

### CLINICAL LABORATORY REQUISITION

STAT  CALL RESULTS  FAX RESULTS \*RED TEXT REQUIRED FIELDS

Patient's Legal Name (Last, First, MI) AND 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		Physician Office Number: _____ Physician Fax Number (REQUIRED FOR RESULTS): _____	
Bill To: <input type="checkbox"/> INSURANCE <input type="checkbox"/> PATIENT <input type="checkbox"/> PHY OFFICE <input type="checkbox"/> CONTRACT	Insurance Co. Name & Network Info (HMO NOT ACCEPTED)	Requesting Physician Name:	Diagnosis Code(s):
Responsible Party Name (Last, First)		Uninsured <input type="checkbox"/> Yes <input type="checkbox"/> No	Contact for Results: <input type="checkbox"/> Phone Number: _____ <input type="checkbox"/> Fax Number: _____
Insured/Subscriber Name- HMO NOT ACCEPTED		Date of Birth (Mo/Day/Year)	Anti-SARS-CoV-2 Antibody IgG Testing: <b>Viral Symptoms: Yes, No, Unknown</b> If YES, Date of Onset of symptoms: (MM/DD/YYYY) _____
Member/Policy/ID#	Group #	Authorization #	Physician Signature

INDICATE REQUESTED TESTS WITH ✓ 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

Panels (see back)			CPT	Immunology (cont.)			CPT	Microbiology			CPT
<input type="checkbox"/>	GLD	Electrolyte Panel	80051	<input type="checkbox"/>	R	Mononucleosis Screen	86308	<input type="checkbox"/>	O	Blood Culture	87040
<input type="checkbox"/>	GLD	Basic Metabolic Panel	80048	<input type="checkbox"/>	R	Prealbumin	84134	<input type="checkbox"/>	O	Throat Culture	87070
<input type="checkbox"/>	GLD	Comprehensive Metabolic Panel	80053	<b>Chemistry</b>			<input type="checkbox"/>	O	Urine Culture	87086	
<input type="checkbox"/>	GLD	Lipid Panel	80061	<input type="checkbox"/>	GLD	Albumin	82040	<input type="checkbox"/>	O	Culture, Stool (does not include shiga-toxin producing <i>E.coli</i> )	87045
<input type="checkbox"/>	GLD	Hepatic Function Panel	80076	<input type="checkbox"/>	GLD	Alkaline Phos	84075	<input type="checkbox"/>	O	Susceptibility Testing (specify)	87184
<input type="checkbox"/>	R	Celiac Diagnostic Panel	8284(x1), 83516(x4)	<input type="checkbox"/>	GLD	ALT (SGPT)	84460	<input type="checkbox"/>	O	Stool Bacterial Molecular Panel	87505
<input type="checkbox"/>	R	Celiac Screening Panel	8284, 83616(x1)	<input type="checkbox"/>	GLD	AST (SGOT)	84450	<input type="checkbox"/>	O	Extended Stool Culture (for other bacterial pathogens not included in "Culture, Stool")	87046 (x3)
<input type="checkbox"/>	O	Respiratory Viral Panel 1 - PCR	87631	<input type="checkbox"/>	GLD	Amylase	82150	<input type="checkbox"/>	O	Stool Parasite Molecular Panel	87505
<input type="checkbox"/>	O	HSV1/2 and VZV PCR*	8798, 8829(x3)	<input type="checkbox"/>	GLD	Bilirubin, Fractionated	82248	<input type="checkbox"/>	O	O&P Exam (for other parasites)	87177; 87209
<b>Hematology</b>				<input type="checkbox"/>	GLD	Bilirubin, Neonate	82251	<input type="checkbox"/>	NPS	Culture Beta Strep Screen (CBSS)	87081
<input type="checkbox"/>	L	Hemoglobin	85018	<input type="checkbox"/>	GLD	Bilirubin, Total	82247	<input type="checkbox"/>	U	Fungus Culture Urine	87102
<input type="checkbox"/>	L	Hematocrit	85014	<input type="checkbox"/>	GLD	BUN	84520	<input type="checkbox"/>	Y	Fungus Culture Blood	87103
<input type="checkbox"/>	L	CBC	85027	<input type="checkbox"/>	GLD	LH (Luteinizing hormone)	83002	<input type="checkbox"/>	O	<i>C. difficile</i> PCR	87493
<input type="checkbox"/>	L	CBC with Auto	85027, 85028	<input type="checkbox"/>	GLD	Calcium, Total	82310	<input type="checkbox"/>	O	Wound Culture (specify body site)	87070
<input type="checkbox"/>	L	Sed Rate (auto)	85652	<input type="checkbox"/>	GLD	Cholesterol, Total	82465	<input type="checkbox"/>	U	CT/GC PCR, Urine	87491, 87590
<input type="checkbox"/>	L	Reticulocyte Count	85045	<input type="checkbox"/>	GLD	C-Reactive Protein (CRP)	86140	<b>Clinical Virology</b>			
<input type="checkbox"/>		Sickle Screen	85660	<input type="checkbox"/>	GLD	Creatinine	82565	<input checked="" type="checkbox"/>	NPS	SARS-CoV-2 RT PCR Viral	87635
<b>Coagulation</b>				<input type="checkbox"/>	GLD	Ferritin	82728	<input checked="" type="checkbox"/>	R	Anti-SARS-CoV-2 Antibody IgG	86790
<input type="checkbox"/>	LB	PT (INR)	85610	<input type="checkbox"/>	GLD	FSH	83001	<input type="checkbox"/>	NPW	<i>Bordetella pertussis/parapertussis</i> PCR	87798 (x2)
<input type="checkbox"/>	LB	PTT	85730	<input type="checkbox"/>	GLD	Glucose	82947	<input type="checkbox"/>	Y	CMV PCR*	87496
<b>Urinalysis</b>				<input type="checkbox"/>	GLD	Iron	83540	<input type="checkbox"/>	Y/L	CMV QT PCR	87497
<input type="checkbox"/>	U	Urinalysis, Routine (w/reflex)	81003	<input type="checkbox"/>	GLD	TIBC (Iron Included)	83550	<input type="checkbox"/>	Y/L	EBV QT PCR	87798
<input type="checkbox"/>	U	Urine, Microscopic	81015	<input type="checkbox"/>	GLD	LDH	83615	<input type="checkbox"/>	Y/L	EBV VCA PCR*	87799
<b>Immunology</b>				<input type="checkbox"/>	GLD	Lead	83655	<input type="checkbox"/>	Y/L	EBV VCA IgG (Viral Capsid Antigen)	86664
<input type="checkbox"/>	R	ANA	86039	<input type="checkbox"/>	GLD	Magnesium	83735	<input type="checkbox"/>	R	EBV VCA IgM (Viral Capsid Antigen)	86665
<input type="checkbox"/>	R	ASO	86060	<input type="checkbox"/>	GLD	Phosphorus	84100	<input type="checkbox"/>	R	EBV VCA IgM (Viral Capsid Antigen)	86665
<input type="checkbox"/>	GLD	Hep B Surface Ab	86706	<input type="checkbox"/>	GLD	Potassium	84132	<input type="checkbox"/>	<b>Molecular Pathology</b>		
<input type="checkbox"/>	GLD	Hep B Surface Ag	87340	<input type="checkbox"/>	GLD	Pregnancy Test (HCG) Qual Urine	84703	<input type="checkbox"/>	L	Chromosome Microarray Analysis	81229
<input type="checkbox"/>	R	Hepatitis A Ab Total reflex HAVAB IgM	86708	<input type="checkbox"/>	R	Pregnancy Test (HCG) Quant Blood	84703	Other Tests:			
<input type="checkbox"/>	R	Hepatitis C Ab	86803	<input type="checkbox"/>	GLD	TSH	84443				
<input type="checkbox"/>	L	Hgb A1C	83036	<input type="checkbox"/>	GLD	Total Protein	84155				
<input type="checkbox"/>	L	Hgb Electrophoresis	83020	<input type="checkbox"/>	GLD	Triglyceride	84478				
<input type="checkbox"/>	L & R	HIV 1/2 Antibodies and Antigen (w/reflex)	87389	<input type="checkbox"/>	R	Triiodothyronine (T3) Total	84480				
<input type="checkbox"/>	R	IgA	82784	<input type="checkbox"/>	GLD	Uric Acid	84550				
<input type="checkbox"/>	R	IgE	82785	<input type="checkbox"/>	U	VMA (urine)	84585				
<input type="checkbox"/>	R	IgG	82784	<input type="checkbox"/>	U	HVA (urine)	83150				
<input type="checkbox"/>	R	IgM	82784	<input type="checkbox"/>	U	5-HIAA (urine)	83497				
<input type="checkbox"/>	O	Calprotectin	83993 (x1)	<input type="checkbox"/>	GLD	T4, Free	84439				
<b>Drug Monitor</b>				<input type="checkbox"/>	U	Toxicology Drug Screen Urine	80101				
<input type="checkbox"/>	MG	Valproic Acid	80164	<input type="checkbox"/>	MG	Valproic Acid	80164				

