

COMMUNITY PROVIDER LABORATORY ORDER FORM

UPIN / NPI#: _____

PROVIDER NAME: _____

ADDRESS: _____

PHONE NUMBER: _____

SECURE FAX NUMBER: _____

ICD 9 DIAGNOSIS CODE(S): **REQUIRED**

FILL IN ALL INFORMATION

PATIENT NAME (Last, First):

DATE OF BIRTH: _____

KAISER PERMANENTE HEALTH RECORD / MEMBER ID #:

NON-FASTING **STAT** **ASAP**

FASTING _____ HOURS **ROUTINE**

PROVIDER: Please sign and date below.

Then FAX order to: **303-404-4030** or **1-877-347-5221**

****Medicare does not generally cover routine screening tests**

<input checked="" type="checkbox"/> URINALYSIS
<input type="checkbox"/> 81003 UA reflex MICRO if positive - 81002
<input type="checkbox"/> 87088 CULTURE (reflexed as indicated)
<input checked="" type="checkbox"/> HEMATOLOGY
<input type="checkbox"/> 85025 CBC/AUTO DIFF (man diff reflexed if meets criteria)
<input type="checkbox"/> 85652 ESR - SED RATE
<input type="checkbox"/> 85014 / 85018 Hemoglobin & Hematocrit
<input type="checkbox"/> 85046 RETICULOCYTE
<input checked="" type="checkbox"/> COAGULATION
<input type="checkbox"/> 85610 PT PROT/IME / INR
<input checked="" type="checkbox"/> CHEMISTRY PROFILES
<input type="checkbox"/> 80048 BMP (LYTES, BUN, CREAT, GLU, CA)
<input type="checkbox"/> 80053 CMP Comp Metabolic Prof (BMP, HFP, TP)
<input type="checkbox"/> 80061 FLIPP FASTING LIPIDS (CHOL, TGL, HDL, LDL) Direct LDL reflexed if Trig >400
<input type="checkbox"/> 83550 / 83540 IRPF Iron Panel (FE, IBC, TIBC, TRANS SAT)
<input type="checkbox"/> 80076 HFP Hepatic Function Panel (ALB, AST, ALT, ALKP, TBIL/DBIL, T PROT)
<input type="checkbox"/> 80051 LYTES (NA, K, CL, CO2)
<input type="checkbox"/> 80069 RFP (LYTES, BUN, CR, GLU, CA, ALB, PHOS)
<input type="checkbox"/> 84443 THYP FT4 reflexed if TSH abnormal HIGH FT3 reflexed if TSH low and FT4 norm
<input checked="" type="checkbox"/> CHEMISTRY SINGLE TESTS
<input type="checkbox"/> 84460 ALT (SGPT)
<input type="checkbox"/> 82150 AMYLASE
<input type="checkbox"/> 84450 AST (SGOT)
<input type="checkbox"/> 82247 BILIRUBIN, TOTAL - ADULT
<input type="checkbox"/> 84520 BUN
<input type="checkbox"/> 82310 CALCIUM
<input type="checkbox"/> 82550 CPK
<input type="checkbox"/> 82565 CREATININE
<input type="checkbox"/> 82728 FERRITIN
<input type="checkbox"/> 82746 FOLATE
<input type="checkbox"/> 82947 GLUCOSE
<input type="checkbox"/> 83036 HEMOGLOBIN A1C LAV
<input type="checkbox"/> 84132 POTASSIUM
<input type="checkbox"/> 83690 LIPASE

<input type="checkbox"/> 83735 MAGNESIUM
<input type="checkbox"/> 82043, 82570 MICROALB / CREAT RATIO
<input type="checkbox"/> 84100 PHOSPHORUS
<input type="checkbox"/> 83970 / 82310 / 82565 / 84100 PTHINT INTACT PTH - Fasting preferred SST & LAV
<input type="checkbox"/> 82043 / 82570 RMA RAND URINE PROT/CREAT RATIO
<input type="checkbox"/> 84295 SODIUM
<input type="checkbox"/> 84443 TSH
<input type="checkbox"/> 84550 URIC ACID
<input type="checkbox"/> 82607 VITAMIN B12
<input type="checkbox"/> 82746 / 82607 VITAMIN B12 / FOLATE
<input checked="" type="checkbox"/> THERAPEUTIC DRUGS
DATE AND TIME OF LAST DOSE:

<input type="checkbox"/> 80162 DIGOXIN
<input type="checkbox"/> 80185 DILANTIN (PHENYTOIN) R
<input type="checkbox"/> 80178 LITHIUM
<input type="checkbox"/> 80156 TEGRETOL (CARBAMAZEPINE)
<input type="checkbox"/> 80164 DEPAKOTE (VALPROIC ACID)
<input type="checkbox"/> 80202 VANCOMYCIN R
<input type="checkbox"/> PEAK <input type="checkbox"/> TROUGH
<input checked="" type="checkbox"/> SPECIAL CHEMISTRY
<input type="checkbox"/> 86592 RPR SYPHLIS SCREEN
<input type="checkbox"/> 84165 SPEP SERUM PROT ELECTROPHORESIS
<input type="checkbox"/> 86706 HEPATITIS B SURFACE AB
<input checked="" type="checkbox"/> OTHER TESTING
<input type="checkbox"/> GLUCOSE TOLERANCE
<input type="checkbox"/> 82950 1 HOUR Gestational
<input type="checkbox"/> 82947 (X4) 3 HOUR TOLERANCE
<input type="checkbox"/> 84703 SERUM PREG (Qualitative)
<input type="checkbox"/> 81025 URINE PREG (Qualitative)
<input type="checkbox"/> 84702 BETA HCG (Quantitative)
<input type="checkbox"/> 82670 ESTRADIOL
<input type="checkbox"/> 84144 PROGESTERONE
<input type="checkbox"/> 83001 (+ 83002) LH/FSH

<input checked="" type="checkbox"/> 24-HOUR URINE TESTS
Total volume required: _____
Date of completion: _____
<input type="checkbox"/> 82575 CRCL CREAT CLEARANCE W/SERUM
<input type="checkbox"/> 82340 UCA CALCIUM
<input type="checkbox"/> 84166 UPEP URINE PROTEIN ELECTROPHORESIS
<input type="checkbox"/> 84156 UPROT TOTAL URINE PROTEIN
<input checked="" type="checkbox"/> OTHER

24-hour urine containers can be picked up at any Kaiser Permanente laboratory location.

No appointments necessary for routine laboratory testing at any Kaiser Permanente lab facility.

Laboratory hours: 9 a.m. to 5 p.m., weekdays.

PLEASE NOTE: Specimens from outside of Kaiser Permanente will not be accepted.

****TESTING ORDERED MUST BE MEDICALLY NECESSARY TO PREVENT, DIAGNOSE, OR TREAT A MEDICAL CONDITION.**

THE TESTS ON THIS ORDER FORM HAVE BEEN APPROVED BY THE ATTENDING PHYSICIAN. (PLEASE SIGN/DATE BELOW)

Signature _____

Date _____

