



Clinical Laboratory Requisition
 Phone: (913) 396-8509
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mawdpathology.com

Referring Facility: _____
 Address: _____

PATIENT INFORMATION

Patient Name (Last, First): _____ **Date of Birth:** _____
Address: _____ **Phone:** _____ **Sex:** Male Female
Medical Record Number: _____ **Collection Date:** _____ **Collection Time:** _____ **Priority:** Stat Routine
Dx Description or ICD-Code (REQUIRED): _____ **Bill To:** Pt Self Pay Insurance Client (Client Code: _____)

BILLING INFORMATION

Insurance: _____ **Subscriber ID:** _____ **Group No:** _____
Subscriber Name: _____ **Subscriber DOB:** _____ **Relation to Pt:** _____
Subscriber Address: _____ **City/State/Zip:** _____

ORDERING PROVIDER

Ordering Provider Name & Credentials (Printed Above)
Phone: _____ **Fax:** _____

MEDICAL NECESSITY REGULATIONS: At the government's request, MAWD Laboratories would like to remind all physicians that when ordering tests expected to be paid under federal health care programs, such as Medicare and Medicaid, the tests must meet the following conditions: (1) included as covered services, (2) reasonable, (3) medically necessary for the treatment and diagnosis of the patient and (4) not for screening purposes.

