



Laboratory Services
100 McGregor St
Manchester NH 03102
603-663-8031

10/1/2008

Patients (Last, First, MI)		Date of Birth	Sex	PRIMARY INSURANCE		
Patient Address				Insurance Name	State	
City		State	Zip Code	Subscriber Name	Relationship	
Patient Telephone				Policy #	Group #	
Ordering Provider: (First, last name)				SECONDARY INSURANCE		
Copies to: Must provide complete name and address				Insurance Name	State	
Name				Subscriber Name	Relationship	
Address						
City		State	Zip Code	Policy #	Group#	
FAX #		CALL #		Comment:		
Collect Date	Coll Time	Collected by	End date of the collection for 24 hour urine		Total Volume	
Profile components may be ordered separately.		STAT	ICD.9 Codes (Required field)		Highlighted tests are Limited Coverage Tests	
Organ / Disease Panels		General Tests			OTHER TESTS	
<input type="checkbox"/> Basic Metabolic with Total Calcium		BMP	<input type="checkbox"/> Albumin	ALB	<input type="checkbox"/> Hep B Surface Ag	HBSAG
<input type="checkbox"/> Comp Metabolic		CMP	<input type="checkbox"/> Alkaline phosphatase	ALP	<input type="checkbox"/> Hep B Surface Ab	HBSAB ()
<input type="checkbox"/> Electrolyte Panel		LYTES	<input type="checkbox"/> ALT	ALT	<input type="checkbox"/> Hep C Virus Ab	HCY
<input type="checkbox"/> Hepatic (LFT) Panel		LIVER	<input type="checkbox"/> Amylase	AMY	<input type="checkbox"/> HDL	HDL ()
<input type="checkbox"/> Acute Hepatitis Panel		HEPA	<input type="checkbox"/> ANA reflex titer/pattern	ZG268	<input type="checkbox"/> HIV Ab Type 1,2	HIVAB
<input type="checkbox"/> Lipid Panel		LIPID	<input type="checkbox"/> ANA reflex DNA	ZG306	<input type="checkbox"/> Homocysteine	HCY ()
<input type="checkbox"/> Renal Panel		RENAL	<input type="checkbox"/> AST	AST	<input type="checkbox"/> H Pylori Ab, IGG	Z0416
Hematology			<input type="checkbox"/> Vitamin B12	B12	<input type="checkbox"/> Insulin	INSLN ()
<input type="checkbox"/> CBC No differential		CBCND	<input type="checkbox"/> Bilirubin Direct	BILID	<input type="checkbox"/> Iron	IRON
<input type="checkbox"/> CBC w/ Diff		CBCWD	<input type="checkbox"/> Bilirubin Total	BILIT	<input type="checkbox"/> LDH	LDH ()
<input type="checkbox"/> Hematocrit		HCT	<input type="checkbox"/> B-Natriuretic peptide	BNP	<input type="checkbox"/> LDL Direct	LDL
<input type="checkbox"/> Hemoglobin		HGB	<input type="checkbox"/> BUN Urea Nitrogen	BUN	<input type="checkbox"/> Luteinizing Hormone	LH ()
<input type="checkbox"/> PT Prothombin		PT	<input type="checkbox"/> Calcium (total)	CA	<input type="checkbox"/> Lipase	LIPAS
<input type="checkbox"/> Partial Thromboplastin		APTT	<input type="checkbox"/> Chloride	CL	<input type="checkbox"/> Lithium	LITH ()
<input type="checkbox"/> Sed Rate (ESR)		ESR	<input type="checkbox"/> Cholesterol, Total	CHOL	<input type="checkbox"/> Magnesium	MG
<input type="checkbox"/> D Dimer	BSDIM	<input type="checkbox"/> CK	<input type="checkbox"/> Cortisol AM	CORTA	<input type="checkbox"/> Phosphorous	PHOS ()
<input type="checkbox"/> Fibrinogen	FIBR	<input type="checkbox"/> Cortisol PM	<input type="checkbox"/> Cortisol PM	CORTP	<input type="checkbox"/> Potassium	K
<input type="checkbox"/> Platelet Count	PLTI	<input type="checkbox"/> Creatinine	<input type="checkbox"/> CRP (HS)	CRPHS	<input type="checkbox"/> PSA (Screen)	SPSA ()
<input type="checkbox"/> Reticulocyte Count	RETIC	<input type="checkbox"/> CRP (INFLAMM)	<input type="checkbox"/> CRP (INFLAMM)	CRP	<input type="checkbox"/> PSA (Diagnostic)	PSA
