EJGH
East Jefferson General Hospital

OBGyn Outpatient Lab Order Form

Print Patient Name (Last, First, Middle)		Date of Birth:
Patient Social Security #	Patient Phone #	Sex
Print Name of Insured/Responsible Party (Last, First, Middle) – If Other		
Patient Street Address (Or Insured/Responsible Party) Apt. # Key #		
City	State	Zip

Date Collected	Time [ ] AM [ ] PM	Total Vol/Hrs. ___ML ___HR	[ ] Fasting [ ] Non-Fasting

Fax Results to: ( )

Print Physician Name

Print Address:

Physician Signature

ICD10 Codes (Enter all that apply)

PRIMARY INSURANCE

Medicare No. Suffix

Medicaid No. State

Relationship to Insured: [ ] Self [ ] Spouse [ ] Dependent

Primary Insurance Co Name

Member/Insurance ID # | Group #

Insurance Address

City | State | Zip

Employer Name/Employer # | Insured SS# (if permitted)

Panels

- [ ] Acute Hepatitis Panel (HBsAg, HepB Ab Igm, HepBcore Igm, HepC Ab)
- [ ] BMP: (BUN, Cret, NA, K, CL, CO2, CAL, GLU)
- [ ] CMP: (NA, K, CL, CO2, CLU, BUN, Cret, Cal, TP, ALB, TBILI, ALKP, ALT,AST)
- [ ] Hepatic Function Panel: (ALB, TBIL, DBIL, ALKP, AST, ALT, TP)
- [ ] Lipid Panel: (HDL, CHOL, TRIG)

OB Panels

- [ ] Prenatal Panel (ABO, AB SCR, Rh, CBC/diff, RPR w/FTA reflex, HbsAg, Rubella Ab)
- [ ] Prenatal Panel with HIV (ABO, AB SCR, Rh, CBC/diff, RPR w/FTA reflex, HbsAg, Rubella Ab, HIV w/reflex)
- [ ] Urine Culture
- [ ] TSH
- [ ] DAP10 Urine Drug Screen
- [ ] Urine Protein/ Creat ratio, random
- [ ] 24 Hr Ur Creatinine
- [ ] 24 Hr Ur Protein
- [ ] 24 Hr Ur Creatinine Clearance (incl serum Creat)

Chemistry

- [ ] Billirubin total: Direct only if TBIL is elevated
- [ ] C- Reactive Protein (CRP)
- [ ] HS-CRP (Cardio CRP)
- [ ] CA-15-3
- [ ] CA-19-9
- [ ] CA-125
- [ ] CA-27-29
- [ ] Calcium
- [ ] CPK with reflect CKMB
- [ ] Estradiol
- [ ] GFR with Creatinine
- [ ] Fetal Fibronectin
- [ ] Folic Acid Serum
- [ ] FSH
- [ ] Glucose Fasting
- [ ] Glucose serum, random
- [ ] Gestational Glucose 1hr post no glucola
- [ ] Gestational Glucose 1hr post w/glucola 50gms
- [ ] 3 HR Gestational Tolerance w/glucola 100gms
- [ ] HCG, Qual- Serum
- [ ] HCG, Quant- Serum

Chemistry

- [ ] HGB A1C (Glyco HGB)
- [ ] Hepatitis B s AB
- [ ] Hepatitis B s Antigen
- [ ] Hepatitis C AB
- [ ] Herpes I/II IgG
- [ ] Herpes I/II IgM
- [ ] HIV (Consent required)
- [ ] Iron and TIBC
- [ ] LH
- [ ] Monospot
- [ ] Potassium
- [ ] Prolactin
- [ ] Progesterone
- [ ] RA Latex
- [ ] RPR with FTA confirm
- [ ] Rubella IGG
- [ ] Testosterone Total
- [ ] Testosterone, Free, Total and Bioavailable
- [ ] TSH with Reflex Free T4
- [ ] Free T4 (Measured T7)
- [ ] Vitamin B12
- [ ] Vitamin D25 Hydroxy

