



ALLINA HEALTH LABORATORY
CLINICAL REQUEST

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www.allinahealth.org/allinahealthlaboratory

LAB02

Submitter: **XADO** (Opt OUT/Non-Participating Patient)

Facility Name: _____

Address: _____

Phone: _____

Complete Provider Name: _____

-AND- Provider Allina Health ID Number: _____

-OR- Provider NPI Number: _____

STAT All or Single Test
 Call to (_____) _____

Fax report to (_____) _____ - _____

Additional Tests

BILL TO (MUST CHECK ONE): CLIENT PATIENT/INSURANCE

MEDICARE SECONDARY PAYER (MSP) INFORMATION REQUIRED. (INTERNAL USE ONLY) MSP status has been verified with beneficiary or representative within 90 days of service and documentation is on file. MSP Collected

DATE & TIME COLLECTED _____ DRAWN BY _____
GENDER: MALE FEMALE BIRTH DATE (mm-dd-yyyy) _____
PATIENT NAME: Last, First MI _____ CHART # _____
PATIENT ADDRESS: Street and City _____
STATE _____ ZIP _____ PATIENT PHONE (_____) _____

MEDICARE PRIMARY MEDICARE SECONDARY
MEDICARE _____

MEDICAL ASSISTANCE _____ STATE _____
NUMBER _____

INSURANCE CO. NAME _____ RELATIONSHIP OF PATIENT TO INSURED
 SELF SPOUSE DEPEND. OTHER

POLICY HOLDER'S NAME _____ POLICY HOLDER DATE OF BIRTH (IF NOT PATIENT) _____

SUBSCRIBER ID # _____ GROUP # _____

Dx1 _____ Dx3 _____ PROVIDER SIGNATURE _____
Dx2 _____ Dx4 _____ REFERRING PROVIDER _____

ABN NOT INDICATED ABN INCLUDED
**Indicates coverage sensitive tests. ABN may be needed.* Medical Necessity Statement: Tests ordered on Medicare patients must follow CMS rules regarding medical necessity and FDA approval guidelines, and must include diagnosis, symptom, or reason for testing as indicated in the medical record. If testing does not come under Medicare guidelines for payment, a "signed" Advanced Beneficiary Notice must be included. Clinical consultation regarding test ordering is provided at 612-863-4670.

#	Test	#	Test	#	Test	#	Test
CHEMISTRY/IMMUNOLOGY		CHEMISTRY/IMMUNOLOGY		HEMATOLOGY/COAGULATION		MICROBIOLOGY (ALL CULTURES MAY REFLEX)	
SINGLE TESTS		Immunoglobulins <input type="checkbox"/> All (140) <input type="checkbox"/> IgG (1140) <input type="checkbox"/> IgM (143) <input type="checkbox"/> IgA		Factor 10 chromogenic		Fungus culture - other source	
908	Alkaline phosphatase			5767	Prothrombin time / INR	6579	Source:
17	Albumin	(1141)		490*	PTT	6695	Giardia antigen
254	ALT / SGPT	1144*		450*	Hemoglobin	4495	Herpes simplex virus (HSV) by rapid PCR
31	Amylase, serum	100*		514*	WBC		Source:
12467	ANA with reflex titer (if pos)	909		430*	CBC	6696	Influenza antigen
910	AST / SGOT	147		400*	CBC/diff	8810	Influenza A/B PCR
2366	Bilirubin, total & direct	5658		230*	CBC no platelets	6578	MRSA culture
46	Bilirubin, total	171		800*	CBC/diff no platelets	12484	Mycoplasma hominis PCR
5531*	Brain natriuretic peptide	659		470	Morphology by pathology + form	6596	Ova/Parasites exam
52	BUN	175		499	Reticulocyte count	12485	Ureaplasma species PCR
294*	CA 125	205		12710	Sedimentation rate		Amplified Probe (Source: _____)
4852*	CA 27.29	211			DRUG LEVELS/TOXICOLOGY		<input type="checkbox"/> Chlamydia (6744)
56	Calcium, serum	683		952	Carbamazepine (Tegretol)		<input type="checkbox"/> GC (6745)
674	C-Reactive protein	257		8742*	Compliance drug analysis, urine		<input type="checkbox"/> Chlamydia & GC (6746)
5664	CRP, High sens. cardio	215		92*	Digoxin (Lanoxin)		<input type="checkbox"/> Trichomonas (8940)
71*	Cholesterol	216		597*	Drugs of abuse screen, urine	6533	RSV, rapid antigen
80	CK, total	219		8452	Lamotrigine (Lamictal)		Source:
8813	Cortisol, total	1102*		8454	Levetiracetam (Keppra)	12795	Stool pathogen multiplex PCR panel
82	Creatinine, serum	1097*		169	Lithium	6563	Throat culture
285	DHEA-S	711		207	Phenobarbital	6566	Throat Strep A culture
102*	Ferritin	713		91	Phenytoin (Dilantin)	6599	Throat Strep A rapid with reflex
103	Folate, serum	1812		8734	Topiramate	6564*	Urine culture
104	FSH	233		949	Valproic acid (Depakene)		Source: <input type="checkbox"/> Void <input type="checkbox"/> Foley <input type="checkbox"/> Catheter
114*	GGT	847*			URINE COLLECTIONS	6568	Vaginal/Rectal OB Strep culture
109*	Glucose, fasting	251*		399	Urinalysis, microscopic reflex	6565	Vag/Cervical culture/gram stain
690*	HCG, quant	44		3399	Urine microscopic only	7763	Vag Trich/Gardnerella/Candida probe
3631*	HDL - Cholesterol	646			TIMED URINE Volume mL hrs		
2154	Helicobacter pylori, IgG	1654		1341	Calcium		
241*	Hemoglobin A1c (Monitoring)	8325		1054	Creatinine clearance - Serum Needed		
8761*	Hemoglobin A1c (Screening)	256*			Pt Wt: _____ Ht: _____		
693	Hepatitis A Ab IgG/IgM with reflex	5045		630	Microalbumin		
	<input type="checkbox"/> (1172) Hepatitis A Ab IgM	258*		361	Protein, timed urine		
689	Hepatitis BsAb (Immune)	8960*			MICROBIOLOGY (ALL CULTURES MAY REFLEX)		
686	Hepatitis BsAg with reflex	262		12423	Aerobic bacterial culture, stain		
688	Hepatitis B core Ab IgG/IgM	272			Source:		
	<input type="checkbox"/> (655) Hepatitis B core Ab IgM	113A*		6554	Anaerobic culture (order aerobic cx also)		
527	Hepatitis C Ab with Reflex				Source:		
2242	HCV Antibody RT-PCR viral load	7		8288	Clostridium difficile toxin PCR		
533*	HIV 1/2 Ag/Ab combo assay	95		12351	Enteric pathogens culture, stool		
4775	Homocysteine cardiac	94		888	Fungus culture - Skin, hair, nails		
704	Immunofixation (serum immuno ELP)	223					

