b>ADDITIONAL HEPATITIS TESTING</b> <i>(Not part of Acute Hepatitis Panel)</i>		<b>TUMOR MARKERS</b>		<b>THYROID</b>	
<input type="checkbox"/> <b>Hep. B surface Antibody</b> 86706		<input type="checkbox"/> <b>AFP</b> 82105	<input type="checkbox"/> <b>CA 125</b> 86304	<input type="checkbox"/> <b>Free T4</b> 84439	
<input type="checkbox"/> <b>Hep. B core Antibody (Total)</b> 86704		<input type="checkbox"/> <b>CA 15.3</b> 86300	<input type="checkbox"/> <b>CEA</b> 82378	<input type="checkbox"/> <b>Free T3</b> 84481	
<input type="checkbox"/> <b>Hep. A Antibody (Total)</b> 86708		<input type="checkbox"/> <b>CA 19.9</b> 86301	<input type="checkbox"/> <b>Thyroglobulin TM</b>	<input type="checkbox"/> <b>TSH</b> 84443	
		<i>Neoplasm (site)</i> _____		<i>Anemia</i> <input type="checkbox"/> <i>Hyponatremia</i>	
		<i>Hist. of malignant neoplasm (site):</i> _____		<i>Abn Wt. Loss</i> <input type="checkbox"/> <i>Hypoglycemia</i>	
<b>ANEMIA TESTING</b>		<input type="checkbox"/> <b>PSA Screening</b> 84153/G0103		<i>Abn Wt. Gain</i> <input type="checkbox"/> <i>Hypertension</i>	
<input type="checkbox"/> <b>Iron</b> 83540	<input type="checkbox"/> <b>TIBC</b> 83550	<i>Screening for Neoplasm of Prostate</i>		<i>Abn EKG</i> <input type="checkbox"/> <i>Lethargy</i>	
<input type="checkbox"/> <b>Ferritin</b> 82728	<input type="checkbox"/> <b>Vitamin B12</b> 82607	<input type="checkbox"/> <b>PSA Diagnostic</b> 84153		<i>Arrhythmia</i> <input type="checkbox"/> <i>Mood Change</i>	
<input type="checkbox"/> <b>Folate, Fasting</b> 82746		<i>Neoplasm of Uncertain behavior Prostate</i>		<i>Diabetes</i> <input type="checkbox"/> <i>Nervousness</i>	
<i>Anemia</i> <input type="checkbox"/> <i>Pica</i> <input type="checkbox"/> <i>Achlorhydria</i>		<i>Urine retention</i> <input type="checkbox"/> <i>Elev. PSA</i>		<i>Edema</i> <input type="checkbox"/> <i>Thyr. Dysfunction</i>	
<i>Chronic Blood Loss</i> <input type="checkbox"/> <i>Diabetes</i>		<i>Urinary frequency</i> <input type="checkbox"/> <i>Hematuria</i>		<i>Exophthalmos</i> <input type="checkbox"/> <i>Palpitations</i>	
<i>Disorder of Iron Metabolism</i>		<i>Malignant neoplasm of prostate</i>		<i>Hypercalcemia</i> <input type="checkbox"/> <i>Neoplasm Thyroid</i>	
<i>Other:</i> _____		<i>Other:</i> _____		<i>Other:</i> _____	
<b>ENDOCRINE</b>		<b>MISCELLANEOUS</b>			
<input type="checkbox"/> Cortisol 82533	<input type="checkbox"/> TPO Antibodies 86376	<input type="checkbox"/> Amylase 82150	<input type="checkbox"/> AFP Quad Scn - Maternal	<input type="checkbox"/> Prealbumin 84134	
<input type="checkbox"/> 8 A.M. <input type="checkbox"/> 4 P.M. <input type="checkbox"/> Random	<input type="checkbox"/> Thyroglobulin Ab 86800	<input type="checkbox"/> Lipase 83690	<input type="checkbox"/> hCG-Quant. 84702	<input type="checkbox"/> Procalcitonin 84145	
<input type="checkbox"/> Estradiol 82670	<input type="checkbox"/> C-Peptide 84681	<input type="checkbox"/> Phosphorus 84100	<input type="checkbox"/> hCG-Qualitative (+/-) 84703	<input type="checkbox"/> Insulin 83525	
<input type="checkbox"/> Follicle Stim. Horm. 83001	<input type="checkbox"/> C-Reactive Protein 86140	<input type="checkbox"/> Uric Acid 84550	<input type="checkbox"/> <b>Vit. D Total, 25-Hydroxy</b> 82306	<input type="checkbox"/> <b>Magnesium</b> 83735	
<input type="checkbox"/> Luteinizing Hormone (LH) 83002	<input type="checkbox"/> Arterial Blood Gases 82803				
