MUSC Health
Pathology and Laboratory Medicine

MUSC Health Charleston Division
Pathology and Laboratory ICCE
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☐ **STAT**
STAT results will only be called if critical

Submitter Name:

Address

Phone:

Fax:

PATIENT INFORMATION REQUIRED. PLEASE PRINT LEGIBLY.
NOTE: INCOMPLETE INFORMATION WILL DELAY TEST RESULTS.

NAME (LAST, FIRST, MI)		SEX	RACE
ADDRESS (STREET, CITY)		SC	ZIP
SOCIAL SECURITY NUMBER (SSN)	DATE OF BIRTH	PHONE #	

ORDERING PROVIDER – FULL NAME REQUIRED (LAST, FIRST, MI):

CONTACT (if different from ordering location):

CLIENT BILL
ICD10 CODES NOT REQUIRED
GUARANTOR: LAB SPECIMEN

FOR LAB USE ONLY

MRN: _____ FIN#: _____ ACCN#: _____

RECD BY: _____ ACCN BY: _____ LABELED BY: _____

LEGEND

B - Sodium Citrate Light Blue
Gn - Lithium Heparin (Light Green w/ Gel)
L - Lavender EDTA
P - Pink EDTA
U - Urine
S - Serum Separator
R - Plain Red

***** - Limited Coverage test that requires an acceptable ICD10 code (Refer to Guidelines for Medical Necessity)**

- If positive/suspect result, a repeat and/or confirmatory test will be performed

Please note: All requests for lab services billed to the patient must contain an ICD10 code(s) or narrative diagnosis. Medicare patients require an ICD10 code for each test. Tests in red are deemed limited coverage tests by the Centers for Medicare & Medicaid Services (CMS) and the Palmetto Government Benefits Administration (PGBA). Medicare will only pay for these limited coverage tests if an acceptable ICD10 code or diagnosis is provided. If the test(s) requested does not meet the criteria established by CMS and/or PGBA, an Advance Beneficiary Notice (ABN) must be signed by the patient and a copy submitted with the lab request. Each test ordered must have a corresponding ICD10 code or diagnosis.

SPECIMEN COLLETION (REQUIRED):

DATE OF COLLECTION: _____/_____/_____ **TIME:** _____:_____ **AM / PM**

PHLEBOTOMIST INITIALS: _____

EACH TEST MUST BE ORDERED INDIVIDUALLY AND BE MEDICALLY NECESSARY.

FREQUENTLY REQUESTED TESTS

CODE		TEST	TUBE	ICD10
NA	☐	Sodium	Gn/S	
K	☐	Potassium	Gn/S	
CL	☐	Chloride	Gn/S	
CO2	☐	Carbon Dioxide (CO2)	Gn/S	
GLU	☐	***Glucose	Gn/S	
		☐ Random ☐ Fasting ☐ Other		
UN	☐	Urea Nitrogen, Blood	Gn/S	
CREAT	☐	Creatinine	Gn/S	
CA	☐	Calcium	Gn/S	
ALB	☐	Albumin	Gn/S	
ALK	☐	Alkaline Phosphatase	Gn/S	
ALT	☐	Alanine Aminotransferase	Gn/S	
AST	☐	Aspartate Aminotransferase	Gn/S	
D BILI	☐	Bilirubin, Direct	Gn/S	
T BILI	☐	Bilirubin, Total	Gn/S	
TP	☐	Protein, Total	Gn/S	

PANELS

HCFA regulations mandate each test in a profile must be medically necessary or individual tests must be ordered.

AHP	☐	***Acute Hepatitis Panel (MHAVAB, MCORAB, HBSAG and HCV)	S	
BMP	☐	Basic Metabolic Panel - BMP (Na, K, Cl, CO2, Glu, UN, Creat, Ca)	Gn/S	
CMP	☐	Comprehensive Metabolic Panel (CMP) - (Na, K, Cl, CO2, Glu, UN, Creat, Ca, TP, Alb, T Bili, AST, ALT, ALP)	Gn/S	
LIVER	☐	Hepatic Panel (Alb, T Bili, D Bili, AST, ALT, ALP, TP)	Gn/S	
LIPID	☐	***Lipid Profile (Chol, Trig, HDL, LDL (calc.), VLDL (calc.))	Gn/S	
LYTES	☐	Electrolytes (Na, K, Cl and CO2)	Gn/S	
RENAL	☐	Renal Function Panel (Na, K, Cl, CO2, Glu, UN, Creat, Ca, Alb and Phos)	Gn/S	