Tests identified above with "with Reflex" have a reflex testing protocol defined. That is, based on the results of the ordered test, additional testing if required will be performed, reported and billed as an extra charge. These additional tests are necessary to complete the diagnostic information needed for treatment of the patient, and are identified on the back of this requisition.

REFERENCE LAB USE ONLY

TUBE(S) RECEIVED: Gold _____ Green _____ EDTA(purple) _____ Plain Red _____ NaCitrate(blue) _____ Transfer tube _____ Frozen _____ SPECIMENS COLLECTED: Urine _____ Culturette _____ M4 _____ Stool _____ DNA Probe _____

Clinical (02/2021) Ordered by (A#) _____ 2nd check by (A#) _____

INSURANCE

Affix RQ
Label here

Reflex testing:

The following reflex tests only represent the most common tests that are likely to have additional testing that will reflex. A comprehensive list is available on our website

- HAV** Hepatitis A Aby IgG/IgM with reflex
- If positive, Hepatitis A Aby IgM will be performed
- ANA** Anti-Nuclear Antibody (ANA) with Reflex
- If positive, titer will be performed
- HBS** Hepatitis B surface antigen (HBsAg) with Reflex (and profiles including this test)
- If Positive, HBsAg Neutralization will be performed
- HCV** Hepatitis C with Reflex
HCCQ Hepatitis C Antibody with Quantitation
- HCV RNA Quantitation will be performed if the HCV result is Equivocal or Positive
- HCV Genotype will be performed if the HCV RNA Quantitation is Positive
- H12** Human Immunodeficiency Virus (HIV-1) Antibody with Reflex
- Reactive specimens will be confirmed by Immunochromatographic HIV Differentiation
- RSA** Rapid Strep A, throat with Reflex
- If negative, Throat Strep A culture will be done
- TNP** TNP if Reactive - reflex to RPR. RPR reflex to FTA if RPR Non-reactive
- TSR** TSH with Reflex to Free T4
- Any TSH value of <0.35 or >4.94 µIU/ml will automatically reflex to a Free T4 (FT4)
- UA** Urinalysis with reflex
- If any of the following criteria are met, a microscopic examination will be reflexed:
- | | |
|--------------------|-----------------------------|
| Color | Any color other than Yellow |
| Clarity | ≥ Slightly Cloudy |
| Blood | ≥ Trace |
| Protein | ≥ 1+ |
| Nitrite | Positive |
| Leukocyte esterase | Positive |
| Glucose | ≥ 1000 mg/dL |
| Bilirubin | Abnormal |

Additional testing if required will be performed, reported, and billed as an extra charge.

Notification by the provider is necessary if reflex testing is NOT desired.