

University of North Carolina
 Chapel Hill, NC 27514
 Direct Phlebotomy Requisition- MIM #543
Clinic Resource Code: _____
 Attending MD: _____ MD# _____

Patient Information

Medical Record # _____ d.o.b. _____
<input type="checkbox"/> Male <input type="checkbox"/> Female
Patient Name _____
Address _____
City _____ State _____ Zip _____
Home () _____ Work () _____
<input type="checkbox"/> Bill to 98#: _____

ICD-9 Codes/Reason for each test:
Please do not use r/o diagnosis

STAT _____

Quick Pick Chemistries	Chemistry	Therapeutic Drug Monitoring
__ Na (001) __ K (002) __ CL (003) __ CO2 (004)	TSH (1791)	Tacrolimus (194)
__ BUN (005) __ Cr (006) __ Glucose (009)	Vitamin B12 (852)	Cyclosporine (105)
__ Ca (020) __ PO4 (phosphorus) (022)		
__ Mg (023) __ Total Protein (024)	PSA (1751)	Valproic Acid (Depakote) (112)
__ Albumin (025) __ AST (033) __ ALT (034)		
__ Alk.p.tase (037) __ GGT (038)	Estradiol (716)	Phenytoin (Dilantin) (103)
__ Uric Acid (040) __ Lipase (048) __ Amylase (049)		
__ Direct bili. (067) __ Total. bili. (068)	Alpha-Fetaprotein (non-maternal) (7507)	Lithium (82)
__ LDH (196)	Folate (853)	
Chemistry		Immunology/Serology
Lipid Panel - Fasting (1064)	Rast IgG (6924)	Epstein Barr Virus Antibody (IgM & IgG) (9882)
Cholesterol (061)	Rast IgE (6925)	IgG (92)
Triglycerides (065)	Hematology	IgM (93)
HDL (063)	CBC w/ differential (2000)	Hepatitis A Viral Antibody IgM (8302)
Iron Profile (1147)	CBC (2010)	Hepatitis B Core Antibody IgM (8310)
Iron Total (71)	ESR (2175)	Hepatitis C Antibody (8325)
Ferritin (1769)	Reticulocyte Count (2180)	HBsAg (8320)
Beta HCG (713)	HgB A1C (7455)	HbsAb (8315)
FSH (1714)	Coagulation	Anti-Nuclear Antibody (9057)
LH (1715)	Prothrombin Time (3008)	Rheumatoid Factor (9065)
Prolactin (1761)	APTT (3020)	Rapid Plasma Reagin (RPR) (9068)
T3 Total (1707)		
T3 Uptake (1706)		Other
T3 Free (6418)	Prenatal Workup (7750)	
T4 (1705)	(CBC, RPR, Rubella, HBsAG)	
T4 Free (6488)		

Medicare will only pay for services that it determines to be reasonable and necessary under section 1862 (a) (1) of the Medicare law. When ordering tests, for which Medicare reimbursement will be sought, physicians should order only those individual tests that are necessary for the diagnosis and treatment of a patient, rather than for screening purposes.

I certify all tests are medically necessary.

ORDERING MD SIGNATURE: _____ **MD#** _____ **DATE:** _____

Note: The ordering location is responsible for ensuring the above requisition is filled out in full prior to services being performed.

This form:

1. Must include the full name and Medical Record Number of the Patient legibly written.
2. Must include the full name and physician number of the ordering physician.
3. Must include the names of all tests requested.
4. Must be signed and dated by the ordering physician.
5. Must include the reason for each test ordered.

Outside Physician Information (Non-UNC Health Care)

Name: _____ UPIN# _____ Specialty/Type _____
Address _____ Results should be: <input type="checkbox"/> Faxed
City _____ State _____ Zip _____ <input type="checkbox"/> Mailed
Phone () _____ Fax () _____