Physician Office Stamp Here

THE SARATOGA HOSPITAL
LABORATORY REQUISITION

LABORATORY OFFICE (518) 583-8440
FAX (518) 580-2806

☐ STAT ☐ CALL ☐ FAX

Patient Last Name	First Name	MI	Date of Birth	Sex	Marital Status	Social Sec #

Patient Street Address	City	State	Zip Code	Home Phone

Guarantor Last Name	First Name	MI	Date of Birth	Relationship	Social Sec #

Primary Ins Name	Patient Policy #	Grp #	Subscriber/Member Name	Subscriber/Member #	Subscriber/Member DOB

Secondary Ins	Patient Policy #	Grp #	Subscriber/Member Name	Subscriber/Member #	Subscriber/Member DOB

REQUESTING PHYSICIAN SIGNATURE:	DATE	DIAGNOSIS (REQUIRED FOR EACH TEST)

Requesting Physician Name (PRINT:)	COPY TO:	COLLECTION INFORMATION		
		PHLEB. INIT.	DATE	TIME

FOR MEDICARE AND OTHER INSURED PATIENTS, I AUTHORIZE ANY HOLDER OF MEDICAL OR OTHER INFORMATION ABOUT ME TO RELEASE TO THE SOCIAL SECURITY ADMINISTRATION OR ITS INTERMEDIARIES OR CARRIERS OR ANY OTHER GOVERNMENT AGENCY OR INSURANCE CARRIER RESPONSIBLE FOR PAYMENT ANY INFORMATION NEEDED FOR THIS OR RELATED MEDICARE OR OTHER CLAIM. I PERMIT A COPY OF THIS AUTHORIZATION TO BE USED IN PLACE OF THE ORIGINAL AND REQUEST PAYMENT OF MEDICAL INSURANCE BENEFITS EITHER TO MYSELF OR TO THE PARTY WHO ACCEPTS ASSIGNMENT ABOVE.

PATIENT'S SIGNATURE

NOTE: WHEN ORDERING TESTS FOR WHICH MEDICARE OR MEDICAID REIMBURSEMENT WILL BE SOUGHT, PHYSICIANS SHOULD ONLY ORDER THE TESTS THAT ARE MEDICALLY NECESSARY FOR THE DIAGNOSIS OF THE TREATMENT OF THE PATIENT. TESTS MARKED WITH AN * INDICATE AN ABN IS REQUIRED FOR TESTS THAT DO NOT MEET MEDICARE GUIDELINES.

☐ BASIC METABOLIC	GLUCOSE, BUN, CREATININE, CO_2, CHLORIDE, SODIUM, POTASSIUM, CALCIUM
☐ COMPREHENSIVE METABOLIC	GLUCOSE, BUN, CREATININE, CO_2, CHLORIDE, SODIUM, POTASSIUM, CALCIUM, AST (SGOT), ALK. PHOS., TOTAL BILIRUBIN, TOTAL PROTEIN, ALBUMIN, ALT (SGPT)
☐ HEPATIC FUNCTION	AST (SGOT), ALT (SGPT), ALK. PHOS., TOTAL & DIRECT BILIRUBIN, ALBUMIN, TOTAL PROTEIN
☐ ELECTROLYTES	CO_2, CHLORIDE, SODIUM, POTASSIUM
☐ LIPIDS *	TRIGLYCERIDE, CHOLESTEROL, HDL, @LDL (CALC)
☐ OBSTETRIC	HEP B SURFACE AG, RUBELLA AB, RPR, AB SCREEN, ABO & RH TYPING, CBC WITH DIFF
☐ RENAL	GLUCOSE, BUN, CREATININE, CO_2, CHLORIDE, SODIUM, POTASSIUM, CALCIUM, PHOSPHORUS, ALBUMIN

COMPONENTS OF THE ORGAN OR DISEASE PANELS ARE LISTED ABOVE. INDIVIDUAL TESTS MAY ALSO BE ORDERED INDIVIDUALLY

TEST	TEST	TEST	TEST	TEST
☐ Albumin	☐ Estradiol	☐ LDH	☐ PTT*	**MICROBIOLOGY**
				CULTURE
☐ Alk Phosphatase	☐ Ferritin*	☐ Lipase	☐ Reticulocyte (Automated)	☐ Urine* ☐ Cleancatch ☐ Other
☐ ALT (SGPT)	☐ Folate (Folic Acid)	☐ Lithium	☐ Rheumatoid Factor	☐ Stool
☐ Amylase	☐ Free T4*	☐ Magnesium*	☐ RPR/Syphilis	☐ Throat
☐ ANA Screen Reflex for confirmation	☐ FSH	☐ Mono	☐ Rubella IgG	☐ Throat Strep Screen
☐ Antibody Screen	☐ GGT*	☐ Occult Blood Screening*	☐ Sedimentation Rate*	☐ Wound Site _____
☐ AST (SGOT)	☐ Glucose*	☐ Occult Blood Diagnostic*	☐ Sodium	☐ Genital Site _____
☐ B12	☐ Glyco HGB A1C*	☐ Phenobarbital	☐ Testosterone	☐ Genital Strep Screen Site Rectal/Vaginal
☐ Bilirubin, Direct	☐ HCG Beta* Sub Unit QUANT	☐ Phosphorus	☐ Theophylline	☐ Respiratory Site _____
☐ Bilirubin, Total	☐ HDL Cholesterol*	☐ Potassium	☐ Triglycerides*	☐ Fungal Site _____
☐ BUN	☐ Hematocrit*	☐ Pregnancy - Urine Qual	☐ T3*	☐ Viral _____
☐ Calcium	☐ Hemoglobin*	☐ Pregnancy - Serum Qual.	☐ T4 (Thyroxine)*	☐ Virus _____ Site _____
☐ Carbamazepine (TEGRETOL)	☐ H. Pylori, IgG	☐ Prolactin	☐ TSH (Ultra sensitive)*	☐ AFB Site _____
☐ CBC w/Diff* w/Platelet	☐ Hepatitis A Antibody* IgM	☐ Protein, Total	☐ Uric Acid	**MISCELLANEOUS**
☐ CBC w/o Diff* w/Platelet	☐ Hepatitis B Core* Antibody	☐ PSA Screening*	☐ Urinalysis without microscopic	☐ Stool for Ova & Parasites
☐ Cholesterol Total*	☐ Hepatitis B Surface* Antibody	☐ PSA Diagnostic*	☐ Urinalysis with microscopic	☐ Chlamydia/GC By DNA
☐ CK (Total)	☐ Hepatitis B Surface* Antigen	☐ PT*	☐ Valproic Acid (Depekene)	☐ Throat Rapid Strep A
☐ Creatinine	☐ Hepatitis C Antibody*	Other:		
☐ CRP (Cardiac)	☐ Homocysteine*			
☐ Digoxin*	☐ Iron*			
☐ Dilantin (Phenytoin)	☐ Iron Binding Capacity*			

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