Bacteriology

Source: _____

- [ ] Amplified DNA Probe ____GC ____Chlamydia ____ Both
- [ ] BV Plus Panel RNA/DNA (Aptima Swab) BV Panel (Lactobacilius, Atopobium, Megasphaera, Gardnerella, Trichomonas, Yeast, GC, Chlamydia
- [ ] BV/Vaginitis DNA (Affirm Swab) Yeast, Trichomonas, Gardnerella
- [ ] Mycoplasma/Ureaplasma PCR (Aptima Swab)
- [ ] GC Culture without Gram Stain
- [ ] Grp B Strep Culture PCN allergy [ ]YES [ ] NO
- [ ] Genital Culture
- [ ] Routine Wound/ Fluid (Aerobic/Anaerobic)
- [ ] HSV Culture
- [ ] Occult Blood X___
- [ ] Urine Culture

92777 [ ] QNatal Advanced

Yes	No	
[ ]	[ ]	advanced maternal age
[ ]	[ ]	Abnormal MSS
[ ]	[ ]	Abnormal Ultrasound
[ ]	[ ]	Personal or Family HX
[ ]		Opt out for sub-chromosomal copy variant
[ ]		Opt out for Fetal Sex

Hematology

- [ ] CBC (Automated WBC, RBC, HGB, HCT, PLT and Indices)
- [ ] CBC with DIFF and PLT Count
- [ ] D-DImer
- [ ] HGB/HCT
- [ ] PT with INR
- [ ] PTT

Urinalysis

- [ ] UA with microscopic (if indicated)
- [ ] UA , microscopic & C & S (if indicated)

Blood Bank

- [ ] Type and Screen (ABO, Rh, AB Screen
- [ ] ABO and Rh
- [ ] RhoGAM ABO and Rh (RhoGAM to be given at the office)

Integrated/Sequential Screening

16165 [ ] Serum Integrated gestation Screen **Part 1** (PAPP-A) # (NT not required) (9.0-13.9 weeks gestation)

16167 [ ] Serum Integrated Screen **Part 2** (AFP, hCG,uE3, DIA) (14.0-22.9 weeks gestation)

1st Trimester Screening

16020 [ ] 1st Trimester Screen hyper-Gly-hCG (PAPP-A, h-hCG) (9.0 – 13.9 weeks gestation)

16145 [ ] 1st Trimester Screen hCG (PAPP-A, hCG) (10.0-13.9 weeks gestation)

2nd Trimester Screening

5059 [ ] Maternal Serum AFT (MSAFP) (15.0-22.9 weeks gestation)

7292 [ ] Triple Screen (AFP, hCG, uE3), (14.0-22.9 weeks gestation)

30294 [ ] Quad Screen (AFP, hCG, uE3, DIA) (14.0-22.9 weeks gestation)

15934 [ ] Penta Screen(AFP, hCG,uE3, DIA, h-hCG) (14.0-22.9 weeks gestation)

 # THIS INFORMATION IS REQUIRED FOR PART 1 OF INTEGRATED/SEQUENTIAL SCREENING, 1ST AND 2ND TRIMESTER SCREENING and QNatal ADVANCED PANEL

Date of birth _____ Maternal weight _____lbs

EDD Estimated Date of Delivery: _____ determined by: [ ] Ultrasound [ ] Last Menstrual Period (LMP) [ ] Physical Exam

Mother's Ethnic Origin: [ ] African American [ ] Asian [ ] Caucasian [ ] Hispanic [ ] Other _____

Number of Fetuses: [ ] One [ ] Two [ ] More than 2 [ ] How many Fetuses? _____

Yes	No	
[ ]	[ ]	Patient is an Insulin-dependent diabetic prior to pregnancy
[ ]	[ ]	This is a repeat specimen for this pregnancy (Repeat testing following a screen positive result for Down syndrome or Trisomy 18 is not recommended)
[ ]	[ ]	History of neural tube defect If yes explain: _____
[ ]	[ ]	Previous pregnancy with Down Syndrome
[ ]	[ ]	Pregnancy is from a donor egg Age of Donor at time of Egg Retrieval: _____

Other Relevant Clinical Information: _____

Reviewed: 6/09