



### CLINICAL LABORATORY REQUISITION

STAT     CALL RESULTS     FAX RESULTS    \*RED TEXT REQUIRED FIELDS

Patient's Legal Name (Last, First, MI) <b>AND</b> CHLA MRN # (if applicable)			Physician Name (Last, First, MI) / Practice Name		
Date of Birth (Mo/Day/Year)		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Phone Number		Physician Address
Address			City	State	Zip
City			State	Zip	
Race/Ethnicity <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Unknown <input type="checkbox"/> Other					
Bill To: <input type="checkbox"/> INSURANCE <input type="checkbox"/> PATIENT <input type="checkbox"/> PHY OFFICE <input type="checkbox"/> CONTRACT		Insurance Co. Name & Network Info ( <b>HMO NOT ACCEPTED</b> )		Requesting Physician Name: _____ Diagnosis Code(s): List all	
Responsible Party Name (Last, First)			Uninsured <input type="checkbox"/> Yes <input type="checkbox"/> No		Contact for Results: <input type="checkbox"/> Physician Phone Number: _____ <input type="checkbox"/> Fax Number: _____
Insured/Subscriber Name- <b>HMO NOT ACCEPTED</b>		Date of Birth (Mo/Day/Year)		Anti-SARS-CoV-2 Antibody IgG Testing: <b>Viral Symptoms: Yes, No, Unknown</b> <b>If YES, Date of Onset of symptoms: (MM/DD/YYYY)</b> _____	
Member/Policy/ID#		Group #		Authorization #	
INDICATE REQUESTED TESTS WITH <input checked="" type="checkbox"/>			Tube color: L-lavender G-green R-red LB-light blue U-urine RB-royal blue Y-yellow ACD NPW-NP wash only		
NPS-NP swab in UTM    O-Other    GLD-Gold    MG-mint green    ES-E-Swab    * - alternate specimen types acceptable, please call 877.543.9522 for details					
<b>Panels (see back)</b>		<b>CPT</b>		<b>Immunology (cont.)</b>	
<input type="checkbox"/>	GLD Electrolyte Panel		80051	<input type="checkbox"/>	R Mononucleosis Screen
<input type="checkbox"/>	GLD Basic Metabolic Panel		80048	<input type="checkbox"/>	R Prealbumin
<input type="checkbox"/>	GLD Comprehensive Metabolic Panel		80053	<b>Chemistry</b>	
<input type="checkbox"/>	GLD Lipid Panel		80061	<input type="checkbox"/>	GLD Albumin
<input type="checkbox"/>	GLD Hepatic Function Panel		80076	<input type="checkbox"/>	GLD Alkaline Phos
<input type="checkbox"/>	R Celiac Diagnostic Panel		8284(x1), 83516(x4)	<input type="checkbox"/>	GLD ALT (SGPT)
<input type="checkbox"/>	R Celiac Screening Panel		8284, 83516(x1)	<input type="checkbox"/>	GLD AST (SGOT)
<input type="checkbox"/>	O Respiratory Viral Panel 1 – PCR		87631	<input type="checkbox"/>	GLD Amylase
<input type="checkbox"/>	O HSV1/2 and VZV PCR*		8798, 8829(x3)	<input type="checkbox"/>	GLD Bilirubin, Fractionated
<b>Hematology</b>				<input type="checkbox"/>	GLD Bilirubin, Neonate
<input type="checkbox"/>	L Hemoglobin		85018	<input type="checkbox"/>	GLD Bilirubin, Total
<input type="checkbox"/>	L Hematocrit		85014	<input type="checkbox"/>	GLD BUN
<input type="checkbox"/>	L CBC		85027	<input type="checkbox"/>	GLD LH (Luteinizing hormone)
<input type="checkbox"/>	L CBC with Auto		85027, 85029	<input type="checkbox"/>	GLD Calcium, Total
<input type="checkbox"/>	L Sed Rate (auto)		85652	<input type="checkbox"/>	GLD Cholesterol, Total
<input type="checkbox"/>	L Reticulocyte Count		85045	<input type="checkbox"/>	GLD C-Reactive Protein (CRP)
<input type="checkbox"/>	Sickle Screen		85660	<input type="checkbox"/>	GLD Creatinine
<b>Coagulation</b>				<input type="checkbox"/>	GLD Ferritin
<input type="checkbox"/>	LB PT (INR)		85610	<input type="checkbox"/>	GLD FSH
<input type="checkbox"/>	LB PTT		85730	<input type="checkbox"/>	GLD Glucose
<b>Urinalysis</b>				<input type="checkbox"/>	GLD Iron
<input type="checkbox"/>	U Urinalysis, Routine (w/reflex)		81003	<input type="checkbox"/>	GLD TIBC (Iron Included)
<input type="checkbox"/>	U Urine, Microscopic		81015	<input type="checkbox"/>	GLD LDH
<b>Immunology</b>				<input type="checkbox"/>	RB Lead
<input type="checkbox"/>	R ANA		86039	<input type="checkbox"/>	GLD Magnesium
<input type="checkbox"/>	R ASO		86060	<input type="checkbox"/>	GLD Phosphorus
<input type="checkbox"/>	GLD Hep B Surface Ab		86706	<input type="checkbox"/>	GLD Potassium
<input type="checkbox"/>	GLD Hep B Surface Ag		87340	<input type="checkbox"/>	U Pregnancy Test (HCG) Qual Urine
<input type="checkbox"/>	R Hepatitis A Ab Total reflex HAVAB IgM		86708	<input type="checkbox"/>	R Pregnancy Test (HCG) Quant Blood
<input type="checkbox"/>	R Hepatitis C Ab		86803	<input type="checkbox"/>	GLD TSH
<input type="checkbox"/>	L Hgb A1C		83036	<input type="checkbox"/>	GLD Total Protein
<input type="checkbox"/>	L Hgb Electrophoresis		83020	<input type="checkbox"/>	GLD Triglyceride
<input type="checkbox"/>	L & R HIV 1/2 Antibodies and Antigen (w/reflex)		87389	<input type="checkbox"/>	R Triiodothyronine (T3) Total
<input type="checkbox"/>	R IgA		82784	<input type="checkbox"/>	GLD Uric Acid
<input type="checkbox"/>	R IgE		82785	<input type="checkbox"/>	U VMA (urine)
<input type="checkbox"/>	R IgG		82784	<input type="checkbox"/>	U HVA (urine)
<input type="checkbox"/>	R IgM		82784	<input type="checkbox"/>	U 5-HIAA (urine)
<input type="checkbox"/>	O Calprotectin		83993 (x1)	<input type="checkbox"/>	GLD T4, Free
<b>Drug Monitor</b>				<input type="checkbox"/>	U Toxicology Drug Screen Urine
<input type="checkbox"/>	MG Valproic Acid		80164		
<b>Source</b>		<b>Collected Date</b>		<b>Collected Time</b>	
				<b>Collector's Name</b>	

