

NAME (LAST, FIRST, MI)

UVMMC - MRN

DOB

SEX
 M F

SOCIAL SECURITY NO.

BILLING PROVIDER

Ordering provider please provide signature below*

ACCOUNT INFORMATION / REPORT CODE	ADDITIONAL COPY OF REPORT TO (First and Last Name Required)	CLIENT I.D.
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BILLING INFORMATION		RESPONSIBLE PARTY NAME	PHONE NO.
<input type="checkbox"/> BILL INSURANCE FILL IN LINES 1-5 OR SEND FACE SHEET <input type="checkbox"/> BILL CLIENT ACCOUNT FILL IN LINES 1-5 OR SEND FACE SHEET <input type="checkbox"/> NO INSURANCE BILL PATIENT FILL IN LINES 1-2		ADDRESS (STREET, TOWN, STATE, ZIP CODE)	
		MEDICARE NO.	MEDICAID NO. MANAGED CARE MEDICAID NO. STATE
		INSURANCE COMPANY NAME	CERT. NO. GROUP NO.
		SUBSCRIBER NAME	SUBSCRIBER'S DOB RELATIONSHIP TO PATIENT EMPLOYER

DIAGNOSIS INFORMATION		ThinPrep	COLLECT DATE AND TIME	ONE	Pap Screening (Low Risk)
Clinical diagnosis (ICD-10), signs, symptoms, pertinent history no R/O. Medicare has rules regarding medical necessity. See "Compliance Information" on back.			/ /	/	Pap Screening (High Risk)
					Pap Diagnostic
					Source: (Check one) <input type="checkbox"/> Vaginal <input type="checkbox"/> Cervical <input type="checkbox"/> Endocervical

SPECIMEN INFORMATION		Collect Date	Collect Time	Fasting <input type="checkbox"/> Yes <input type="checkbox"/> No	Fax to #	Phone to #
		/ /	AM			

PANELS Panel info on back		Blood	Urine	Other	24 Hour Urine Volume:
BMP	Basic Metabolic Panel	T	HIVSCN	HIV 1&2 Ab + Ag 4thGen	T
CMP	Comprehensive Metabolic Panel	T	IGAS	IgA	T
LYT	Electrolytes Panel	T	IGGS	IgG	T
LPR	Lipid Panel	T	IGMS	IgM	T
LIVR	Hepatic Panel	T	IRON	Iron	T
PNAT	Prenatal Panel EDC: Transf. Hx:	Bb,L,R	IBC	Iron Binding Capacity	T
THCAS	Thyroid Cascade	T	LDH	Lactate Dehydrogenase	T
			LEAD	Lead	L
			LH	Luteinizing Hormone	T
			LIPA	Lipase	T
			LYMAB	Lyme Ab	T
			MG	Magnesium	T
			MONO	Monospot	T
			NTBNP	NT Pro BNP	Gn
			PTHIN	Parathyroid Hormone, Intact	X
			PHOS	Phosphorus	T
			K	Potassium	T
			PROL	Prolactin	T
			PSA	Prostate Specific Antigen	T
			PSAS	PSA Screen	T
			RFS	Rheumatoid Factor	T
			RUBG2	Rubella IgG Ab	T
			NA	Sodium	T
			SYPH	Syphilis Serology	T
			FRET4	T4, Free	T
			TESTO2	Testosterone	T
			FTES2	Testosterone, Total and Free	T
			THYRAB	Thyroid Ab Profile	T
			TRFS	Transferrin	T
			TRIG	Triglycerides	T
			URIC	Uric Acid	T
			VALP	Valproic Acid	T
			VARI	Varicella IgG Ab	T
			B12	Vitamin B12	T
			VITD	Vitamin D, 25-OH, Total	T

