



**BRONSON**  
**OUTPATIENT ORDER**  
**FORM LABORATORY**

Name (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (M.I) \_\_\_\_\_

Birth Date \_\_\_\_\_ Maiden or Previous Name \_\_\_\_\_ Race \_\_\_\_\_ Sex  M  F

**Please attach and send Patient Demographics information with the requisition to include: 1) Pt. Address 2) Pt. Phone 3) Pt. Insurance 4) Ins. Guarantor 5) Ins. Guarantor Date of Birth**

Primary Diagnosis(es) & ICD-10 Code(s) or Symptoms \_\_\_\_\_

Visit/Encounter # \_\_\_\_\_ Unit Med. Record # \_\_\_\_\_

Provider Signature: \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

Print Provider Name: \_\_\_\_\_ Scheduled Draw Date: \_\_\_\_\_

**TUBE TYPES: B=Blue Top, G=Gold Tube (gel) Serum Separator, L=Lavender Top, BPK= Pink Blood Bank, R=Red, ST=Stool, U=Urine**

PRIORITY:  ROUTINE  STAT

SPECIMEN COLLECTION  Fasting

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Initial: \_\_\_\_\_

ID#: \_\_\_\_\_

**INDIVIDUAL TESTS**

ALKP <input type="checkbox"/> Alkaline Phosphatase 84075 G	SPAG <input type="checkbox"/> Strep pneumo Antigen 87449 U
SGPT <input type="checkbox"/> ALT (SGPT) 84460 G	SYPHG <input type="checkbox"/> Syphilis IgG 86780 G
AMY <input type="checkbox"/> Amylase 82150 G	TEGX <input type="checkbox"/> Tegretol/Total Carbamazepine 80156 R
ANA <input type="checkbox"/> Anti Nuclear Antibody 86038 G	TSTO <input type="checkbox"/> Testosterone 84403 G
DSDNA <input type="checkbox"/> Anti DNA 86225 G	FRT3 <input type="checkbox"/> Free T3 84481 G
SGOT <input type="checkbox"/> AST (SGOT) 84450 G	TSH <input type="checkbox"/> TSH Thyroid Stim Hormone 84443 G
CO2 <input type="checkbox"/> Bicarbonate/CO2 82374 G	FT4 <input type="checkbox"/> Free T4 (Thyroxine) 84439 G
TBIL <input type="checkbox"/> Bilirubin, Total 82247 G	TRANS <input type="checkbox"/> Transferrin 84466 G
BILI <input type="checkbox"/> Bilirubin, Total & Direct 82247 & 82248 G	URIC <input type="checkbox"/> Uric Acid 84550 G
CA <input type="checkbox"/> Calcium 82310 G	VZIG <input type="checkbox"/> Varicella Zoster Virus IgG 86787 G
CL <input type="checkbox"/> Chloride Cl 82435 G	B12 <input type="checkbox"/> Vitamin B12 82607 G
CCPT <input type="checkbox"/> CCP, Cyclic Cit. Peptide 86200 G	VITD <input type="checkbox"/> Vitamin D 82306 G
CPK <input type="checkbox"/> CPK 82550 G	
CRPHS <input type="checkbox"/> CRP-High Sens-Cardiac 86141 G	
CREA <input type="checkbox"/> Creatinine 82565 G	
CRP <input type="checkbox"/> C-Reactive Protein 86140 G	
DIGOX <input type="checkbox"/> Digoxin/Lanoxin 80162 G	
DILX <input type="checkbox"/> Dilantin/Phenytoin 80185 R	
ESDL <input type="checkbox"/> Estradiol 82670 G	
FERI <input type="checkbox"/> Ferritin 82728 G	
FOL <input type="checkbox"/> Folate Serum 82746 G	
FSH <input type="checkbox"/> FSH Follicle Stim. Hormone 83001 G	
GLUC <input type="checkbox"/> Glucose 82947 G	
HCG <input type="checkbox"/> HCG Quantitative 84702 G	
HAVM <input type="checkbox"/> Hepatitis A IGM Antibody 86709 G	
HBMC <input type="checkbox"/> Hepatitis B IqM Core Ab 86705 G	
HBSB <input type="checkbox"/> Hepatitis B Surf Antibody/Immunity 86706 G	
HBSG <input type="checkbox"/> Hepatitis B Surface Antigen 87340 G	
HCVB <input type="checkbox"/> Hepatitis C Antibody 86803 G	
HIV <input type="checkbox"/> HIV Antibody 86703 G	
FE <input type="checkbox"/> Iron 83540 G	
TIB <input type="checkbox"/> Iron Binding Capacity Total 83540,84466 G	
LAGU <input type="checkbox"/> Legionella Antigen Urine 87449 U	
LDH <input type="checkbox"/> LD/LDH 83615 G	
LH <input type="checkbox"/> Luteinizing Hormone 83002 G	
LP <input type="checkbox"/> Lipase 83690 G	
LIX <input type="checkbox"/> Lithium 80178 R	
LYME <input type="checkbox"/> Lyme Total Antibodies 86618 G	
MG <input type="checkbox"/> Magnesium 83735 G	
MEASLE <input type="checkbox"/> Measles Rubeola IqG 86765 G	
MONOT <input type="checkbox"/> Mononucleosis Screen 86308 G	
MUMPS <input type="checkbox"/> Mumps Virus IqG 86735 G	
MYCOM <input type="checkbox"/> Mycoplasma pneumoniae IqM 86738 G	
PHOS <input type="checkbox"/> Phosphorus 84100 G	
K <input type="checkbox"/> Potassium K+ 84132 G	
PREGS <input type="checkbox"/> Preanancy Test. serum 84703 G	
PBPN <input type="checkbox"/> Pro-B Natriuretic Peptide 83880 G	
PROG <input type="checkbox"/> Progesterone 84144 G	
PROL <input type="checkbox"/> Prolactin 84146 G	
PSAS/PSAM <input type="checkbox"/> PSA G0103/84153 G	
RA <input type="checkbox"/> Rheumatoid Factor 86431 G	
RUBE <input type="checkbox"/> Rubella Screen 86762 G	
NA <input type="checkbox"/> Sodium Na+ 84295 G	

