



Children's Memorial Hospital
 Pathology and Laboratory Medicine
 2300 Childrens Plaza, Chicago IL 60614

Add-on test for specimen in lab
 Tel: 773.880.3200
 Fax: 773.880.3427

Patient Sticker

Outpatient Laboratory Requisition

Updated: 04/21/2011

Patient Information

Name _____

MR # _____ DOB _____

Gender: M F ICD-9 _____

ICD-9 _____ ICD-9 _____

STAT

Call
 Page STAT or CRITICAL results to: _____ phone # _____

Fax results to: _____ phone # _____

Specimen Collection

Date ordered: _____

Provider address

Physician Information

Ordering provider: _____

Signature: _____

Copy result to: _____

Test	Code	CPT
Hematology		
<input type="checkbox"/> CBC With 5-Part Automated Diff	80218524	85025
<input type="checkbox"/> Hemoglobin Electrophoresis, Alkaline	80319312	83020
<input type="checkbox"/> Reticulocytes, Blood	80218564	85044
<input type="checkbox"/> Sedimentation Rate, Blood	80218565	85651
<input type="checkbox"/> Coagulation Panel 1 (PT & aPTT)	80218563	85610+
<input type="checkbox"/> Coag Panel 2 (PT, aPTT, Fibrinogen)	80218562	85384+
<input type="checkbox"/> Coag Panel 3 (PT, aPTT, Fib, D-Dimer)	80218569	85378+
<input type="checkbox"/> Prothrombin Time (PT), Plasma	80218561	85610

Test	Code	CPT
Therapeutic Drugs		
<input type="checkbox"/> Cyclosporine, Peak, Blood	80319519	80158
<input type="checkbox"/> Mycophenolic Acid, Serum	80319136	80299
<input type="checkbox"/> Phenobarbital, Plasma/Serum	80319404	80184
<input type="checkbox"/> Pro Predict 6-MP Metabolites	80319050	82491
<input type="checkbox"/> Sirolimus (Rapamycin), Blood	80319040	80195
<input type="checkbox"/> Tacrolimus (FK506), Blood	80319603	80197
<input type="checkbox"/> Valproic Acid, Total, Plasma/Serum	80319261	80164
Endocrine		
<input type="checkbox"/> 17-Hydroxyprogesterone, Serum	80315323	83498
<input type="checkbox"/> Androstenedione, Serum	80315301	82157
<input type="checkbox"/> Cortisol, Serum	80315318	82533
<input type="checkbox"/> Dehydroepiandrosterone Sulfate (DHEA-S), Ser	80315350	82627
<input type="checkbox"/> Estradiol, Serum	80315388	82670
<input type="checkbox"/> Follicle-Stimulating Hormone (FSH), Serum	80315315	83001
<input type="checkbox"/> Hemoglobin A1c, Blood (Lab)	80310235	83036
<input type="checkbox"/> Insulin, Serum	80315339	83525
<input type="checkbox"/> IGFBP3 ,Serum	80315387	83519
<input type="checkbox"/> IGF-I, Serum	80315344	84305
<input type="checkbox"/> Luteinizing Hormone (LH), Serum	80315314	83002
<input type="checkbox"/> Parathyroid Hormone (PTH), Intact, Serum	80311952	83970
<input type="checkbox"/> Prolactin, Serum	80315324	84146
<input type="checkbox"/> Renin, Plasma	80316689	84244
<input type="checkbox"/> Testosterone, Total, Serum	80315340	84403
<input type="checkbox"/> Thyroid Profile FT4 + TSH, Serum	80315332	84439
<input type="checkbox"/> T3 (Triiodothyronine), Total Only, Serum	80315356	84480
<input type="checkbox"/> Thyroxine, Free (FT4), Serum	80315356	84480
<input type="checkbox"/> T4 (Thyroxine), Total Only, Serum	80315345	84436
<input type="checkbox"/> TSH, Sensitive (S-TSH), Serum	80315348	84443