**PANEL DEFINITIONS**

ANY COMPONENTS OF LISTED PANELS MAY BE ORDERED INDIVIDUALLY

<b>Comprehensive Metabolic Panel</b>		<b>Basic Metabolic Panel</b>		<b>Electrolyte Panel</b>	<b>Hepatic Function Panel (Liver Panel)</b>	<b>Stool Bacterial Molecular Panel</b>	<b>Stool Parasite Molecular Panel</b>
Sodium	Albumin	Sodium	BUN	Sodium	Alk Phos	<i>Salmonella</i> spp.	<i>Giardia lamblia</i>
Potassium	Total Protein	Potassium	Creatinine	Potassium	AST (SGOT)	<i>Campylobacter jejuni/coli</i>	<i>Cryptosporidium hominis/C. parvum</i>
Chloride	Total Bilirubin	Chloride	Calcium	Chloride	ALT (SGPT)	<i>Shigella</i> spp./Enteroinvasive <i>E. coli</i> (EIEC)	<i>Entamoeba histolytica</i>
CO2	AST (SGOT)	CO2		CO2	Total Bilirubin	Shiga toxin 1 (stx 1)/Shiga toxin(stx2)	
BUN	ALT (SGPT)	Glucose			Fractionated Bilirubin		
Creatinine	Glucose				Total Protein		
Calcium	ALKP				Albumin		
<b>Lipid Panel</b>		<b>Celiac Diagnostic Panel</b>		<b>Celiac Screening Panel</b>		<b>Epstein Barr Virus Panel</b>	<b>Hepatitis Panel, Acute (Hepatitis A, B, C Panel)</b>
Cholesterol	Total Serum IgA	Total Serum IgA		Total Serum IgA		EBV VCA IgM	Hep A Virus Antibody, (Total Reflex IgM)
Triglyceride	Tissue Transglutaminase IgA	Tissue Transglutaminase IgA		Tissue Transglutaminase IgA		EBV VCA IgG	Hep B Surface Antigen (HBsAg)
HDL Cholesterol	Tissue Transglutaminase	Deamidated Gliadin Peptide IgA		Deamidated Gliadin Peptide IgA		EBV EBNA-1 IgG	Hep B Core Antibody, IgM (Anti-HBc, IgM)
	Deamidated Gliadin Peptide IgA	Deamidated Gliadin Peptide IgG					Hep C Virus Antibody (Anti-HCV)
							Hep B Surface Antibody (HBsAB)
<b>Film Array Respiratory Panel</b>							
Adenovirus, Coronavirus 229E, Coronavirus HKU1, Coronavirus NL63, Coronavirus OC43, Human Metapneumovirus, Influenza A, Influenza B, Parainfluenza 1, Parainfluenza 2, Parainfluenza 3, Parainfluenza 4, Respiratory Syncytial Virus and Rhinovirus/Enterovirus							