**PANELS & REFLEX CASCADES**

BMP <input type="checkbox"/> Basic Metabolic Panel 80048 G	
ABC <input type="checkbox"/> CBC NO Differential 85027 L	
CBC <input type="checkbox"/> CBC with Differential 85025 L	
CELIAS <input type="checkbox"/> Celiac Scr tTGA & Gliad A w/Rflx 80053 G	
COMP <input type="checkbox"/> Comprehensive Metabolic Panel 80053 G	
CTDCS <input type="checkbox"/> Connective Tissue Cascade ANA, CCP w/Rflx 80051 G	
LYTE <input type="checkbox"/> Electrolyte Panel 80051 G	
AHEP <input type="checkbox"/> Hepatitis Panel, Acute 80074 G	
LIPD <input type="checkbox"/> Lipid/HDL Cholesterol Profile 80061 G	
LIPN <input type="checkbox"/> Lipid Panel w/o Reflex LDL 80061 G	
LIVER <input type="checkbox"/> Liver Hepatic Chem Panel 80076 G	
MPE <input type="checkbox"/> Monoclonal Protein Eval -SPEP and free light chains with reflex IFE 80069 G	
OBPAK <input type="checkbox"/> OB Package & OBB L,BPK&G 80069 G	
RENAL <input type="checkbox"/> Renal Panel 80069 G	
TFC <input type="checkbox"/> Thyroid Cascade TSH w/Rflx FT4,T3,TPO 80031 G	
ALLERGEN <input type="checkbox"/> See Allergen Form 90031 for panels	

**URINE TESTS**

Source Required:  CCMS  CATH  24 Hr

UAIFF <input type="checkbox"/> Urinalysis w/reflex microscopy U & culture if indicated 81001/81003/87086	
UA <input type="checkbox"/> Urinalysis with reflex microscopy 81001 U	
URCH <input type="checkbox"/> Urinalysis without microscopy 81003 U	
UCLT <input type="checkbox"/> Urine Culture 87086 U	
UPG <input type="checkbox"/> Urine Pregnancy Test 81025 U	
UMALBR <input type="checkbox"/> Microalbumin w/Creatinine Ratio 82570,82043 U	
URTPT <input type="checkbox"/> Urine Total Protein-Timed 84156&81050 U	
CCLR <input type="checkbox"/> Creatinine Clearance Hgt: _____ 82575 G&U (serum also required) Wgt: _____	

**BLOOD BANK**

ABRH <input type="checkbox"/> ABO & Rh Blood Type 86900,86901 BPK	
ASC <input type="checkbox"/> Antibody Screen 86850 BPK	
ABT <input type="checkbox"/> Antibody Titer: Anti- 86886 BPK	
DAT <input type="checkbox"/> Direct Coombs 86880 BPK	
RHO <input type="checkbox"/> Rh Blood Type 86901 BPK	
RHGE <input type="checkbox"/> RhoGAM Evaluation 86901,86850 BPK	
_____ 28 Wk Amnio Ab/Misc. Gest: _____	