CHEMISTRY		HEMATOLOGY		MICROBIOLOGY	
ALB	Albumin	T	CBC	CBC	L
ALKP	Alkaline Phosphatase	T	CBCDF	CBC with Diff	L
ALT	ALT	T	HGB	Hemoglobin	L
AMY	Amylase	T	HCT	Hematocrit	L
ANAIFA	(ANA) Anti Nuclear Ab, IFA	T	PRO	Prothrombin Time (includes INR) on Coumadin? Y or N	B φ
ANCAIF	(ANCA) Anti Neutrophil Ab IFA	T	PTT	PTT	B φ
AST	AST	T	RET	Reticulocyte Count	L
DBIL	Bilirubin Direct/Indirect	T	SWE	Sed. Rate, Westergren	L
CDP	Celiac Disease Panel	T			
CRPP	C-Reactive Protein	T			
CA125T	Cancer Antigen 125	T			
CA	Calcium, Total	T			
CEA	CEA	T			
CHOL	Cholesterol, Total	T			
CK	CK	T			
DNA	Anti dsDNA	T			
BUN	Blood Urea Nitrogen	T			
CREAT	Creatinine	T			
SERPEP	Electrophoresis, Serum	T			
FER	Ferritin	T			
FOL	Folate	T			
FSH	FSH	T			
GGT	GGT	T			
SGL	Glucose	T			
GT1	Glucose, 1 Hr Gestational Screen	X			
HCGS	HCG Pregnancy	T			
HCGTUM	HCG Non Pregnancy	T			
HDL	HDL Cholesterol	T			
HAABN	Hepatitis A Total, Ab	T			
HAAB2	Hepatitis A Tot. Ab W/ Reflex	T			
HBABQ2	Hepatitis B Ab (Surface)	T			
HBSAG	Hepatitis B Antigen (Surface)	T			
HBCOR	Hepatitis B Core Ab	T			
HCSCR2	Hep C Ab w/Reflex PCR	T			
HA1C	Hemoglobin A1C	L			

FECAL TESTS		URINE TESTS	
CDIFBD	C. Difficile, PCR	UMALBU	Albumin, Urine
FECBD	Fecal Bacterial Pathogen	ARKCOM	UA Chemical + Sediment
FELF	Fecal Lactoferrin for WBC	ARKUA	UA Chemical
GICR	Giardia/Cryptosporidium	ARKUMI	UA Sediment
HPSA	H.pylori Fecal Ag	URC	Bacterial Culture, Urine
OCCB	Occult Blood, Feces, Diagnostic		
SOCB	Occult Blood, Feces, Screening		
OP	Ova and Parasite		

Site/Source:	
Culture and Gram Smear*	
Culture & Gram Smear, W/Susceptibilities If Indicated	
CTGC	Chlam/GC, Unisex
UCTGC	Chlam/GC, Urine
SXBBD	Group B Strep, PCR
THSC	Pharyngitis Culture

Must have at least 2 patient identifiers on each patient sample

For CIPP: A culture will be performed if there are positive nitrite or leukocyte esterase in the chemical analysis or > 3 WBC/HPF in the sediment analysis.

Signature	*PROVIDER SIGNATURE	DATE	TIME

Test Information Website UVMLabs.TestCatalog.org	For specimen and container info see back of form
IF YOU WISH TO DECLINE REFLEX INDICATE TESTS HERE	

Specimen Container and Container Codes

A	Yellow top ACD Solution B	Op	O&P Collection Vial
Ba	Bact/Alert Bottles orange top and green top	R	Red Top (Serum)
Bb	Pink Top tube EDTA K3	Sw	Bacterial/Yeast Collection Kit
Bv	Aptima Vial Unisex	T	Separator (SST)
Bu	Aptima Vial Urine (Yellow label)	U	Sterile Container
B	Blue Top - (Na Citrate 3.2%)	X	Lab Service Directory is located here uvmlabs.testcatalog.org
Gn	Green Top (Lithium Heparin)		✓-Reflex Test
C	CSF Tube		Shaded Test - Limited Coverage test
L	Lavender (K3E DTA)		Italic - Test available STAT
MY	Viral Collection Kit (M6)		* - deliver sample on ice φ - Deliver at Room Temperature

COMPLIANCE INFORMATION

DIAGNOSIS CODES An ICD-10 code is preferred in the Diagnosis Information box. This code must reflect the same information which appears in patient's medical record. **FOR MEDICARE PATIENTS** If Medicare determines that a particular service, although it would otherwise be covered, is not "reasonable and necessary" under Medicare payment standards, Medicare will deny payment for that service. Screening tests generally are not covered by Medicare. Tests and panels shaded green are subject to limited coverage (See list below). Submit an Advance Beneficiary Notice if the test is not covered by an ICD-10 code indicating medical necessity or has exceeded the frequency limitations.