Clinician Signature (REQUIRED) _____ **Date** _____ **Time** _____

ORGAN/DISEASE PANELS		URINALYSIS		CHEMISTRY AND IMMUNOASSAY	
<input type="checkbox"/> Basic Metabolic Panel	<input type="checkbox"/> Comprehensive Metabolic Panel	<i>Method of Collection</i>	<input type="checkbox"/> Midstream/Clean Catch	<input type="checkbox"/> Albumin	<input type="checkbox"/> Homocysteine
<input type="checkbox"/> Urine Drug Screen (5)	<input type="checkbox"/> Extended Drug Screen (9)	<input type="checkbox"/> Indwelling Catheter	<input type="checkbox"/> Straight Catheter	<input type="checkbox"/> Alkaline Phosphatase (ALP)	<input type="checkbox"/> hs-CRP
<input type="checkbox"/> Obstetric Panel	<input type="checkbox"/> Obstetric Panel w/ HIV Screen	<input type="checkbox"/> Suprapubic	<input type="checkbox"/> Nephrostomy	<input type="checkbox"/> Alpha-Fetoprotein	<input type="checkbox"/> IgA
<input type="checkbox"/> Hepatic Panel	<input type="checkbox"/> Renal Panel	<input type="checkbox"/> UA, Routine	<input type="checkbox"/> UA, Microscopic	<input type="checkbox"/> ALT	<input type="checkbox"/> IgG
<input type="checkbox"/> Electrolyte Panel	<input type="checkbox"/> Lipid Panel	<input type="checkbox"/> UA, Microscopic w/ reflex to culture		<input type="checkbox"/> Amylase	<input type="checkbox"/> IgM
MICROBIOLOGY				<input type="checkbox"/> Anti-Mullerian Hormone	<input type="checkbox"/> Insulin
<input type="checkbox"/> Throat	<input type="checkbox"/> Strep A Screen w/ reflex to culture	<input type="checkbox"/> Culture only		<input type="checkbox"/> Anti-Tg	<input type="checkbox"/> Iron
<input type="checkbox"/> Urine	<input type="checkbox"/> Midstream/Clean Catch	<input type="checkbox"/> Other:		<input type="checkbox"/> Anti-TPO	<input type="checkbox"/> LDH
	<input type="checkbox"/> Indwelling Catheter	<input type="checkbox"/> Straight Catheter	<input type="checkbox"/> Reflex ID and Susceptibility	<input type="checkbox"/> AST	<input type="checkbox"/> LDL
	<input type="checkbox"/> Suprapubic	<input type="checkbox"/> Nephrostomy		<input type="checkbox"/> Bicarbonate	<input type="checkbox"/> Lipase
<input type="checkbox"/> Blood	<input type="checkbox"/> Venipuncture	<input type="checkbox"/> Line	<i>Site:</i>	<input type="checkbox"/> Bilirubin, Direct	<input type="checkbox"/> Lithium
<input type="checkbox"/> Respiratory	<input type="checkbox"/> Sputum	<input type="checkbox"/> Other:		<input type="checkbox"/> Bilirubin, Total	<input type="checkbox"/> Luteinizing Hormone
<input type="checkbox"/> Wound	<input type="checkbox"/> Abscess	<input type="checkbox"/> Lesion	<input type="checkbox"/> Vesicle	<input type="checkbox"/> BUN	<input type="checkbox"/> Magnesium
	<i>Site:</i>			<input type="checkbox"/> C4	<input type="checkbox"/> Microalbumin
<input type="checkbox"/> Tissue	<i>Site:</i>			<input type="checkbox"/> CA125	<input type="checkbox"/> Phenobarbital
<input type="checkbox"/> CSF	<input type="checkbox"/> Spinal Tap	<input type="checkbox"/> Shunt		<input type="checkbox"/> CA19-9	<input type="checkbox"/> Phenytoin
<input type="checkbox"/> Sterile Body Fluid	<input type="checkbox"/> Synovial	<input type="checkbox"/> Pleural	<input type="checkbox"/> Dialysate	<input type="checkbox"/> Calcium	<input type="checkbox"/> Phosphorus
	<input type="checkbox"/> Bile	<input type="checkbox"/> Gastric	<input type="checkbox"/> Semen	<input type="checkbox"/> Carbamazepine	<input type="checkbox"/> Potassium
	<input type="checkbox"/> Breast Milk	<input type="checkbox"/> Pancreatic	<input type="checkbox"/> Other:	<input type="checkbox"/> CEA	<input type="checkbox"/> Prealbumin
<input type="checkbox"/> Eye (Circle)	<input type="checkbox"/> Conjunctival Swab	<input type="checkbox"/> Vitreous Fluid		<input type="checkbox"/> Chloride	<input type="checkbox"/> Pro BNP
Left Eye Right Eye	<input type="checkbox"/> Corneal Scraping	<input type="checkbox"/> Aqueous Fluid		<input type="checkbox"/> Cholesterol	<input type="checkbox"/> Procalcitonin
	<input type="checkbox"/> Contact Lens	<input type="checkbox"/> Other:		<input type="checkbox"/> Cortisol	<input type="checkbox"/> Progesterone
<input type="checkbox"/> Ear (Circle)	<input type="checkbox"/> Wax	<input type="checkbox"/> Drainage		<input type="checkbox"/> Creatine Kinase (CK)	<input type="checkbox"/> Prolactin
Left Ear Right Ear	<input type="checkbox"/> Other:			<input type="checkbox"/> Creatinine	<input type="checkbox"/> PSA Free and Total
<input type="checkbox"/> Medical Device	<input type="checkbox"/> Catheter Tip	<input type="checkbox"/> Other:	<i>Site:</i>	<input type="checkbox"/> DHEA-S	<input type="checkbox"/> PTH
<input type="checkbox"/> Genital	<i>Site:</i>	<input type="checkbox"/> Gram Stain	<input type="checkbox"/> Wet prep for BV	<input type="checkbox"/> Estradiol	<input type="checkbox"/> Rheumatoid Factor
<input type="checkbox"/> Dermatophytes – Fungus	<input type="checkbox"/> Hair	<input type="checkbox"/> Skin	<input type="checkbox"/> Nails	<input type="checkbox"/> Ethanol Screen	<input type="checkbox"/> Sex Hormone Binding Globulin
	<input type="checkbox"/> Water	<input type="checkbox"/> Surface	<input type="checkbox"/> Air	<input type="checkbox"/> Ferritin	<input type="checkbox"/> Sodium
<input type="checkbox"/> Environmental	<input type="checkbox"/> MRSA Screen	<i>Site:</i>	<input type="checkbox"/> VRE Screen (Rectal)	<input type="checkbox"/> Folate	<input type="checkbox"/> Syphilis Antibodies
<input type="checkbox"/> Infection Control	<input type="checkbox"/> C. difficile Test (no formed stool)	<input type="checkbox"/> Rotavirus	<input type="checkbox"/> Bacterial Enteric Panel	<input type="checkbox"/> Free T3	<input type="checkbox"/> Testosterone
<input type="checkbox"/> Gastrointestinal	<input type="checkbox"/> H. pylori Stool Antigen	<input type="checkbox"/> Cryptosporidium/Giardia Screen		<input type="checkbox"/> Free T4	<input type="checkbox"/> Total Protein
SEROLOGY		HEMATOLOGY		<input type="checkbox"/> FSH	<input type="checkbox"/> Total T3
<input type="checkbox"/> Fecal Lactoferrin (WBC)	<input type="checkbox"/> Fecal Occult Blood (iFOBT)	<input type="checkbox"/> CBC w/ Differential	<input type="checkbox"/> CBC w/o Differential	<input type="checkbox"/> GGT	<input type="checkbox"/> Total T4
<input type="checkbox"/> Gastric Occult	<input type="checkbox"/> Mono Screen	<input type="checkbox"/> Hemoglobin	<input type="checkbox"/> H+H	<input type="checkbox"/> Glucose	<input type="checkbox"/> Transferrin
<input type="checkbox"/> RPR	<input type="checkbox"/> RSV Antigen	<input type="checkbox"/> RBC	<input type="checkbox"/> WBC	<input type="checkbox"/> HbA1c	<input type="checkbox"/> Triglycerides
<input type="checkbox"/> Legionella Urine Antigen	<input type="checkbox"/> S. pneumoniae Urine Antigen	<input type="checkbox"/> Reticulocyte	<input type="checkbox"/> Pathology Review	<input type="checkbox"/> hCG+B	<input type="checkbox"/> TSH
COAGULATION		MISCELLANEOUS		<input type="checkbox"/> HDL	<input type="checkbox"/> UIBC
<input type="checkbox"/> Apixaban	<input type="checkbox"/> D-Dimer	<input type="checkbox"/> PTT	<input type="checkbox"/> ESR	<input type="checkbox"/> Hepatitis A IgM	<input type="checkbox"/> Valproic Acid
<input type="checkbox"/> Fibrinogen	<input type="checkbox"/> LMW Heparin	<input type="checkbox"/> Prottime/INR		<input type="checkbox"/> Hepatitis B Core Antibody	<input type="checkbox"/> Vancomycin Peak
Other Tests/Special Instructions:				<input type="checkbox"/> Hepatitis B Core IgM	<input type="checkbox"/> Vancomycin Random
				<input type="checkbox"/> Hepatitis B Surface Antibody	<input type="checkbox"/> Vancomycin Trough
				<input type="checkbox"/> Hepatitis B Surface Antigen	<input type="checkbox"/> Vitamin B12
				<input type="checkbox"/> Hepatitis C Virus Antibody	<input type="checkbox"/> Vitamin D
				<input type="checkbox"/> HIV Ag/Ab	