<input type="checkbox"/> <b>Intact Parathyroid Hormone(PTH)</b> 83970	<input type="checkbox"/> Urine Drug Comprehensive Profile				
<input type="checkbox"/> Progesterone 84144	<input type="checkbox"/> <b>GGT(Liver Enzyme)</b> 82977				
<input type="checkbox"/> Testosterone Total 84403	<input type="checkbox"/> <b>Ionized Calcium</b> 82330				
***CPT codes reflect SOMC Laboratory interpretation of CPT coding requirements. It is the responsibility of each facility/physician office to determine correct CPT codes for billing***					
***Diagnosis codes are listed as a convenience only. Ordering providers should use the ICD-10 code that best describes the reason for performing the test, whether or not that code is listed.***					

<b>PATIENT NAME:</b> _____ <b>Date:</b> _____		<b>[ ] SURGICAL TEACHING</b> <b>Surgeon</b> _____ <b>Type of surgery</b> _____ <b>Surgery Date</b> _____	
<b>Diagnoses/Symptoms:</b> _____			
<b>Medical Imaging (X-Rays)</b> (740) 356-8117 Table Weight Limit = 300 pounds <b>Diagnosis and Clinical History</b> <b>REQUIRED</b> <hr/> <hr/> <hr/> <hr/>	<b>ABDOMEN &amp; CHEST</b> <input type="checkbox"/> Decub Abdomen [ ] R [ ] L <input type="checkbox"/> Flat & Upright Abdomen <input type="checkbox"/> KUB <input type="checkbox"/> Acute Abdomen (Includes CXR) <input type="checkbox"/> Chest X-Ray, PA, & Lateral __Cough            __Chest Pain __Bronchitis        __Pneumonia __Asthma            __Emphysema __Loss of Weight    __Fever __Shortness of Breath: __Asbestosis __Other diseases of the lung __Other: _____ <input type="checkbox"/> Decub Chest [ ] R [ ] L <input type="checkbox"/> Ribs [ ] R [ ] L <b>SPINE &amp; PELVIS</b> <input type="checkbox"/> Cervical Spine [ ] Sacrum/Coccyx <input type="checkbox"/> Thoracic Spine [ ] Soft Tissue/Neck <input type="checkbox"/> Lumbosacral Spine	Pediatric Extremity ≤ 1 year of age <b>UPPER EXTREMITIES</b> <input type="checkbox"/> AC Joints [ ] R [ ] L <input type="checkbox"/> Clavicle [ ] R [ ] L <input type="checkbox"/> Elbow [ ] R [ ] L <input type="checkbox"/> Forearm [ ] R [ ] L <input type="checkbox"/> Hand [ ] R [ ] L <input type="checkbox"/> Humerus [ ] R [ ] L <input type="checkbox"/> Shoulder [ ] R [ ] L <input type="checkbox"/> Wrists [ ] R [ ] L <input type="checkbox"/> TM Joints [ ] R [ ] L Ped. (< 1 yr) [ ] R [ ] L <b>LOWER EXREMITIES</b> <input type="checkbox"/> Ankle [ ] R [ ] L <input type="checkbox"/> Femur/thigh [ ] R [ ] L <input type="checkbox"/> Foot [ ] R [ ] L <input type="checkbox"/> Hip (incl Pelvis) [ ] R [ ] L <input type="checkbox"/> Knee [ ] R [ ] L <input type="checkbox"/> Patella [ ] R [ ] L <input type="checkbox"/> Tibia/Leg [ ] R [ ] L Ped. (< 1 yr) [ ] R [ ] L <b>SEROLOGY</b> <input type="checkbox"/> Antinuclear Ab, IFA 86038 <input type="checkbox"/> Anti-streptolysin O (ASO) 86060 <input type="checkbox"/> Cytomegalovirus IgG & IgM Ab <input type="checkbox"/> Epstein-Barr IgG IgM EBNA Ab <input type="checkbox"/> H. pylori, Ab (serum) 86677 <input type="checkbox"/> HIV 87389/G0432 __Enlargement of lymph nodes __Cachexia    __Syphilis __Exposure To HIV __Candidiasis of esophagus __Invasive cervical cancer __Viral Hepatitis __Other: _____ <input type="checkbox"/> Influenza A & B Rapid 87502 <input type="checkbox"/> Lyme IgG & IgM, Ab 86618 <input type="checkbox"/> Mononucleosis Screen 86308 <input type="checkbox"/> Rheumatoid Factor IgG 86430 <input type="checkbox"/> RPR/Syphilis Screen 86592 __Presenile dementia __Neurosyphilis    __HIV disease __Peripheral neuropathy __Abnormality of gait __Rash/Nonspecific skin eruption __Contact/Exp. to venereal diseases __Other: _____ <input type="checkbox"/> RSV antigen screen 87807 <input type="checkbox"/> Rubella (IgG) 86762 <input type="checkbox"/> Strep A Screen Rapid 87651 <input type="checkbox"/> Toxoplasma (IgG) 86777 <input type="checkbox"/> Toxoplasma (IgM) 86778 <input type="checkbox"/> Varicella Zoster (IgG) 86787 <input type="checkbox"/> Varicella Zoster (IgM) 86787 <input type="checkbox"/> Measles/Rubeola (IgG) 86765 <input type="checkbox"/> Mumps (IgG) 86735	<b>{ } URINE DRUG SCREENING</b> <input type="checkbox"/> Amphetamines 80307 <input type="checkbox"/> Cocaine 80307 <input type="checkbox"/> Opiates 80307 <input type="checkbox"/> Barbiturates 80307 <input type="checkbox"/> Benzodiazepines 80307 <input type="checkbox"/> Cannabinoids 80307 <input type="checkbox"/> Methadone 80307 <input type="checkbox"/> Oxycodone 80307 <input type="checkbox"/> Buprenorphine 80307 <input type="checkbox"/> Heroin (6-AM) 80307 <b>REFERENCE LAB TESTS</b> <input type="checkbox"/> Aldolase <input type="checkbox"/> Aldosterone, Serum <input type="checkbox"/> Alpha-1-antitrypsin <input type="checkbox"/> Alpha-1antitrypsin phenotype <input type="checkbox"/> Adrenocorticotrophic Hormone (ACTH) <input type="checkbox"/> Alk. Phosphatase isoenzymes <input type="checkbox"/> Angiotension Conver.Enz(ACE) 82164 <input type="checkbox"/> Cytoplasmic Neutro.Ab(CNAB) 86255 <input type="checkbox"/> Antithrombin III Activity <input type="checkbox"/> Autoantibodies to SCL 70 86235 <input type="checkbox"/> Autoantibodies to SM 86235 <input type="checkbox"/> Autoantibodies to SSA/RO 86235 <input type="checkbox"/> Autoantibodies to SSB/LA 86235 <input type="checkbox"/> Autoantibodies to JO1 86235 <input type="checkbox"/> Autoantibodies to U1RNP 86235 <input type="checkbox"/> C3-Complement <input type="checkbox"/> C4-Complement <input type="checkbox"/> Complement, Total <input type="checkbox"/> Catecholamine Fraction. Plasma <input type="checkbox"/> Catecholamine Fraction. Urine <input type="checkbox"/> Connective Tissue cascade <input type="checkbox"/> CD4 T-Cell Count <input type="checkbox"/> Ceruloplasmin <input type="checkbox"/> Cystic Fibrosis Carrier Detection 97 <input type="checkbox"/> DHEA-S <input type="checkbox"/> Erythropoietin (EPO) <input type="checkbox"/> Factor V Leiden Mutation <input type="checkbox"/> Gabapentin, Blood 80171 <input type="checkbox"/> Gabapentin, Urine 80307 <input type="checkbox"/> Glomerular Basement Mem AB <input type="checkbox"/> Growth Hormone <input type="checkbox"/> Heparin PF4 AB (HIT) Serum <input type="checkbox"/> HSV Type 1 and Type 2 Spec Ab <input type="checkbox"/> Monoclonal Protein Study Serum <input type="checkbox"/> Monoclonal Protein Study Urine <input type="checkbox"/> Parietal Cell Ab IgG Serum <input type="checkbox"/> Phospholipid (Cardiolipin) Ab 86147 <input type="checkbox"/> Platelet Antibody 86022 <input type="checkbox"/> Protein C Activity Plasma 85303 <input type="checkbox"/> Protein S Antigen Plasma 85306 <input type="checkbox"/> Sirolimus, Blood 80195 <input type="checkbox"/> Tacrolimus, Blood 80197 <input type="checkbox"/> Testosterone, Total and Free <input type="checkbox"/> Vitamin D 125 Dihydroxy 82306