LIMITED COVERAGE TESTS - List subject to be change without notice

SHADED TESTS THAT ARE SUBJECT TO MEDICARE COVERAGE POLICIES

TEST	(CPT)	TEST	(CPT)	TEST	(CPT)
- Alpha Fetoprotein (AFP)	(82105)	- HDL Cholesterol	(83718)		(84443, 84439, 84480)
- NT-proBNP	(83880)	- HIV, HIV Diagnosis	(87505, 57536)	- Thyroid Stimulating	(84443)
- CA15-3	(86300)	- Hemoglobin A1C (Glycated)	(83036)	Hormone (TSH)	
- CA19-9	(86301)	- Blood Count, Complete	(85027)	- T3 Uptake	(84479)
- CA125	(86304)	- Blood Count, Complete w/ Diff	(85025)	- T4, Free	(84439)
- CA27.29	(86300)	- Hematocrit	(85013, 85014)	- Thyroxine (T4)	(84436)
- CEA	(82378)	- Hemoglobin	(85018)	- Transferrin	(84466)
- Cholesterol, Serum Total	(82465)	- Iron	(83540)	- Triglycerides	(84478)
- Digoxin	(80162)	- Iron Binding	(83550)	- Vitamin D	(82306)
- Drug Screen, Dx	(80306)	- Lipid Panel	(80061)	- Urine Culture	(87086)
- Fecal Occult Blood Dx	(82272)	(Cholesterol, HDL, Triglycerides)		- WBC Count	(85048)
- Ferritin	(82728)	- LDL Cholesterol Measured	(83721)		
- GGT	(82977)	- NTX-Telopeptides, Urine	(82523)		
- Glucose	(82947)	- Platelet Count	(85049)		
- HCG Quant.	(84702)	- Prostate Specific Ag	(84153)		
- Heavy Metals	(82108, 82175, 82300, 82495, 82525, 83015, 83018, 83655, 83785, 83825, 83885, 84255, 84285, 84630, 84999)	- Prothrombin Time	(85610)		
		- PTT	(85730)		
		- RAST	(86003)		
		- Thyroid Cascade	(TSH, FRET4, TT3)		

Note: Medicare will cover some lab tests as part of their preventative screening benefit. Please see Laboratory Preventative Screening Quick Reference located here www.UVMHealth.org/MedCenterLabCompliance

PANEL	LYT	LIVR	LPR	BMP	CMP
CPT	80051	80076	80061	80048	80053
ALBUMIN					
ALK. PHOS.					
ALT					
AST					
BILI, TOTAL					
BILI, DIRECT					
CALCIUM					
CO2					
CHLORIDE					
CHOLESTEROL					
CREATININE					
GLUCOSE					
POTASSIUM					
SODIUM					
PROTEIN, TOTAL					
TRIGLYCERIDE					
BUN					
HDL					

PRENATAL PANEL: (cpt-80055) Prenatal Ab Screen; ABO; Rh; Hep B Surf Ag; Syphilis Serology; Rubella IgG; CBCDF

SPECIAL COLLECTION CONSIDERATIONS

Test Name	Schedule in Advance	Collection Location
ACTH, Plasma	No	Main
Arterial Blood Gas	No, collected by Respiratory Therapy	Main
Bone Marrow	Yes	Main
Cortisol Stimulation Test	Yes, call OR Scheduling at 847-7788 PPR	PPR at Main
Cryoglobulin	No	Main
Fine Needle Aspirate	Yes	Main
Glucose Tolerance- 2 or 3 Hour	Yes	Main, FA, So.Pros, Will
Gonadotropin Releasing Hormone	No	Main
Heparin Level-LMW	No	Main
Heparin Unfractionated	No	Main
Histamine	No	Main
Peroxisomal Panel	No	Main
Ph, Blood	No	Main
Platelet Aggregation	Yes	Main
Profile Pituitary Female	No	Main
Quantiferon	Yes (M-F, 8am - 5pm)	Main, FA, So Prospect
Riboflavin, Vit B12, Plasma	No	Main
Secretin	No	Main, FA
Somatostatin	No	Main
Thromboelastograph, TEG	No	Main
Venous Blood Gas	No	Main
Viscosity	No	Main

REFLEX TESTS (Reflex tests are designated by a ✓ next to the test)

The following is the list of tests subject to reflex in our laboratory.