**REFLEX/CONFIRMATORY TESTING NOTICE**

The Laboratory of Children's Hospital Los Angeles will perform reflex or confirmatory tests on certain tests due to clinical reasons. It is important to note that the subsequent tests may generate additional charges. If one desires, the tests that are not required are available without reflex/confirmation. Please specify if you do not want reflex/confirmatory testing.

Test Name	CPT Code	Test Desc/Notes	Reflex CPT Code
Hep A Antibody Total	86708	<b>If positive, reflex:</b> Hep A Antibody IgM	86709
HIV-1 Antigen with HIV-1 and HIV-2 Antibodies	87389	<b>If positive for Antigen reflex</b> <b>If positive for Antibody reflex</b> HIV-1 RNA HIV - 1/2 Antibody differentiation	87535 86701/86702
RPR:	86592	<b>If positive, reflex</b> RPR Titer Fluorescent Treponemal Antibody	86593 86780
Urinalysis	81003	<b>If blood, protein, leukocyte, or nitrate positive reflex</b> Urine Microscopic Exam	81001
Urine Drug of Abuse Screen	80300	<b>If positive for Cocaine reflex</b> <b>If positive for PCP reflex</b> Cocaine (confirmation) PCP (confirmation)	80353 83992

**MEDICARE INFORMATION**

**NATIONAL COVERAGE DETERMINATION (NCD) FOR PHYSICIANS**

Medicare has issued Frequency Limitations for many of the NCD policies. The Frequency Limitations state that Medicare will cover the cost of certain tests under specific conditions at specific intervals. An ABN should be collected for Frequency Limitation tests since it is difficult to determine when and if a specific test was performed in the past. The Frequency Limitation tests are listed below.

**FREQUENCY LIMITATIONS**

Alpha-fetoprotein	HCG, Qual (Preg)	HGB	PT (Prothrombin Time)
Carcinembryonic antigen	HCG Quant	HIV Testing	PTT
CBC w/Platelets + Diff	HDL Cholesterol	Lipid Panel	T4, Free
Collagen crosslinks (any method)	Hemoglobin A1C	Iron	TSH
Digoxin	Hemogram	TIBC	Tumor Antigen by immunoassay/ CA125
Fecal occult blood	Hemogram w/Platelets (ABC)	LDL, Direct	Tumor Antigen by immunoassay/ CA 15-3/CA 27.29
Gamma glytamyl transferase	Hematocrit	PSA, Free & Total	Tumor Antigen by immunoassay/ CA 19-9
Glucose fasting	Hep B Surface Antigen	PSA, total (diagnostic)	Urine Culture
Glucose random	Hepatitis Panel A, B, C Acute	PSA, Reflexive	

Medicare will only reimburse tests that are deemed to be medically necessary for the diagnosis and treatment of the patient, rather than for screening purposes. ICD-10 diagnosis code (s) must be provided for each test ordered. Attach separate ABN form when ordering any investigational tests on Medicare patients. For more information and a complete list of investigation/experimental tests please visit the CMS website: [www.CMS.gov](http://www.CMS.gov)