Test	Code	CPT
Microbiology		
<input type="checkbox"/> Culture, Aerobic Bacteria, Urine	80414716	87086
<input type="checkbox"/> Culture, Enteric Pathogens, Stool	80414708	87045
<input type="checkbox"/> Culture, Aerobic Bacteria, with Smear	80414821	87205
Specimen: _____		
<input type="checkbox"/> Giardia Antigen, Feces	80414722	87329
<input type="checkbox"/> Cryptosporidium Antigen, Feces	80414814	87272
Virology		
<input type="checkbox"/> BK Virus PCR	80514855	87798
<input type="checkbox"/> BK Virus PCR Urine	80510233	87798
<input type="checkbox"/> Bordetella Pertussis & Parapertussis PCR	80510231	87798
<input type="checkbox"/> Cytomegalovirus, DNA, PCR Qual & Quant	80514664	87497
<input type="checkbox"/> Epstein Barr Virus DNA Quant, PCR, Blood	80510095	87799
<input type="checkbox"/> Epstein-Barr PCR, Non-blood	80514666	87799
<input type="checkbox"/> Rotavirus Antigen, Feces, Rapid	80413284	87425
Serology		
<input type="checkbox"/> Clostridium Difficile Toxin A & B	80413642	87324
<input type="checkbox"/> CMV Antibody, IgM & IgG, Serum	80413282	86644
<input type="checkbox"/> Epstein-Barr Virus (EBV) Antibodies, Serum	80413346	86665
<input type="checkbox"/> Hepatitis Serology Panel	80414660	80074
<input type="checkbox"/> HIV I/II Antibody (Combined Assay), Serum	80712612	86703
<input type="checkbox"/> Measles Antibodies Screen, IgG Only, Serum	80413342	86765
<input type="checkbox"/> Varicella-Zoster Virus (VZV) Ab, IgG	80413341	86787

Test	Code	CPT
Chemistry General		
Panels		
<input type="checkbox"/> Basic Metabolic Panel	80319475	80048
<input type="checkbox"/> Bone-Mineral Transplant Panel	80311960	82652
<input type="checkbox"/> Comprehensive Metabolic Profile	80319477	80053
<input type="checkbox"/> Electrolyte Panel	80319635	80051
<input type="checkbox"/> Hepatic Function Panel	80319604	80076
<input type="checkbox"/> Lipid Screen, Fasting	80319363	80061
<input type="checkbox"/> Lipid Screen, Random	80313962	80061
<input type="checkbox"/> Renal Function Panel	80319348	80069
<input type="checkbox"/> Vitamin D Profile	80311951	82652
Tests		
<input type="checkbox"/> Albumin, Plasma/Serum	80319415	82040
<input type="checkbox"/> Alkaline Phosphatase, Plasma/Serum	80319214	82140
<input type="checkbox"/> Ammonia, Plasma	80319215	82150
<input type="checkbox"/> Amylase, Total, Plasma/Serum	80319215	82150
<input type="checkbox"/> AST (SGOT), Plasma/Serum	80319445	84450
<input type="checkbox"/> β-2-Microglobulin, Serum	80316606	82232
<input type="checkbox"/> Bilirubin, Total & Direct, Plasma/Serum	80319225	82247
<input type="checkbox"/> Blood Urea Nitrogen (BUN), Plasma/Serum	80319452	84520
<input type="checkbox"/> Calcium, Ionized, Plasma/Serum	80319552	82330
<input type="checkbox"/> C-Reactive Protein (CRP), Serum	80611659	86140
<input type="checkbox"/> Creatine Kinase (CK), Plasma/Serum	80319255	82550
<input type="checkbox"/> Creatinine, Plasma/Serum	80319256	82565
<input type="checkbox"/> Ferritin, Plasma/Serum	80316695	82728
<input type="checkbox"/> Gamma-Glutamyltransferase (GGT), Plas/Ser	80319413	82977
<input type="checkbox"/> Glucose, Fasting, Plasma	80319456	82947
<input type="checkbox"/> Iron, Plasma/Serum	80319554	83540
<input type="checkbox"/> Iron, Total & Total Iron Binding Capacity	80319584	83540
<input type="checkbox"/> Lead, Blood	80319365	83655
<input type="checkbox"/> Magnesium, Plasma/Serum	80319373	83735
<input type="checkbox"/> Phenylalanine, Filter Paper	80105300	84030
<input type="checkbox"/> Phosphorus (Inorganic), Plasma/Serum	80319410	84100
<input type="checkbox"/> Protein, Total, Plasma/Serum	80319575	84155
<input type="checkbox"/> Sweat Test	80319245	82438
<input type="checkbox"/> Triglycerides, Plasma/Serum	80319447	84478
<input type="checkbox"/> Uric Acid, Plasma/Serum	80319455	84550

