

**COMPLETE HIGHLIGHTED SECTIONS BELOW**

PRIMECARE REQUISITION #14036-05/19

<b>PATIENT</b>	PATIENT ID [REDACTED]		COMMENTS		<input type="checkbox"/> FASTING <input type="checkbox"/> NON-FASTING		<b>ACCOUNT</b>	Account P1400	
	NAME, LAST (OR CODE NAME) Please Print [REDACTED]		FIRST	M.I.		PRIMECARE MEDICAL			
	DATE OF BIRTH [REDACTED]	AGE [REDACTED]	GENDER [REDACTED]	COLLECTED: DATE [REDACTED]	TIME <input type="checkbox"/> AM <input type="checkbox"/> PM			940 LOCUST LANE	
	ORDERING PHYSICIAN [REDACTED]		NPI #		[REDACTED]			Harrisburg, PA 17101	
								T-484-951-4448 F 717-651-1853	

PROFILES	SCREENING TESTS	WOMEN'S HEALTH
<input type="checkbox"/> 4312-5 Amylase & Lipase (S) <input type="checkbox"/> 2555-1 Basic Metabolic Panel (S) BUN, Calcium, Chloride, CO2, Creatinine, Glucose, Potassium, Sodium <input type="checkbox"/> 9253-6 Card. Panel (S,L,UA) CBC, Cholesterol, Triglyceride, HDL, CMP, Urinalysis <input type="checkbox"/> 3427-2 Comprehensive Metabolic Panel (S) Chem 14 <input type="checkbox"/> 7702-4 Comprehensive Metabolic Panel and CBC (S,L) Chem 14, CBC <input type="checkbox"/> 2597-3 Follow Up Diabetic Panel (S,L) CBC, CMP, HgB A1c <input type="checkbox"/> 1763-2 Helper T-Lymph CD4 (2L) CBC, CD4/CD8 <input type="checkbox"/> 3422-3 Hepatic Function Panel (S) Albumin, Alk Phos., ALT (SGPT), AST (SGOT), D. Bilirubin, T. Bilirubin, T. Protein <input type="checkbox"/> 9067-0 Initial Diabetic Panel (S,L,U) CBC, HgB A1c, CMP, TSH, HDL, UA <input type="checkbox"/> 0009-1 Lipid Panel (S) Triglyceride; HDL, LDL, Cholesterol <input type="checkbox"/> 0010-9 Prenatal Profile (P,L,S) ABO + RH typing, Hep. B. surf. Antigen, CBC, Rubella, Antibody screen, RPR (S)	<input type="checkbox"/> 0038-0 ANA (S) <input type="checkbox"/> 0053-9 CBC w/Diff and Plts (L) <input type="checkbox"/> 0190-9 Prostate Specific Ag (PSA) (S) <input type="checkbox"/> 0086-9 Sedimentation Rate (ESR) (L) <b>INFECTIOUS DISEASES</b> <input type="checkbox"/> 0082-8 Wound Culture (ES) <input type="checkbox"/> 0341-8 Blood Culture, Routine (2 BTLS) <input type="checkbox"/> 0259-2 C Difficile Toxin A & B (STG) <input type="checkbox"/> L344-1 CT/GC PCR Urine (USC) <input type="checkbox"/> 3374-6 Fecal Lactoferrin (STG) <input type="checkbox"/> 0105-7 Hep A, Total Ab w/reflex (S) <input type="checkbox"/> 0106-5 Hep B Surface Ag (S) <input type="checkbox"/> 0107-3 Hep B Surface Antibody (S) <input type="checkbox"/> 0812-8 Hep C antibody (S) <input type="checkbox"/> B125-6 Hepatitis C Antibody W/ Reflex RT PCR (S) <input type="checkbox"/> B688-3 HIV AG/AB 4th Generation (S) <input type="checkbox"/> 1010-8 HIV-1 RNA, ULTRA/PCR, VIRAL LOAD (L) <input type="checkbox"/> 0382-2 Resp Cult (sputum) (SPU) <input type="checkbox"/> 0142-0 RPR (S) <input type="checkbox"/> 0377-2 Stool: Ova/Parasites Exam (O&P) <input type="checkbox"/> 0080-2 Urine Culture (UGY) <input type="checkbox"/> 0459-8 Urinalysis, Routine (w/micros) (UA) <input type="checkbox"/> 3171-6 Microalbumin, Urine (U24)	<input type="checkbox"/> 0327-7 B-HCG, Qualitative (S) <input type="checkbox"/> 0171-9 Gestational Diabetes Evaluation (1 HR) (GRY) <input type="checkbox"/> 0097-6 Gestational Glucose Tolerance (3 HR) (4U) (GRY,S) <b>CHRONIC CARE MANAGEMENT</b> <input type="checkbox"/> 0153-7 TSH (S) <input type="checkbox"/> 0091-9 Free T4 Thyroxine (S) <input type="checkbox"/> 0102-4 Hemoglobin A1c (L) <input type="checkbox"/> 0137-0 Prothrombin Time (PT) (LB) <b>DRUG LEVELS</b> <input type="checkbox"/> 0154-5 Carbamazepine (R) <input type="checkbox"/> 0083-6 Digoxin (R) <input type="checkbox"/> 0119-8 Lithium (R) <input type="checkbox"/> 0289-9 Phenobarbital (R) <input type="checkbox"/> 0084-4 Phenytoin (Dilantin) (R) <input type="checkbox"/> 0542-1 Valproic Acid (R)
<b>OTHER TEST(S) NOT LISTED ABOVE</b> 1. _____ 2. _____ 3. _____ 4. _____ 5. _____		
*Required Field for All Reportable Diseases: <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> African <input type="checkbox"/> Native American <input type="checkbox"/> Other		

INTERNAL CONTROL (LAB USE ONLY)																						
<input type="checkbox"/> LAV	<input type="checkbox"/> SST	<input type="checkbox"/> RED	<input type="checkbox"/> GREY	<input type="checkbox"/> LIGHT BLUE	<input type="checkbox"/> TAN	<input type="checkbox"/> PINK	<input type="checkbox"/> URINE STERILE CUP	<input type="checkbox"/> URINE TUBE	<input type="checkbox"/> 24 HR U	<input type="checkbox"/> BORICULT	<input type="checkbox"/> E-SWAB	<input type="checkbox"/> FOBT	<input type="checkbox"/> O&P	<input type="checkbox"/> APTIMA SWAB	<input type="checkbox"/> BD URINE TUBE	<input type="checkbox"/> CULTUR -ETTE	<input type="checkbox"/> GREEN	<input type="checkbox"/> YELLOW	<input type="checkbox"/> WHITE-PPT	<input type="checkbox"/> ROYAL BLUE	<input type="checkbox"/> BLD. CULTURE	<input type="checkbox"/> SLIDE

Prior Authorization Required? <input type="checkbox"/> Yes <input type="checkbox"/> No	Prior Authorization Obtained? <input type="checkbox"/> Yes <input type="checkbox"/> No
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SITE \_\_\_\_\_

CHECK BELOW:

PrimeCare Employee \_\_\_\_\_

Security Staff \_\_\_\_\_

Phone Number of Patient: \_\_\_\_\_

Address of Patient: \_\_\_\_\_

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