VISIT OUR TEST DIRECTORY ONLINE:
https://musclabservices.testcatalog.org/

ADDITIONAL CHEMISTRY, HEMATOLOGY COAGULATION AND IMMUNOLOGY TESTS

CODE		TEST	TUBE	ICD10
ABORH	☐	ABO and Rh	P	
ABSC	☐	Antibody Screen	P	
BNP	☐	***B-Type Natriuretic Peptide	L	
CA 125	☐	***CA 125	Gn/S	
CRP HS	☐	***C-Reactive Protein, High Sens.	S	
CRP LS	☐	C-Reactive Protein, Low Sens.	S	
CBC	☐	***CBC (Hemogram Only)	L	
CBCD	☐	***CBC with Diff	L	
CHOL	☐	***Cholesterol	Gn/S	
DIG	☐	***Digoxin	R	
DIL	☐	Dilantin	R	
EBV	☐	Epstein Barr Virus ABS, IgG	S	
FERR	☐	***Ferritin	Gn/S	
FOL	☐	Folate	S	
GGT	☐	***GGT, Gammaglutamyl Transferase	Gn/S	
HCG	☐	***HCG, Serum Quant	S	
HCT	☐	***Hematocrit	L	
HGB	☐	***Hemoglobin	L	
HB A1C	☐	***Hemoglobin A1C	L	
HBSAG	☐	Hep B Surface Antigen ##	S	
AHBSAG	☐	Hep B Surface Antibody	S	
HCV	☐	Hep C Antibody ##	S	
HET SC	☐	Heterophile Scrn (Monospot)	S	
HIV	☐	***HIV 1&2 Antibody ##	S	
HOMOCYST	☐	***Homocysteine	L (On Ice)	
FE/IBC	☐	***Iron / Iron Binding	Gn/S	
LDH	☐	LDH, Lactate Dehydrogenase	S	
MG	☐	Magnesium	Gn/S	
PHOS	☐	Phosphorus	Gn/S	
PSA	☐	***PSA, Prostate Specific Ag	S	
PSA50	☐	PSA Screening	S	

NOTE: Annual PSA Screen for Medicare patients >50 yrs. only -
Previous annual PSA date required_____)

PT	☐	***PT, Prothrombin Time	B	
APTT	☐	***PTT, Act. Partial Thrombo.	B	
RETIC	☐	Reticulocyte Count	L	

CODE		TEST	TUBE	ICD10
SYPHIGGREF	☐	Syphilis Screen w/ Reflex ##	S	
RUB	☐	Rubella Antibody	S	
SED	☐	Sedimentation Rate	L	
T3	☐	T3, Total	S	
T4	☐	***T4, Total	S	
T4 F	☐	***T4, Free	S	
TSH	☐	***TSH, Thyroid Stim. Horm.	S	
TSF	☐	***Transferrin	S	
TRIG	☐	***Triglyceride	Gn/S	
UA	☐	Urinalysis	U	
B12	☐	Vitamin B12	S	

MICROBIOLOGY

Source (REQUIRED) _____

- ☐ Aerobic Bacterial Culture
- ☐ Beta Strep Culture (GBS), Vag/Rec
  - ☐ Penicillin Allergy
- ☐ Fungal Culture
- ☐ Chlamydia trachomatis by Amplified DNA Probe
  Source _____
- ☐ GC (Neisseria gonorrhoeae) by Amplified DNA Probe
  Source _____
- ☐ GI (Gastrointestinal) Panel by PCR
- ☐ Group A Streptococcus by PCR
- ☐ Respiratory Viral Panel by PCR
- ☐ ***Screen Culture ☐ MRSA ☐ VRE
- ☐ ***Urine Culture
  Source _____

WRITE IN ADDITIONAL TESTS OR COMMENTS

TEST	ICD10 CODE