<b>SKULL &amp; FACE</b> <input type="checkbox"/> Facial bones [ ] R [ ] L <input type="checkbox"/> Mandible [ ] R [ ] L <input type="checkbox"/> Nasal Bones [ ] R [ ] L <input type="checkbox"/> Orbitis [ ] R [ ] L <input type="checkbox"/> Sinuses [ ] R [ ] L <input type="checkbox"/> Skull [ ] R [ ] L <b>{ } denotes Medical Necessity</b> <b>{ } OBSTETRIC PANEL 80055</b> <input type="checkbox"/> CBC with Differential <input type="checkbox"/> Hepatitis B surface Antigen <input type="checkbox"/> Rubella Antibody (IgG) <b>{ } RPR/Syphilis Screen 86592</b> <input type="checkbox"/> Antibody Screen <input type="checkbox"/> Blood Typing ABO & Rh __ Screening Normal Pregnancy __ Screening Complicated Pregnancy __ Screening High-Risk Pregnancy <b>Trimester: 1st 2nd or 3rd</b> <b>Gravida: Multigravida or Primigravida</b> __Inflammatory dis. Of ovary, fallopian tube, peritoneum __Inflammatory dis. Of cervix, vagina or vulva __HIV disease __Gonococcal infection __Trichomoniasis (urogenital) __Genital Herpes __Other venereal disease __Other: _____	<b>MICROBIOLOGY</b> <input type="checkbox"/> Influenza A & B RT-PCR 87502 <input type="checkbox"/> Hemocult stool (x____) 82270 <input type="checkbox"/> Fecal Occult Blood by EIA 82274 <input type="checkbox"/> Ova & Parasites (O&P), stool 87177 <input type="checkbox"/> C.difficile amp DNA, stool 87493 <input type="checkbox"/> H. pylori antigen, stool 87338 <input type="checkbox"/> Cryptosporidium, stool 87272 <input type="checkbox"/> Giardia, stool 87269 <input type="checkbox"/> Rotavirus, stool 87425 <input type="checkbox"/> Chlamydia trachomatis probe 87491 <input type="checkbox"/> Neissiena gonorrhoeae probe 87591 <input type="checkbox"/> Gram stain for BV 87205 Cultures: <b>{ } Urine: [ ] Void [ ] Catheter 87086</b> <input type="checkbox"/> Wound Site: _____ <input type="checkbox"/> Genital <input type="checkbox"/> Strep, Group A - Throat 87081 <input type="checkbox"/> Group B - Prenatal 87081 <input type="checkbox"/> Sputum 87070 <input type="checkbox"/> Stool - Routine 87045 <input type="checkbox"/> Stool - Yersinia enterocolitica 87081 <input type="checkbox"/> Viral (HSV or Respiratory) <input type="checkbox"/> MRSA Screen 87081 <input type="checkbox"/> Ureaplasma 87109 <input type="checkbox"/> Acid Fast <input type="checkbox"/> Fungus <input type="checkbox"/> Other: _____ Specify site: _____ <b>24 HOUR URINES</b> <input type="checkbox"/> Protein <input type="checkbox"/> Urea <input type="checkbox"/> Creatinine Clearance 82575 <input type="checkbox"/> Creatinine <input type="checkbox"/> Metanephines <input type="checkbox"/> Vanillylmandelic Acid (VMA) <input type="checkbox"/> Homocanillic Acid (HVA) <input type="checkbox"/> 5-Hydroxy-indoleacetic Acid(5-HIAA)	<b>THERAPEUTIC DRUG MONITORING</b> <input type="checkbox"/> Dilantin 80185 <b>{ } Digoxin (6 hrs post dose) 80162</b> __Cardiomyopathy __Cardiac conduction disorder __Heart failure __Poisoning by cardiotonic glycosides __Long term use of medications __Other: _____ <input type="checkbox"/> Phenobarbital <input type="checkbox"/> Tegretol 80156 <input type="checkbox"/> Theophylline <input type="checkbox"/> Valproic Acid <input type="checkbox"/> Gentamicin [ ] Peak [ ] Trough <input type="checkbox"/> Tobramycin [ ] Peak [ ] Trough <input type="checkbox"/> Vancomycin [ ] Peak [ ] Trough <input type="checkbox"/> Other: _____	