

**Patient Sticker**

**Outpatient Laboratory Requisition**

To request updates to this requisition please email  
**labadmins@luriechildrens.org**  
 Last Revised: 06/04/2019

**Patient Information**

Last name, First name

Name \_\_\_\_\_

MR # \_\_\_\_\_ OR DOB \_\_\_\_\_

Gender: M F ICD-10 \_\_\_\_\_

ICD-10 \_\_\_\_\_ ICD-10 \_\_\_\_\_

**ADD-ON** test for specimen in lab

**STAT**

Call  
 Page STAT or CRITICAL results to: \_\_\_\_\_ phone #

Fax results to: \_\_\_\_\_ Fax# \_\_\_\_\_

**Specimen Collection**

Date ordered: \_\_\_\_\_

Collect date \_\_\_\_\_ Time: \_\_\_\_\_ AM PM

Collected by:  Lab  
 RN/MD \_\_\_\_\_

**Provider address**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Provider phone number**

\_\_\_\_\_

**Physician Information**

Ordering provider: \_\_\_\_\_

Signature: \_\_\_\_\_

Copy result to: \_\_\_\_\_

X	Test	Code	CPT
<b>Hematology</b>			
<input type="checkbox"/>	CBC With 5-Part Automated Diff, Blood	80218524	*
<input type="checkbox"/>	Hemoglobin Electrophoresis, Blood	80319312	83020
<input type="checkbox"/>	Reticulocytes, Blood	80218564	85045
<input type="checkbox"/>	Sedimentation Rate, Blood	80218565	85652

X	Test	Code	CPT
<b>Coagulation</b>			
<input type="checkbox"/>	Prothrombin Time (PT), Plasma	80218561	85610
<input type="checkbox"/>	Activated Partial Thromboplastin Time (APTT), Plasma	80218573	85730
<input type="checkbox"/>	Fibrinogen, Plasma	80218537	85384
<input type="checkbox"/>	D-Dimer, Plasma	80214128	85378

X	Test	Code	CPT
<b>Chemistry General</b>			
<b>Panel</b>			
<input type="checkbox"/>	Basic Metabolic Panel, Plasma/Serum	80319475	80048
<input type="checkbox"/>	Comprehensive Metabolic Profile, Plasma/ Serum	80319477	80053
<input type="checkbox"/>	Electrolyte Panel, Plasma/Serum	80319635	80051
<input type="checkbox"/>	Hepatic Function, Panel, Plasma/Serum	80319604	80076
<input type="checkbox"/>	Lipid Screen, Fasting, Plasma/Serum	80319363	80061
<input type="checkbox"/>	Lipid Screen, Random, Plasma/Serum	80313962	80061
<input type="checkbox"/>	Renal Function Panel, Plasma/Serum	80319348	80069
<input type="checkbox"/>	Acute Hepatitis Panel, Serum	80414660	80074

X	Test	Code	CPT
<b>Tests</b>			
<input type="checkbox"/>	Albumin, Plasma/Serum	80319415	82040
<input type="checkbox"/>	Alkaline Phosphatase, Plasma/Serum	80319407	84075
<input type="checkbox"/>	ALT (SGPT), Plasma/Serum	80319446	84460
<input type="checkbox"/>	Ammonia, Plasma	80319214	82140
<input type="checkbox"/>	Amylase, Total, Plasma/Serum	80319215	82150
<input type="checkbox"/>	AST (SGOT), Plasma/Serum	80319445	84450
<input type="checkbox"/>	β-2-Microglobulin, Plasma/Serum	80316606	82232
<input type="checkbox"/>	Bilirubin, Total & Direct, Plasma/Serum	80319225	*
<input type="checkbox"/>	Blood Urea Nitrogen (BUN), Plasma/Serum	80319452	84520
<input type="checkbox"/>	Calcium, Ionized, Plasma/Serum	80319552	82330
<input type="checkbox"/>	C-Reactive Protein (CRP), Plasma/Serum	80611659	86140
<input type="checkbox"/>	Creatine Kinase (CK), Plasma/Serum	80319255	82550
<input type="checkbox"/>	Creatinine, Plasma/Serum	80319256	82565
<input type="checkbox"/>	Ferritin, Plasma/Serum	80316695	82728
<input type="checkbox"/>	Gamma-Glutamyltransferase (GGT), Plasma/Serum	80319413	82977
<input type="checkbox"/>	Glucose, Fasting, Plasma	80319456	82947
<input type="checkbox"/>	Glucose, 2-Hour Post Oral Dose	80319132	82950
<input type="checkbox"/>	Iron, Plasma/Serum	80319554	83540
<input type="checkbox"/>	Iron + Iron Binding Capacity, Plasma	80319584	*
<input type="checkbox"/>	Lead, Blood	80319365	83655
<input type="checkbox"/>	Magnesium, Plasma/Serum	80319373	83735
<input type="checkbox"/>	Phosphorus (Inorganic), Plasma/Serum	80319410	84100
<input type="checkbox"/>	Protein, Total, Plasma/Serum	80319575	84155
<input type="checkbox"/>	Sweat Chloride Test	80319245	82438
<input type="checkbox"/>	Triglycerides, Plasma/Serum	80319447	84478
<input type="checkbox"/>	Uric Acid, Plasma/Serum	80319455	84550
<input type="checkbox"/>	Vitamin D2 + D3, 25-Hydroxy, Serum	80319457	82306