Test	Code	CPT
Immunology		
<input type="checkbox"/> Antinuclear Ab (ANA), Hep-2	80611639	86038
<input type="checkbox"/> Anti-Thyroid Antibodies	80615368	86800
<input type="checkbox"/> Celiac Disease Antibody Panel	80611601	83516
<input type="checkbox"/> Complement C3, Serum	80611616	86160
<input type="checkbox"/> Complement C4, Serum	80611617	86160
<input type="checkbox"/> Complement, Total Hemolytic, Serum	80611629	86162
<input type="checkbox"/> Anti-Double-Stranded DNA (Crithidia IFA)	80611690	86225
<input type="checkbox"/> Immunoglobulin A (IgA), Serum	80611634	82784
<input type="checkbox"/> Immunoglobulin E (IgE), Serum	80611637	82785
<input type="checkbox"/> Immunoglobulin G (IgG), Serum	80611633	82784
<input type="checkbox"/> Immunoglobulin M (IgM), Serum	80611632	82784
<input type="checkbox"/> Rheumatoid Factor, Serum	80611650	86430
<input type="checkbox"/> T- & B-Cell Quant by Flow Cytometry, Limited	80611551	88184

RAST: Please complete separate RAST requisition for the Immunology Laboratory. Phone 773.880.4361 to obtain extra copies.

Test	Code	CPT
Urine		
<input type="checkbox"/> Citrate Excretion, Urine, 24 Hour	80310504	82507
<input type="checkbox"/> Citrate, Excretion, Urine, Random	80310502	82507
<input type="checkbox"/> Collagen Crosslinks, Urine	80311950	82523
<input type="checkbox"/> Creatinine, Urine, 24-Hour Collection	80319259	82570
<input type="checkbox"/> Creatinine, Urine, Random	80319258	82570
<input type="checkbox"/> Electrolytes Na, K, Cl, Urine Random	80319674	82436
<input type="checkbox"/> hCG (Pregnancy Test), Qual, Urine	80319426	84703
<input type="checkbox"/> Microalbumin, 24-Hour Collection, Urine	80319689	82043
<input type="checkbox"/> Microalbumin, Urine, Random Collection	80319210	82043
<input type="checkbox"/> Oxalate, Urine, 24 Hour Collection	80310503	83945
<input type="checkbox"/> Oxalate, Urine, Random	80310501	83945
<input type="checkbox"/> Protein, Total, Urine, 24-Hour Collection	80319581	84156
<input type="checkbox"/> Protein, Total, Urine, Random	80319576	84156
<input type="checkbox"/> Urinalysis	80218108	81001
Miscellaneous / Other		
<input type="checkbox"/> Occult Blood, Feces	80414725	82272
<input type="checkbox"/> Fragile X Screen	80513370	83912
<input type="checkbox"/> Chromosome Analysis, Congen Disorders	80105232	88230
<input type="checkbox"/> Microarray CGH, Whole Genome (Oligo)	80100220	83890

Only tests that are medically reasonable and necessary for the diagnosis or treatment of a Medicare or Medicaid patient will be reimbursed. The Office of the Inspector General takes the position that a physician who orders medically unnecessary tests for which Medicare or Medicaid reimbursement is claimed may be subject to civil penalties under the False Claims Act.

The patient/family have been informed that this requisition does not require the tests be performed by Children's Memorial Hospital. It was recommended to check with their insurance provider about coverage for these tests.

To request changes, or a new requisition, please call 773.880.3200 Additional copies of the form may be found on the CMH website at <http://thepoint.childrensmemorial.org/Forms/Outpatient Requisition.pdf>