

# JOHNS HOPKINS OUTPATIENT SERVICES - LAB REQUISITION



Location # / Clinic # / Study #:	History #:
Ordering MD:	Name:
Provider #:	Birthdate:
Signature:	
Diagnosis Code	

**IMPORTANT: All requisitions must contain the following data to be accepted.**

- |                          |                              |                 |                             |
|--------------------------|------------------------------|-----------------|-----------------------------|
| 1. Physician Signature   | 3. Diagnosis                 | 5. Patient Name | 7. Clearly Marked Test Code |
| 2. Physician I.D. Number | 4. Physician/Clinic Location | 6. Patient DOB  |                             |
- \*\* Please remind patients to check with their insurance regarding coverage of Express Testing services.**

SWEAT TESTING		GLUCOSE STUDIES / AFP		CHEMISTRY		CHEMISTRY (continued)	
5590	SWEAT ANALYSIS	499	GLUCOSE - FASTING *SST	235	ALKALINE PHOSPHATASE SST	1954	PSA, UNBOUND % (FREE) *R
5589	SWEAT COLLECTION	501	GLUCOSE - 1 HOUR *SST	250	ALT (SGPT) SST	1530	RBC FOLATE L
<b>EKG</b>		502	GLUCOSE - 2 HOUR *SST	267	AMMONIA LEVEL L	*0590	RENAL FUNCTION SST
68	EKG	503	GLUCOSE - 3 HOUR *SST	260	AMYLASE SST	1707	T3 (TRIIODOTHYRONINE) R
Indication for EKG		<b>THERAPEUTIC DRUG MONITORING</b>		4854	ANTI-THYROGLOBULIN R	6834	T4, UNBOUND (FREE) R
		6810	CARBAMAZEPINE R	245	AST (SGOT) SST	1835	TESTOSTERONE (FREE) R
		6650	DIGOXIN R	*0560	BASIC METABOLIC Includes: Na, K, C1, CO2 Glucose, BUN, Creatinine, Ca SST	1834	TESTOSTERONE (TOTAL) R
<b>HEMATOLOGY/COAGULATION</b>		6535	LITHIUM R	227	BILIRUBIN, DIRECT SST	821	THYROGLOBULIN R
3821	A.P.T.T. *B	6585	PHENYTOIN R	225	BILIRUBIN, TOTAL SST	1635	THYROID ALGORITHM *R
3020	CBC *L	6800	VALPROATE R	225	BILIRUBIN, TOTAL SST	1715	TSH *R
3024	CBC / ELECTRONIC DIFF *L	<b>MICROBIOLOGY</b>		4890	CA 125 R	1700	TOTAL T4 R
3075	ESR (SEDIMENTATION RATE) L	7500	ANAEROBIC/AEROBIC CULTURE SOURCE:	6824	CA 19-9 R	6644	TOX SCREEN VOLATIL R
3575	HEMOGLOBIN A1C *L	7500.10	BLOOD CULTURE (NON AFB)	4880	CEA SST	160	UREA NITROGEN SST
3555	HGB ELECTROPHORESIS L	7053	C. DIFFICILE TOXIN ASSAY	195	CALCIUM SST	340	URIC ACID SST
7070	OCCULT BLOOD (STOOL) CARDS 1-3	6046	HEP B DNA	350	CHOLESTEROL *SST	1500	VITAMIN A R
3820	PROTHROMBIN TIME/INR *B	2915	HEP C QUANT PCR	0570*	COMPREHENSIVE SST Includes: Na, K, C1, Glu, BUN, Creat, CO2, Ca, TP, Alb, T Bili, Alk Phos, AST, ALT	6914	VITAMIN E R
3070	RETICULOCYTE COUNT L	7066	LEUKO-TEST (STOOL WBC)	1730	CORTISOL R	1520	VITAMIN B12 R
3205	SICKLE CELL SCREEN L	8410	PARASITOLOGY, O & P	315	CREATINE KINASE (CK) SST	1960	VITAMIN D1, 25 R
<b>URINE STUDIES</b>		7200.70	STOOL CULTURE	315	CREATININE SST	<b>DIAGNOSIS</b>	
7196	CHLAMYDIA DNA PROBE	<b>BLOOD BANK</b>		6026	CRP SST	285.9	ANEMIA NOS
5565	CREATININE 24 HR U	4010	ABO, RH CROSSMATCH PATHOLOGY FORM #11 REQUIRED	6149	CRP-HS SST	401.1	BENIGN HYPERTENSION
