



LAB REQUISITION

ORDERING PHYSICIAN

Name _____

Signature _____

PROVIDER INFORMATION

PATIENT INFORMATION

Last Name _____ First Name _____

Middle Name _____ F M DOB _____ Phone _____

Address _____ City, State, Zip _____

SSN _____ Patient ID _____

SPECIMEN COLLECTION

Date _____

Time _____ AM PM

Specimen Source _____

SPECIMEN CONSISTENCY (GPP ONLY)

Soft Loose Watery

PAYMENT INFORMATION

Bill: Patient Medicare Medicaid Insurance

Insurance Company _____

Member ID # _____

Group ID # _____

Address _____

City, State, Zip _____

Primary Insured's Name _____

Relationship

Self Spouse

Child Other

DIAGNOSTIC INFORMATION

Common ICD-10 codes found on reverse

Primary Diagnoses _____ ICD-10 Code _____

Secondary Diagnoses _____ ICD-10 Code _____

SCREENINGS AND PANELS

Candidiasis Panel

Limited Respiratory Panel

Gastrointestinal Panel *

Vaginitis Panel

Basic Respiratory Panel

Wound Panel

STI Panel

Extended Respiratory Panel

Nail & Fungal Panel *

UTI Panel

Antibiotic Resistance Panel (stand alone)

C. Difficile

*sendout test only