Initial Test	Reflex Criteria	Reflex Test(s)	Additional CPT billed
Anti neutrophil Cytoplasmic Ab	Positive at screening dilution	Anti neutrophil Cytoplasmic Ab titer	86256
Anti neutrophil Cytoplasmic Ab	Positive perinuclear pattern and/or positive cytoplasmic pattern	Myeloperoxidase Ab (MYL) and PR3AB at Mayo	83516 x 2
Antinuclear Ab	ANA positive at screening dilution	Antinuclear Ab titer	86039
Lupus Anticoagulant Cascade	Result above normal range for screening assays	LA Confirmatory Testing	85613
Fetal Screen	Positive	Kleihauer Betke	85460
Fluid cell count	Any WBC's present	Differential	89051
Heavy Metals			82108, 82175, 82300, 82495, 82525, 83015, 83018, 83655, 83785, 83825, 83885, 84255, 84285, 84630, 84999
Hemagram & Differential	See Lab Services Directory	Pathologist's smear review and interpretation	85060
Hemoglobin A1C	Suspicious HGB Not previously identified	HGB/Thalassemia Evaluation/Hgb S Screen	83020
Hepatitis A Antibody	Positive result	Hepatitis A - IgM Antibody confirmation	86709
Hepatitis B Surface Antigen	Positive and Index Value ≤ 50	Hepatitis B Surface Ag Confirmation	87341
Hepatitis C Antibody	Reactive	HCV RNA Detect Quant*	87522
		*with enough sample volume	
HCV RNA Quant w reflex to Genotype	> 15 IU/mL	HCV Genotyping	87902
HIV 1 Qn w/ Reflex to Genotype	HIV 1 RNA Viral Load is > 500 Copies/mL	HIV1 Genotypic Drug Resistance	87901
HIV 1 & 2 Ag + Ab, 4thGen	Reactive	HIV1, 2 Confirmation Differentiation	86701, 86702
HLA Class I Antibody screen	Positive	HLA Class I AB ID	86832
HLA Class II Antibody screen	Positive	HLA Class II AB ID	86833
Lipid Profile	Triglycerides > 400 mg/dL or the calculated LDL is deemed invalid	Measured LDL	83721
Lyme Antibody	Positive or Equivocal result	Lyme Western Blot	86617 x 2
Platelet Function Analysis	Above normal limit	COL/ADP Cartridge	85576 x 2
Protein Electrophoresis, Serum	Suspicious band not previously identified	Immunotyping	86334
Hemoglobin S Screen	Positive or Equivocal	HGB/Thalassemia Evaluation (HBEVAL)	83020
Respiratory AFB Culture/Smear	1st time AFB smear positive (non-CF patients)	M.Tuberculosis complex, PCR	87556
Syphilis Serology			
Treponemal Ab (IgG)	Reactive or Equivocal	Syphilis Ab (IgG @ Mayo)	86780
Syphilis Ab (IgG)	Reactive	RPR/RPR titer OR	86592, 86593
RPR	Nonreactive	Syphilis TP-PA serum	86780

OUTPATIENT BLOOD DRAWING SITES

For Outpatient Laboratory Service Center Hours of Operation go to www.uvmhealth.org/medcenterdrawsites or (802) 847-5121

Main Campus Laboratory Service
Main Pavilion, Level 2
111 Colchester Avenue
Burlington, VT 05401

One South Prospect Campus
Outpatient Laboratory Services, Lobby Area (street level)
1 So. Prospect Street, Burlington

Fanny Allen Campus Medical Office Building
792 College Parkway-Suite 104, Colchester

Adult Primary Care Williston
353 Blair Park Road, Williston

Call Laboratory Customer Service at 847-5121 or 1-800-991-2799 for directions or questions.

INFORMED CONSENT

Prenatal Screening & Cytogenetic Testing (Including QUAD Markers):
Genetic Testing: Informed Consent Certification Required
Submission of an order for above mentioned testing constitutes that the ordering physician has:
1. Obtained the "Informed Consent" of the patient as required by any applicable state or federal laws with respect to each test ordered; and
2. Obtained from the patient authorization permitting University of Vermont Medical Center to report results of each test ordered directly to the ordering physician.

TO DECLINE REFLEX TEST, COMPLETE BOX ON FRONT PAGE LOWER RIGHT