Urines		<input type="checkbox"/> Digoxin	<input type="checkbox"/> Digoxin	DIG	<input type="checkbox"/> Sodium	NA
<input type="checkbox"/> UA DIP reflex microscopic (sediment)	UAUCC	<input type="checkbox"/> Estradiol	<input type="checkbox"/> Estradiol	EST	<input type="checkbox"/> Free T3	FT3
Culture if indicated	UAUCC	<input type="checkbox"/> Ferritin	<input type="checkbox"/> Ferritin	FER	<input type="checkbox"/> T3 Total	T3
<input type="checkbox"/> UA(DIP)reflex microscopic (sediment)	UA	<input type="checkbox"/> Folate	<input type="checkbox"/> Folate	FOLAT	<input type="checkbox"/> T3 Uptake	T3UP
<input type="checkbox"/> UA complete(Dip+Sediment)	UAUM	<input type="checkbox"/> FSH	<input type="checkbox"/> FSH	FSH	<input type="checkbox"/> Free T4	FT4
<input type="checkbox"/> Microalbumin	UMCRR	<input type="checkbox"/> GGT	<input type="checkbox"/> GGT	GGT	<input type="checkbox"/> T4 Total	T4
Microbiology		<input type="checkbox"/> Glucose FASTING	<input type="checkbox"/> Glucose FASTING	GLU	<input type="checkbox"/> TSH 3rd	TSH
<input type="checkbox"/> Urine Culture	CXURN	<input type="checkbox"/> Glucose NON FAST	<input type="checkbox"/> Glucose NON FAST	GLU	<input type="checkbox"/> Thyroglobulin AB	aTG
<input type="checkbox"/> Throat Culture	CXTHR	<input type="checkbox"/> Glycohemoglobin	<input type="checkbox"/> Glycohemoglobin	HA1CG	<input type="checkbox"/> Testosterone Total	TSTO
<input type="checkbox"/> Culture		<input type="checkbox"/> Haptoglobin	<input type="checkbox"/> Haptoglobin	Z0238	<input type="checkbox"/> Thyroid Peroxidase A	aTPO
Source:		<input type="checkbox"/> Herpes Simplex Culture	<input type="checkbox"/> Herpes Simplex Culture	ZG263	<input type="checkbox"/> Thyroid Cascade	tsHrc
<input type="checkbox"/> Stool Culture	CXSTO	<input type="checkbox"/> HSV IgG Antibodies	<input type="checkbox"/> HSV IgG Antibodies	ZG238	<input type="checkbox"/> TIBC	TIBC
<input type="checkbox"/> Stool Culture	CXSTO	<input type="checkbox"/> HSV IgM Antibodies	<input type="checkbox"/> HSV IgM Antibodies	ZG132	<input type="checkbox"/> Total Protein	TP
Stools		<input type="checkbox"/> HCG -Qual (+/-)	<input type="checkbox"/> HCG -Qual (+/-)	HCG	<input type="checkbox"/> Triglyceride	TRIG
<input type="checkbox"/> Clostridium Difficile, Stool	CDIF	<input type="checkbox"/> HCG -Quant.	<input type="checkbox"/> HCG -Quant.	HCGQ	<input type="checkbox"/> Uric Acid	URIC
<input type="checkbox"/> Ova & Parasite Sorn, Stool	OVAP	<input type="checkbox"/> Hep A IgM Ab	<input type="checkbox"/> Hep A IgM Ab	AHAVM	<input type="checkbox"/> Valporic (Depakene)	VALP
<input type="checkbox"/> Occult Blood, Stool	3SOB	<input type="checkbox"/> Hep A AB Total	<input type="checkbox"/> Hep A AB Total	HAVT	<input type="checkbox"/> 1,25 Dihydroxy Vitamin D	Z0065
		<input type="checkbox"/> Hep B Core IgM Ab	<input type="checkbox"/> Hep B Core IgM Ab	AHBGM	<input type="checkbox"/> 25-Hydroxy Vitamin D	V1D
		<input type="checkbox"/> Hep B Core Ab Total	<input type="checkbox"/> Hep B Core Ab Total	HBCT	<input type="checkbox"/> 24 hr urine for Creat.Cl	
					<input type="checkbox"/> HT	WT
					Bld. Creat.	
					Total volume :	

INTERNAL Use only
 SST _____ UNSP
 PST _____ UR Cup
 BLU _____ UR Yellow Tube
 RED _____ UR Grey Tube
 LAV _____ Swab (Gel/Non-Gel)
 Frozen _____ 24 Hour Jug
 _____ Other

Triager: initial _____
 Soft master label