**CULTURE/MOLECULAR/STOOL**

Source (required) \_\_\_\_\_

ACUL/AFSM <input type="checkbox"/> AFB cx/Smear 87116,87206	
ANR <input type="checkbox"/> Anaerobe Culture 87075	
BACT <input type="checkbox"/> Bacterial Culture 87070	
AMPCG <input type="checkbox"/> Chlamydia & Gonorrhea PCR 87491,87591	
AMPCGT <input type="checkbox"/> Chlamydia, Gonorrhea and Trich PCR 87491,87591	
AMPT <input type="checkbox"/> Trichomonas, PCR 87661	
CDIFT <input type="checkbox"/> Clostridium Difficile PCR 87493	
FLAC <input type="checkbox"/> Fecal Lactoferin 83630	
FOBI <input type="checkbox"/> Fecal Occult Blood 82274	
FCUL <input type="checkbox"/> Fungal Culture (Hair, Skin,Nails) 87102	
GIPCR <input type="checkbox"/> Gastrointestinal Panel. PCR See Lab Catalog	
GRMBV <input type="checkbox"/> Gram Stain for Bacterial Vaginosis Yeast (eSwab) 87205	
SSGA <input type="checkbox"/> Group A Strep Screen, culture 87081	
GASPCR <input type="checkbox"/> Group A Strep Screen, PCR 87651	
GBSDNA <input type="checkbox"/> Group B Strep Screen, PCR 87150	
HPBT <input type="checkbox"/> Penicillin Allergy Yes No 83013, 83014	
HS12VZ <input type="checkbox"/> H. Pylori, Breath 83013, 83014	
IFRPCR <input type="checkbox"/> Herpes 1 & 2 and Varicella, PCR 87529	
IFRPCR <input type="checkbox"/> Influenza A/B and RSV, PCR 87631	
KOHB <input type="checkbox"/> KOH yeast/fungi 87220	
STAPCR <input type="checkbox"/> MRSA Screen, PCR 86740,86741	

**COAGULATION/HEMATOLOGY**

APTT <input type="checkbox"/> APTT 85730 B	
PTIN <input type="checkbox"/> Prottime with INR 85610 B	
ESR <input type="checkbox"/> Erythrocyte Sedimentation Rate 85652 L	
FIBR <input type="checkbox"/> Fibrinogen 85384 B	
HBEL <input type="checkbox"/> Hemoglobin Electrophoresis 83020 L	

**DIABETES/GLUCOSE TOLERANCE**

HBA1C <input type="checkbox"/> Glycosylated Hemoglobin A1C 83036 L	
GTGS <input type="checkbox"/> Gestational Diabetes Screen-ACOG (1hr 50gm) 82950 G	
GTGD <input type="checkbox"/> Gestational Diabetes Diagnostic - ACOG (3 hr 100gm) 82951,82952 G	
GTGO <input type="checkbox"/> Gestational Diabetes One Step - ADA (2hr 75 gm) 82951 G	
OGT <input type="checkbox"/> Gluc Tolerance, non-pregnant (2hr) 82947,82950 G	

**URINE DRUG SCREENS** **If subsequent confirmatory testing required, provide valid order by calling (269) 341-6440 or fax order to (269) 341-8423**

URDS <input type="checkbox"/> Drug Screen Urine 6 (Amphetamine, barbiturate, benzodiazepine, cocaine, opiates, THC) 80307	
UD8 <input type="checkbox"/> Drug Screen Urine 8 (Amphetamine, barbiturate, benzodiazepine, cocaine, opiates, THC, oxycodone, fentanyl) 80307	
UOPDS <input type="checkbox"/> Drug Screen Urine Opioids (Opiate, buprenorphine, methadone, oxycodone, fentanyl) 80305, 80307	
CDAU7 <input type="checkbox"/> Drug Abuse with Confirmation, 9 Panel (amphetamines, barbiturates, benzodiazepines, cocaine, ethanol, methadone, opiates, phencyclidine, and THC) 80307	

ADDITIONAL TESTING \_\_\_\_\_

**NOTE: Label specimen with 2 patient identifiers (full name and date of birth). Failure to do so may result in cancellation and recollection.**



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SPECIMEN COLLECTION  Fasting

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Initial: \_\_\_\_\_

ID#: \_\_\_\_\_

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PSAS/PSAM <input type="checkbox"/> PSA G0103/84153 G	
RA <input type="checkbox"/> Rheumatoid Factor 86431 G	
RUBE <input type="checkbox"/> Rubella Screen 86762 G	
NA <input type="checkbox"/> Sodium Na+ 84295 G	