Source	Collected Date	Collected Time	Collector's Name
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**PANEL DEFINITIONS**

ANY COMPONENTS OF LISTED PANELS MAY BE ORDERED INDIVIDUALLY

<u>Comprehensive Metabolic Panel</u>		<u>Basic Metabolic Panel</u>		<u>Electrolyte Panel</u>	<u>Hepatic Function Panel (Liver Panel)</u>	<u>Stool Bacterial Molecular Panel</u>	<u>Stool Parasite Molecular Panel</u>
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		
<u>Lipid Panel</u>		<u>Celiac Diagnostic Panel</u>		<u>Celiac Screening Panel</u>		<u>Epstein Barr Virus Panel</u>	<u>Hepatitis Panel, Acute (Hepatitis A, B, C, Panel)</u>
Cholesterol	Total Serum IgA	Tissue Transglutaminase IgA		Total Serum IgA		EBV VCA IgM	Hep A Virus Antibody, (Total Reflex IgM)
Triglyceride	Tissue Transglutaminase	Tissue Transglutaminase		Tissue Transglutaminase IgA		EBV VCA IgG	Hep B Surface Antigen (HBsAg)
HDL Cholesterol	Deamidated Gliadin Peptide IgA	Deamidated Gliadin Peptide IgA		Deamidated Gliadin Peptide IgA		EBV EBNA-1 IgG	Hep B Core Antibody, IgM (Anti-HBc, IgM)
	Deamidated Gliadin Peptide IgG						Hep C Virus Antibody (Anti-HCV)
							Hep B Surface Antibody (HBsAB)
<u>Film Array Respiratory Panel</u>							
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 glytaryl 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)