X	Test	Code	CPT
<b>Therapeutic Drugs</b>			
<input type="checkbox"/>	Cyclosporine, Peak, Blood	80319519	80158
<input type="checkbox"/>	Cyclosporine, Trough, Blood	80319517	80158
<input type="checkbox"/>	Phenobarbital, Plasma/Serum	80319404	80184
<input type="checkbox"/>	Thiopurine Metabolites (THIDM), Blood	80100769	82542
<input type="checkbox"/>	Sirolimus (Rapamycin), Trough Blood	80319040	80195
<input type="checkbox"/>	Tacrolimus (FK506), Trough, Blood	80319603	80197
<input type="checkbox"/>	Valproic Acid, Total, Plasma/Serum	80319261	80164
<input type="checkbox"/>	Mycophenolic Acid, Serum	80319136	80180

X	Test	Code	CPT
<b>Endocrine</b>			
<input type="checkbox"/>	17-Hydroxyprogesterone, Serum	80315323	83498
<input type="checkbox"/>	Androstenedione, Plasma/Serum	80315301	82157
<input type="checkbox"/>	Cortisol, Plasma/Serum	80315318	82533
<input type="checkbox"/>	Dehydroepiandrosterone Sulfate (DHEA-S), Serum	80315350	82627
<input type="checkbox"/>	Estradiol, Plasma/Serum	80100901	82670
<input type="checkbox"/>	Follicle-Stimulating Hormone (FSH), Plasma	80315315	83001
<input type="checkbox"/>	Hemoglobin A1c, Blood (Lab)	80310235	83036
<input type="checkbox"/>	Insulin, Plasma/Serum	80315339	83525
<input type="checkbox"/>	IGFBP3, Serum	80315387	82397
<input type="checkbox"/>	IGF-I, Serum	80100770	84305
<input type="checkbox"/>	Luteinizing Hormone (LH), Plasma/Serum	80315314	83002
<input type="checkbox"/>	Parathyroid Hormone (PTH), Intact, Plasma	80311952	83970
<input type="checkbox"/>	Prolactin, Plasma/Serum	80315324	84146
<input type="checkbox"/>	Renin, Plasma	80316689	84244
<input type="checkbox"/>	Testosterone, Total, Serum	80315340	84403
<input type="checkbox"/>	T3 (Triiodothyronine), Total, Plasma/Serum	80315356	84480
<input type="checkbox"/>	Thyroxine, Free (FT4), Plasma/Serum	80315326	84439
<input type="checkbox"/>	T4 (Thyroxine), Total Plasma/Serum	80315345	84436
<input type="checkbox"/>	TSH, Sensitive (S-TSH), Plasma/Serum	80315348	84443

X	Test	Code	CPT
<b>Immunology</b>			
<input type="checkbox"/>	Antinuclear Ab (ANA), Hep-2, Plasma/Serum	80611639	86038
<input type="checkbox"/>	Anti-Thyroid Antibodies, Plasma/Serum	80615368	*
<input type="checkbox"/>	Celiac Disease Antibody Panel, Plasma/Serum	80611601	*
<input type="checkbox"/>	Complement C3, Serum	80611616	86160
<input type="checkbox"/>	Complement C4, Serum	80611617	86160
<input type="checkbox"/>	Complement, Total Hemolytic, Serum	80611629	86162
<input type="checkbox"/>	Anti-Double-Stranded DNA (Crithidia IFA), Plasma/Serum	80611690	86225
<input type="checkbox"/>	Immunoglobulin A (IgA), Serum	80611634	82784
<input type="checkbox"/>	Immunoglobulin E (IgE), Serum	80611637	82785
<input type="checkbox"/>	Immunoglobulin G (IgG), Serum	80611633	82784
<input type="checkbox"/>	Immunoglobulin M (IgM), Serum	80611632	82784
<input type="checkbox"/>	Rheumatoid Factor, Serum	80611650	86430
<input type="checkbox"/>	T- & B-Cell Quant by Flow Cytometry, Plasma/Serum	80611551	*

RAST: Please complete separate RAST requisition for the Immunology Laboratory. Phone 312.227.6350 to obtain extra copies.