**PANELS & REFLEX CASCADES**

BMP <input type="checkbox"/> Basic Metabolic Panel 80048 G	
ABC <input type="checkbox"/> CBC NO Differential 85027 L	
CBC <input type="checkbox"/> CBC with Differential 85025 L	
CELIAS <input type="checkbox"/> Celiac Scr tTGA & Gliad A w/Rflx 80051 G	
COMP <input type="checkbox"/> Comprehensive Metabolic Panel 80053 G	
CTDCS <input type="checkbox"/> Connective Tissue Cascade ANA, CCP w/Rflx 80051 G	
LYTE <input type="checkbox"/> Electrolyte Panel 80051 G	
AHEP <input type="checkbox"/> Hepatitis Panel, Acute 80074 G	
LIPD <input type="checkbox"/> Lipid/HDL Cholesterol Profile 80061 G	
LIPN <input type="checkbox"/> Lipid Panel w/o Reflex LDL 80061 G	
LIVER <input type="checkbox"/> Liver Hepatic Chem Panel 80076 G	
MPE <input type="checkbox"/> Monoclonal Protein Eval -SPEP and free light chains with reflex IFE 80076 G	
OBPAK <input type="checkbox"/> OB Package & OBB L,BPK&G 80069 G	
RENAL <input type="checkbox"/> Renal Panel 80069 G	
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UCLT <input type="checkbox"/> Urine Culture 87086 U	
UPG <input type="checkbox"/> Urine Pregnancy Test 81025 U	
UMALBR <input type="checkbox"/> Microalbumin w/Creatinine Ratio 82570,82043 U	
URTPT <input type="checkbox"/> Urine Total Protein-Timed 84156&81050 U	
CCLR <input type="checkbox"/> Creatinine Clearance Hgt: _____ 82575 G&U (serum also required) Wgt: _____	

**BLOOD BANK**

ABRH <input type="checkbox"/> ABO & Rh Blood Type 86900,86901 BPK	
ASC <input type="checkbox"/> Antibody Screen 86850 BPK	
ABT <input type="checkbox"/> Antibody Titer: Anti- 86886 BPK	
DAT <input type="checkbox"/> Direct Coombs 86880 BPK	
RHO <input type="checkbox"/> Rh Blood Type 86901 BPK	
RHGE <input type="checkbox"/> RhoGAM Evaluation 86901,86850 BPK	
_____ 28 Wk Amnio Ab/Misc. Gest: _____	

**CULTURE/MOLECULAR/STOOL**

Source (required) \_\_\_\_\_

ACUL/AFSM <input type="checkbox"/> AFB cx/Smear 87116,87206	
ANR <input type="checkbox"/> Anaerobe Culture 87075	
BACT <input type="checkbox"/> Bacterial Culture 87070	
AMPCG <input type="checkbox"/> Chlamydia & Gonorrhea PCR 87491,87591	
AMPCGT <input type="checkbox"/> Chlamydia, Gonorrhea and Trich PCR 87491,87591	
AMPT <input type="checkbox"/> Trichomonas, PCR 87661	
CDIFT <input type="checkbox"/> Clostridium Difficile PCR 87493	
FLAC <input type="checkbox"/> Fecal Lactoferin 83630	
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HPBT <input type="checkbox"/> Penicillin Allergy Yes No 83013, 83014	
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**DIABETES/GLUCOSE TOLERANCE**

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GTGS <input type="checkbox"/> Gestational Diabetes Screen-ACOG (1hr 50gm) 82950 G	
GTGD <input type="checkbox"/> Gestational Diabetes Diagnostic - ACOG (3 hr 100gm) 82951,82952 G	
GTGO <input type="checkbox"/> Gestational Diabetes One Step - ADA (2hr 75 gm) 82951 G	
OGT <input type="checkbox"/> Gluc Tolerance, non-pregnant (2hr) 82947,82950 G	

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UD8 <input type="checkbox"/> Drug Screen Urine 8 (Amphetamine, barbiturate, benzodiazepine, cocaine, opiates, THC, oxycodone, fentanyl) 80307	
UOPDS <input type="checkbox"/> Drug Screen Urine Opioids (Opiate, buprenorphine, methadone, oxycodone, fentanyl) 80305, 80307	
CDAU7 <input type="checkbox"/> Drug Abuse with Confirmation, 9 Panel (amphetamines, barbiturates, benzodiazepines, cocaine, ethanol, methadone, opiates, phencyclidine, and THC) 80307	

ADDITIONAL TESTING \_\_\_\_\_

**NOTE: Label specimen with 2 patient identifiers (full name and date of birth). Failure to do so may result in cancellation and recollection.**