5542	CREATININE RANDOM U	4040	DIRECT COOMBS	*0550	ELECTROLYTE (N, K, Cl, O <sub>2</sub> ) SST	585.3	CHR KIDNEY DIS STAGE III
316/315	CREATININE CLEAR 24 HR U + SST	<b>MISCELLANEOUS</b>		1976	FERRITIN *R	585.4	CHR KIDNEY DIS STAGE IV
7197	GC DNA PROBE	<b>CODE</b>	<b>TEST NAME</b>	1522	FOLATE (FOLIC ACID) R	250.00	DMII WO CMP NT ST UNCNT
5963	HCG URINE U			6881	FSH R	282.61	HB-SS DISEASE W/O CRISIS
5536	MICRO ALBUMIN RANDOM U			280	GAMMA GLUTAMYL TRANS. *SST	272.4	HYPERLIPIDEMIA NEC/NOS
6975	MICROALBUMIN, URINE 24 HR U			5966	HCG SERUM, QUAL *R	401.9	HYPERTENSION NOS
5555	PROTEIN QUANT 24 HR U			5967	HCG SERUM, QUANT. *R	244.9	HYPOTHYROIDISM NOS
5551	PROTEIN QUANT RANDOM U			*0580	HEPATIC FUNCTION SST	V59.4	KIDNEY DONOR
5558	PROTEIN ELECTROPHORESIS URINE 24 HR U			4703	HEPATITIS A Ab - IgM R	V42.0	KIDNEY TRANSPLANT STATUS
5558	PROTEIN ELECTROPHORESIS URINE RANDOM			4701	HEPATITIS B Core Ab R	V42.7	LIVER TRANSPLANT STATUS
6513	TOX SCREEN FOR URINE			4702	HEPATITIS B Surface Ab R	V58.69	LONG-TERM USE MEDS NEC
5575	URIC ACID 24 HR U			4719	HEPATITIS B Surface Ag R	780.79	MALAISE AND FATIGUE NEC
5552	URIC ACID RANDOM U			4710	HEPATITIS C Antibody R	185	MALIGN NEOPL PROSTATE
5270	URINALYSIS COMPLETE U			1000	IRON SST	193	MALIGN NEOPL THYROID
6547	URINE DRUG SCREEN PROFILE 1			1005	IRON/TRANSFERRIN SST	V72.84	PREOP EXAM UNSPCF
6552	URINE DRUG SCREEN PROFILE 4			255	LDH SST	272.0	PURE HYPERCHOLESTEROLEM
4911	URINE (TP, ELECT, IFE) 24 HR U			6845	LEAD, BLOOD L	282.60	SICKLE CELL DISEASE NOS
4911	URINE (TP, ELECT, IFE) RANDOM			6880	LH R	710.0	SYST LUPUS ERYTHEMATOSUS
7230	URINE CULTURE - CLEAN CATCH U			0265	LIPASE SST	242.90	THYROTOX NOS NO CRISIS
<b>IMMUNOLOGY</b>				*1371	LIPID PROFILE SST	268.9	VITAMIN D DEFICIENCY NOS
4585	ANTI-DOUBLE STRAND (DNA)			205	MAGNESIUM *SST	Must enter ICD-9 Code or write in.	
4582	ANTINUCLEAR ANTIBODIES SST			200	PHOSPHORUS SST		
7163	H. PYLORI IGG SST			171	POTASSIUM SST		
4930	IMMUNOGLOBULINS SST			5000	PRO-BNP SST		
7162	LYME DISEASE AB SST			1950	PROLACTIN R		
4530	MONONUCLEOSIS SCREEN SST			1955	PROSTATE SPECIFIC AG. *R		
1056	PROTEIN Electrophoresis (Serum) SST						
4550	RHEUMATOID FACTOR SST						
4510	RPR *SST						
7150	RUBELLA SST						
7151	RUBEOLA SST						
4910	IMMUNOFIXATION ELECTROPHORESIS (SERUM) SST						
1501	VITAMIN D <sup>25</sup> R						

- |  |   |
|--|---|
| <input type="checkbox"/> 7149 HIV Antibody (R)       | <input type="checkbox"/> 4968 CD4+CD3 LYMPHOCYTES (L) |
| <input type="checkbox"/> 2901 HIV-1 RNA QUANTITATIVE |   |
| <input type="checkbox"/> 2910 HIV Ultra-sensitive    |   |
| <input type="checkbox"/> 4965 T-cell                 |   |

(L)=LAVENDER (B)=BLUE (GN)=GREEN (R)=RED  
(SST)=SST (U)=URINE (DK-B)=DARK BLUE

\* Limited Insurance Coverage Test -

Advanced Beneficiary Notice may be Required

Registration #: \_\_\_\_\_