



**WESTCHESTER  
MEDICAL CENTER**  
ADVANCED LABORATORY  
SERVICES

# ROUTINE TEST REQUISITION

Requesting Physician

PATIENT DATA		INSURANCE BILLING INFORMATION		
Last Name:	First Name:	Patient Telephone Number (9 am to 5 pm)		Relationship to Insured: <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other
		(     )		
Date of Birth:	Gender:	MRN:	Registration No:	Patient Address:
/ /	M F			
Specimen collected by:				
Date	Time	City		State:
		Zip:		
<b>ADVANCED BENEFICIARY NOTICE (ABN)</b>		Medicare ID Number:		<input type="checkbox"/> Regular <input type="checkbox"/> Railroad
An ABN (see reverse side of this requisition) must be signed when the doctor determines that the reason for the test requested does not meet local or national medical review policy requirements.		Medicaid ID Number (Including Suffix/Person No)		
ICD9 DX Codes:		Physician Signature:		
		Insurance Name/Plan/HMO		
		Policy ID Number:	Group/Book Number:	Category Number:

ALL TEST REQUESTS MUST BE MEDICALLY NECESSARY

HEMATOLOGY/COAGULATION		CHEMISTRY PANELS		IMMUNOLOGY	
CBCND	CBC Without Differential	LYTES	Electrolyte Panel (Na, K, Cl, CO2)	ANTIO	Antistreptolysin-O Screen
CBCWD	CBC With Differential	BMPL	Basic Metabolic Panel	MONO	Mononucleosis Screen
FIB	Fibrinogen		(Glu, Na, K, Cl, CO2, BUN, Cr, Ca)	LYME	Lyme Titer (inc WB Reflex)
HGBSP	Hgb Separation by HPLC	CMPL	Comprehensive Metabolic Panel	ANAS	ANA
PT	PT		(Glu, Na, K, Cl, CO2, Bun, Cr, Ast, Alt,	DSDNA	Anti-DS-DNA
PTT	PTT		Alk Phos, T. Bil, Protein, Alb, Ca)	C3	C3
RETP	Retic	HFP	Hepatic Function Panel (Ast, Alt, T.Bil,	C4	C4
ESR	Sed. Rate		D.Bil, Alk Phos, T. Protein, Alb)	HBC	Hepatitis B Core Antibody Code
SICKL	Sickle Screen	RNFPL	Renal Function Panel (Glu, Na, K, Cl, CO2,	HBSB1	Hepatitis B SUR AB
			Bun, Cr, Ca, Alb, Phos)	HBAG1	Hepatitis B SUR AG
		LIPP1	Lipid Profile (Chol, Trig, HDL, LDL)	HAVB1	Hepatitis A IGG AB
<b>MICROBIOLOGY</b>		<b>CHEMISTRY TESTS</b>		HAMB1	Hepatitis A IGM AB
Microbiology Request For:	Specimen Type:	ALP	Alkaline Phosphatase	IGG	IgG
<input type="checkbox"/> Culture Sensitivity <input type="checkbox"/> Gram Stain	Source:	AMMN	Ammonia	IGA	IgA
<input type="checkbox"/> OVA + Parasite		AFP	Alpha Fetal Protein	IGM	IgM
<input type="checkbox"/> Fungal Culture		AMY	Amylase	RHF	Rheumatoid Factor
Note:		VB12	B12 Vitamin	<b>THERAPEUTIC DRUGS</b>	
		CA	Calcium	CARBA	Carbamazepine
		CEA	CEA	CYCLP	Cyclosporine
		CHOL	Cholesterol	DIG	Digoxin
		CKMB	CK MB	PTN	Dilantin (Phenytoin)
		CPK	CK Total	LITH	Lithium
		CRP	C-Reactive Protein	PHENO	Phenobarb
		FER	Ferritin	SIROL	Sirolimus (Rapamune)
		FOLTB	Folate	TACRO	Tacrolimus
		RBCF	Folate RBC	THEO	Theophylline
		GLU	Glucose	VALP	Valporic Acid
		FBS	Glucose Fasting	<b>MOLECULAR TESTS</b>	
		GGT	GGT	CDPCR	C. difficile DNA PCR
		HA1C	Hgb A1C	HIVGB	HIV AG/AB
		HMCYS	Homocysteine	HIVQP	HIV-1 RNA Quant PCR
		IONCA	Ionized Ca++	HCVQP	HCV RNA Quant PCR
		IRON	Iron	HBVQP	HBV DNA Quant PCR
		IRONP	Iron Testing (IRON, TIBC, UBIC)	<b>URINE TESTS</b>	
		PSA	Prostate Specific Antigen	URPHY	Urine Physiochem
		SPE	Protein Electrophoresis	UAM	Urinalysis
		SIMFX	Immunofixation Protein	UOSMO	Urine Osmolality
		TRPI	Troponin I	24UCC	Creatinine Clearance
VNPNC	Laboratory Venipuncture			UTP24	Protein Quantitative
					T. Volume:
					Hrs. Collected:
				UTPR	Random Urine Total Protein