

UNC Hospitals
 McLendon Clinical Laboratories
 Outreach Services, 1st Floor, East Wing
 Chapel Hill, NC 27514
 Ph (888) 741-5227 or (919) 966-0406
 Fax (919) 966-2135
<http://labs.unchealthcare.org>
 MIM # 1061

Clinic Name: _____
Clinic Address: _____

Phone #: ____ / ____ - ____
Fax #: ____ / ____ - ____
 Clinic Code: **900** Outreach Location: _____

Patient's Full Name _____ **SS #** _____
 Last First Middle / Maiden Last 4 digits only

UNC Medical Record # _____ - **Date of Birth:** _____ **Sex:** _____

Billing Options: (Check One) Bill Client Account # _____ Bill Patient's Insurance

<input type="checkbox"/> STAT	<input type="checkbox"/> Call STAT results to: _____ and give results to physician or patient's nurse. <i>McLendon Laboratories' Policy requires that critical values be called to the ordering physician or designee.</i>
Collection Date: _____ Time: _____ am / pm	Dr. _____ UNC MD # _____
Collected By: _____	NPI # _____ Pager # _____
Diagnosis (ICD-9) code(s):	
1) _____ 2) _____ 3) _____ 4) _____ 5) _____ 6) _____	
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 that all tests ordered are medically necessary.	
Ordering MD Signature: _____	Date: _____

ALL TESTS PERFORMED ON Gold-SST UNLESS OTHERWISE INDICATED

- | | | | |
|---|---|--|--|
| <p>CHEMISTRY</p> <ul style="list-style-type: none"> 1 <input type="checkbox"/> Sodium 2 <input type="checkbox"/> Potassium 3 <input type="checkbox"/> Chloride 4 <input type="checkbox"/> CO₂ 5 <input type="checkbox"/> BUN 6 <input type="checkbox"/> Creatinine 9 <input type="checkbox"/> Glucose 20 <input type="checkbox"/> Calcium 22 <input type="checkbox"/> Phosphorus 23 <input type="checkbox"/> Magnesium 24 <input type="checkbox"/> Total Protein 25 <input type="checkbox"/> Albumin 40 <input type="checkbox"/> Uric Acid 196 <input type="checkbox"/> LD 36 <input type="checkbox"/> CK (Creatine Kinase) 33 <input type="checkbox"/> AST 34 <input type="checkbox"/> ALT 37 <input type="checkbox"/> ALP 38 <input type="checkbox"/> GGT 68 <input type="checkbox"/> Bilirubin, Total 67 <input type="checkbox"/> Bilirubin, Direct 49 <input type="checkbox"/> Amylase 48 <input type="checkbox"/> Lipase 115 <input type="checkbox"/> C-Reactive Protein | <ul style="list-style-type: none"> 61 <input type="checkbox"/> Cholesterol 65 <input type="checkbox"/> Triglycerides 1064 <input type="checkbox"/> Lipid Panel, Fasting
Cholesterol, HDL Chol, Trig, LDLC 1084 <input type="checkbox"/> Lipid Panel, Non-fast
Cholesterol, HDL Chol 1147 <input type="checkbox"/> Iron Profile
Iron, Transferrin, TIBC, % Sat 71 <input type="checkbox"/> Iron, Total 1769 <input type="checkbox"/> Ferritin 713 <input type="checkbox"/> HCG (Beta-Quant) 1714 <input type="checkbox"/> FSH 1715 <input type="checkbox"/> LH 768 <input type="checkbox"/> Progesterone Red 1707 <input type="checkbox"/> T3, Total 706 <input type="checkbox"/> T4, Free 1791 <input type="checkbox"/> TSH 852 <input type="checkbox"/> Vitamin B12 853 <input type="checkbox"/> Folate 1760 <input type="checkbox"/> CEA 714 <input type="checkbox"/> PSA, Screening 715 <input type="checkbox"/> PSA, Diagnostic 797 <input type="checkbox"/> Testosterone M816 <input type="checkbox"/> Testosterone, Free 150 <input type="checkbox"/> Digoxin RB 189 <input type="checkbox"/> Theophylline RB 112 <input type="checkbox"/> Valproic Acid RB | <p>COAGULATION</p> <ul style="list-style-type: none"> 3008 <input type="checkbox"/> PT with INR LB 3020 <input type="checkbox"/> PTT (APTT) LB
PTT samples must be submitted within 2 hours of collection. <p>HEMATOLOGY & URINE</p> <ul style="list-style-type: none"> 2010 <input type="checkbox"/> CBC Lav 2000 <input type="checkbox"/> CBC/Diff Lav 2280 <input type="checkbox"/> Retic. Count Lav 2175 <input type="checkbox"/> Sed Rate Lav 7454 <input type="checkbox"/> HbA1C Lav 2600 <input type="checkbox"/> Urinalysis <p>IMMUNOLOGY</p> <ul style="list-style-type: none"> 8302 <input type="checkbox"/> Anti-HAV IgM
Hepatitis A Viral Ab IgM 8310 <input type="checkbox"/> Anti-HBc IgM
Hepatitis B Core Ab IgM 8295 <input type="checkbox"/> HbSAb
Hepatitis B Surface Ab 8320 <input type="checkbox"/> HbSAg
Hepatitis B Surf Ag 8325 <input type="checkbox"/> Anti-HCV
Hepatitis C Ab 8018 <input type="checkbox"/> H pylori AB, IgG 9057 <input type="checkbox"/> ANA (Anti-Nuclear Ab) 286 <input type="checkbox"/> Rheumatoid Factor 9068 <input type="checkbox"/> RPR, Serum 8033 <input type="checkbox"/> HIV Serology | <p>MICROBIOLOGY</p> <ul style="list-style-type: none"> 9187 <input type="checkbox"/> <i>Chlamydia trachomatis</i> NAA (Please indicate collection site)
collection site: endocervical / cervical / urethral / random urine 9190 <input type="checkbox"/> <i>Neisseria gonorrhoeae</i> NAA (Please indicate collection site)
collection site: endocervical / cervical / urethral / random urine 9807 <input type="checkbox"/> Stool, Parasite Screen (Giardia & Cryptosporidium) RT
Place stool in ParaPak O&P media kit 9522 <input type="checkbox"/> Stool Culture / Fecal Screen RT
Place stool in ParaPak C&S media vial 9523 <input type="checkbox"/> Stool, White Blood Cells (submit fresh stool in sterile cup) RT
Stability: 2 hrs room temp - deliver immediately 9170 <input type="checkbox"/> Stool, C. Difficile Antigen Assay Refrig
Stability: 2 hrs room temp or 24 hrs refrigerated 9514 <input type="checkbox"/> Group A Strep Culture, Throat RT 9321 <input type="checkbox"/> HSV I/II PCR, Not Blood (site _____) Refrig VTM 9488 <input type="checkbox"/> Influenza Virus PCR (NP Swab) Refrig 9551 <input type="checkbox"/> Culture, Beta Strep Group B (site _____) RT 9500 <input type="checkbox"/> Culture, Blood-Routine (site _____) RT 9553 <input type="checkbox"/> Culture, GC (site _____) 37° Incubator 9517 <input type="checkbox"/> Culture, Sputum RT 9520 <input type="checkbox"/> Culture, Urine _____ (clean catch) _____ (catheter) Refrig <input type="checkbox"/> Culture, Virus (site _____) Refrig VTM <input type="checkbox"/> Culture, Wound (site _____) RT <input type="checkbox"/> _____ |
|---|---|--|--|

Additional Requests: _____