X	Test	Code	CPT
<b>Microbiology</b>			
<input type="checkbox"/>	Culture, Aerobic Bacteria, Urine	80414716	87086
<input type="checkbox"/>	Culture, Enteric Pathogens, Stool	80414708	*
<input type="checkbox"/>	Culture, Aerobic Bacteria, with Smear	80414821	*
<input type="checkbox"/>	Giardia Antigen, Feces	80100844	*
<input type="checkbox"/>	Cryptosporidium Antigen, Feces	80100846	87329
<input type="checkbox"/>	Parasitic Examination, Feces	80100843	87177

X	Test	Code	CPT
<b>Virology/PCR</b>			
<input type="checkbox"/>	BK Virus PCR, Plasma/Serum	80514855	87799
<input type="checkbox"/>	BK Virus PCR, Urine	80510233	87799
<input type="checkbox"/>	Bordetella Pertussis PCR	80513398	87798
<input type="checkbox"/>	Cytomegalovirus, DNA, PCR Qual & Quant, Plasma/Serum	80371908	87798
<input type="checkbox"/>	Epstein Barr Virus DNA Quant, PCR, Blood	80510095	87799
<input type="checkbox"/>	Epstein-Barr PCR, Non-blood	80100254	87798
<input type="checkbox"/>	Rotavirus Antigen, Feces, Rapid	80413284	87425

X	Test	Code	CPT
<b>Serology</b>			
<input type="checkbox"/>	CMV Antibody, IgM & IgG, Serum	80413282	*
<input type="checkbox"/>	Epstein-Barr Virus (EBV) Antibodies, Serum	80413346	*
<input type="checkbox"/>	Hepatitis Serology Panel, Plasma/Serum	80414660	80074
<input type="checkbox"/>	Measles Antibodies Screen IgG Only, Serum	80371908	86765
<input type="checkbox"/>	Varicella-Zoster Virus (VZV) Ab, IgG, Plasma/Serum	80413340	86786
<input type="checkbox"/>	HIV-1/2 Antibody & Antigen Evaluation Serum	80100316	87389

X	Test	Code	CPT
<b>Urine</b>			
<input type="checkbox"/>	Citrate Excretion, 24-Hour Urine	80310504	82507
<input type="checkbox"/>	Citrate, Excretion, Random Urine	80310502	82507
<input type="checkbox"/>	Creatinine, 24-Hour Collection	80319259	82570
<input type="checkbox"/>	Creatinine, Random Urine	80319258	82570
<input type="checkbox"/>	Electrolytes Na, K, Cl, Random Urine	80319674	*
<input type="checkbox"/>	hCG (Pregnancy Test), Qual, Urine	80319426	81025
<input type="checkbox"/>	Microalbumin, 24-Hour Collection Urine	80319689	82043
<input type="checkbox"/>	Microalbumin, Random Collection Urine	80319210	*
<input type="checkbox"/>	Oxalate, 24-Hour Collection Urine	80370010	83945
<input type="checkbox"/>	Oxalate, Random Urine	80370011	83945
<input type="checkbox"/>	Protein, Total, 24-Hour Collection Urine	80319581	84156
<input type="checkbox"/>	Protein, Total, Random Urine	80319576	84156
<input type="checkbox"/>	Urinalysis, Random Urine	80100784	81001

X	Test	Code	CPT
<b>Miscellaneous / Other</b>			
<input type="checkbox"/>	Occult Blood, Feces	80414725	82272
<input type="checkbox"/>	Fragile X Screen, Plasma/Serum	80513370	*
<input type="checkbox"/>	Chromosome Analysis, Congenital Disorders, Peripheal Blood	80105232	*
<input type="checkbox"/>	Phenylalanine, Filter Paper	80105300	84030
<input type="checkbox"/>	Microarray CGH, Whole Genome (Oligo), Peripheal Blood	80510770	*

Only tests that are medically reasonable and necessary for the diagnosis or treatment of a Medicare or Medicaid patient will be reimbursed. The Office of the Inspector General takes the position that a physician who orders medically unnecessary tests for which Medicare or Medicaid reimbursement is claimed may be subject to civil penalties under the False Claims Act.

The patient/family have been informed that this requisition does not require the test be performed by Lurie Children's Hospital. It was recommended to check with their insurance provider about coverage for these tests.

**\*This test contains multiple CPT codes. Please call Customer Service at 312-227-6350 to get CPT information.**