

# ANMC LABORATORY FIELD REQUISITION

Alaska Native Medical Center Laboratory

4315 Diplomacy Drive

Anchorage, AK 99508

Phone: (907) 729-1200, Fax: (907)729-1227

All Information in yellow/red fields is required. Use full names (NO ABBREVIATIONS).

Field Requisition and Specimen Requirements Into Available at: <http://anmc.org/services/laboratory>

Diagnosis/Signs/Symptoms in ICD-9 or IDC-10 Format (Highest Specificity)

Patient's Name (Last) Patient's Name (First) Sex Date of Birth

MR # Provider's Name (Last) Provider's Name (First)

**Note:** Only order those tests which are medically necessary for the diagnosis and treatment of the patient. Medicare does not pay for tests for which documentation does not support that the tests were reasonable and necessary. Medicare generally does not cover routine screening tests, even if you consider the tests appropriate.

Provider's Signature: \_\_\_\_\_

Clinic's FULL NAME (NO ABBREVIATIONS)

City/Village FULL NAME (NO ABBREVIATIONS)

Clinic's Phone # Clinic's Fax #

Collection Date Collection Time

Bill To:  Client/Clinic  Medicare ( Primary  Secondary)  Medicaid  Other Insurance

Patient's Relationship to Insured Person:  
 Self  Spouse  Child  Other

Insured Person's Full Name (If Not Pt) (Last, First)

Insurance Company Name Insured's SS #

Subscriber/Member # Carrier Code

Plan Name or # Group #

Physician's Provider # Workers's Comp (Y/N)

Employer's Name Employer's #

**COMMON TEST PANELS**

Acute Hepatitis Panel (HAV IgM, HBV Core IgM, HBV Surface Ag, HCV Ab)	SST
Basic Metabolic Panel (Na, K, Cl, Glu, CO2, BUN, Creat, Ca, GFR)	SST
Chronic Hepatitis Screen (HAV Ab, HBV Core Ab, HBV Surface Ab, HCV Ab)	SST
Comprehensive Metabolic Panel (Na, K, Cl, Glu, CO2, BUN, Creat, Ca, TP, Alb, TBili, Alk Phos, ALT, AST, GFR)	SST
Electrolyte Panel (Na, K, Cl, CO2)	SST
Hepatic Function Panel (Alb, TBili, DBili, Alk Phos, TP, ALT, AST)	SST
Lipid Panel (Fasting Specimen) (TChol, Trig, HDL, LDL, Chol:HDL Ratio)	SST
Renal Function Panel (Na, K, Cl, Alb, Ca, CO2, Creat, Glu, PO4, BUN, GFR)	SST

**ALPHABETICAL TESTS**

Creatinine	SST
Direct Antiglobulin Test (DAT)	Pink or LAV
Digoxin	SST
Ethanol	SST
Ferritin	SST
Folate	SST
Gentamicin	SER
GGT	SST
Glucose	SST
HCG (Serum), Quant	SST
HCG (Urine), Qual	URINE
Hemoglobin A1C	LAV
Hep A Antibody, Total IgG/IgM	SST
Hep A Antibody, IgM	SST
Hep B CORE Antibody *	SST
Hep B Core IgM Antibody	SST
Hep B Surface Antibody	SST
Hep B Surface Antigen *	SST
Hep B CARRIER PANEL w/ AFP	SST
Hep C Antibody	SST
Hep C CARRIER PANEL w/ AFP	SST
HIV Screen *	SST
Iron Panel (Iron, TIBC, UIBC, % Sat)	SST
Iron, Total	SST
LDH	SST
Magnesium	SST
Phenobarbital	SER
Phenytoin (Dilantin)	SER
Phosphorous	SST
PT with INR	BLUE
PTT, Activated	BLUE
Potassium (K)	SST
PSA	SST
PSA w/ Reflex Free PSA *	SST
PTH, Intact	SST
RPR	SST
Rubella Antibodies, IgG	SST
Salicylate	SST
Sodium	SST

**HEMATOLOGY TESTS**

Hemoglobin and Hematocrit	LAV
CBC with Differential	LAV and SMEAR
CBC without Differential	LAV
Manual Differential	SMEAR
Reticulocyte count	LAV
Erythrocyte Sedimentation Rate (ESR)	LAV

**ALPHABETICAL TESTS**

ABO Group & Rh	Pink or LAV
Acetaminophen	SST
AFP	SST
Albumin	SST
Alkaline Phosphatase	SST
ALT	SST
Amylase	SST
Antibody Screen w/ Reflex Antibody ID *	Pink or LAV
Antibody Titer	Pink or LAV
AST	SST
Bilirubin, Direct	SST
Bilirubin, Total	SST
Calcium	SST
Cholesterol, Total	SST
CK, Total	SST

**ALPHABETICAL TESTS**

T-3, Free	SST
T-4, Free	SST
T-4, Total	SST
Triglyceride	SST
TSH	SST
TSH w/ Reflex FT4 *	SST
Urinalysis Dipstick Only	BD Tube
Urinalysis w/ Reflex Micro & Culture *	BD Tubes
Urinalysis w/ Microscopic Exam	BD Tube
Valproic Acid	SST
Vancomycin	SST
Vitamin B12	SST
Vitamin D 25 OH, Total	SST

**MICROBIOLOGY TESTS**

Source of Specimen (REQUIRED):

Aerobic Bacterial Culture (Source: _____)	Swab
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Chlamydia/GC (APTIMA) (Source: _____)	APTIMA
Clostridium Difficile (DNA Amplification)	Stool
Gram Stain (Source: _____)	Swab
Influenza A & B (Rapid Antigen)	NP Swab
Hep B Quant Viral Load (PCR)	SST
Hep C Quant Viral Load (PCR)	SST
Parasite Antigen Panel	Alpha Tec
Rotavirus (Rapid Antigen)	Stool
RSV (Rapid Antigen)	NP Swab
Sputum, Upper Respiratory Culture	Sputum
Stool Culture	Alpha Tec
Throat Culture, Beta Strep Group A	Swab
Trichomonas (APTIMA) (Source: _____)	APTIMA
Urine Culture <input type="checkbox"/> Clean Catch <input type="checkbox"/> Cath	BD Tube

**Legend:** \* = Has potential reflexive testing.

**Note:** In general, all specimens should be sent with a gel cold-pack. Refer to chart on ANMC website for specimen type, stability, and transport requirements: <http://anmc.org/services/laboratory/specimen requirements>

**Prenatal Triple Test/Maternal Serum Evaluation**

Gestational Wks: \_\_\_\_\_ Maternal Weight: \_\_\_\_\_  
 Race: \_\_\_\_\_ Insulin Dependent: \_\_\_\_\_  
 Previous Results/History: \_\_\_\_\_

**ADDITIONAL TESTS / NOTES / 24 Hour Urine Volume**

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