



**Rapid Laboratory Services**  
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# LABORATORY REQUISITION

**\*\*\*STAT\*\*\* [ ]**

THIS AREA IS FOR LAB USE

*COMPLETE and ACCURATE information is required in all shaded areas.*

PATIENT'S LAST NAME		FIRST NAME		MIDDLE INITIAL(S)	SEX <input type="checkbox"/> M <input type="checkbox"/> F	DATE OF BIRTH M D Y			SOCIAL SECURITY NUMBER					
PATIENT ADDRESS				APT.#	PATIENT I.D.		MEDICARE NUMBER							
CITY	STATE	ZIP CODE	PATIENT PHONE		ORDERING PHYSICIAN INFORMATION									
BILL TO:					INSURANCE BILLING INFORMATION									
<input type="checkbox"/> CLIENT <input type="checkbox"/> PATIENT <input type="checkbox"/> INSURANCE <input type="checkbox"/> MEDICARE <input type="checkbox"/> CREDIT CARD <small>Please visit our website for credit card payment or call: (520) 625 - 7670</small>					INSURANCE COMPANY					CC PHYSICIAN NAME				
					ADDRESS					FACILITY NAME				
					CITY/STATE/ZIP					FACILITY ADDRESS				
					SUBSCRIBER ID NUMBER					GROUP NUMBER				
					NAME OF INSURED					CITY/STATE/ZIP				
					RELATIONSHIP TO PATIENT <input type="checkbox"/> SELF <input type="checkbox"/> SPOUSE <input type="checkbox"/> CHILD <input type="checkbox"/> OTHER: _____					FACILITY PHONE				
SPACE BELOW FOR ADDITIONAL TESTS					PHYSICIAN PHONE					PHYSICIAN FAX				
					<b>FOR STATS AND CRITICALS PLEASE CALL:</b>									
					<b>FOR STATS AND CRITICALS PLEASE FAX:</b>									
					NPI #:									
					DIAGNOSIS & ICD-10 CODES:									
					**PHYSICIAN (OR DESIGNEE) SIGNATURE (REQUIRED):									

The personal information collected on this form and any medical data subsequently developed will be used and disclosed only as permitted or required by HIPAA. Rapid Lab's privacy policy is available on our website. Use of this form implies consent for the use of de-identified patient data and specimens for quality assurance purposes.

CHEMISTRY PANELS			CHEMISTRY (INDIVIDUAL TESTS)			HEMATOLOGY		
100	<input type="checkbox"/> BMP	LG	2500	<input type="checkbox"/> GLYCOHEMOGLOBIN (HbA1c)	LAV	4010	<input type="checkbox"/> CBC W/ DIFFERENTIAL	LAV
150	<input type="checkbox"/> CMP	LG	2014	<input type="checkbox"/> IRON, TOTAL	LG	4011	<input type="checkbox"/> CBC W/O DIFF. W/ PLT	LAV
250	<input type="checkbox"/> ELECTROLYTES	LG	2120	<input type="checkbox"/> MAGNESIUM	LG		<input type="checkbox"/> ESR *	LAV
175	<input type="checkbox"/> HEPATIC FUNCTION PANEL	LG		<input type="checkbox"/> MICROALBUMIN, URINE *	U	5002	<input type="checkbox"/> HEMOGLOBIN & HEMATOCRIT	LAV
	<input type="checkbox"/> HEPATITIS, ACUTE *	GD	2125	<input type="checkbox"/> PHOSPHOROUS (INORGANIC)	LG	5006	<input type="checkbox"/> PROTHROMBIN TIME, INR	BL
2015	<input type="checkbox"/> IRON PANEL	LG	2030	<input type="checkbox"/> POTASSIUM (K <sup>+</sup> )	LG	5515	<input type="checkbox"/> PTT, ACTIVATED	BL
	<input type="checkbox"/> IRON PANEL PLUS *	GD		<input type="checkbox"/> PREALBUMIN *	GD	5005	<input type="checkbox"/> RETICULOCYTE COUNT	LAV
2019	<input type="checkbox"/> LIPID PANEL	LG		<input type="checkbox"/> PSA *	GD	URINALYSIS		
200	<input type="checkbox"/> RENAL FUNCTION PANEL	LG	2025	<input type="checkbox"/> SODIUM	LG	5008	<input type="checkbox"/> URINALYSIS, ROUTINE	UT,U
	<input type="checkbox"/> THYROID PANEL	GD		<input type="checkbox"/> T3, FREE	GD	5111	<input type="checkbox"/> URINALYSIS, COMPLETE W/ MICROSCOPIC EXAM	UT,U
CHEMISTRY (INDIVIDUAL TESTS)				<input type="checkbox"/> T3, TOTAL	GD		<input type="checkbox"/> URINALYSIS, RT. W/ RFX TO MICROSCOPIC EXAM	UT,U
2060	<input type="checkbox"/> ALBUMIN	LG		<input type="checkbox"/> T4, FREE	GD	5010	<input type="checkbox"/> URINALYSIS, COMPLETE W/ RFX TO CULTURE & SENSITIVITY SOURCE (required): _____	U, GT
2900	<input type="checkbox"/> AMMONIA [ON ICE] *	LG		<input type="checkbox"/> T4, TOTAL	GD			
	<input type="checkbox"/> AMYLASE *	GD		<input type="checkbox"/> TROPONIN *	LG	5009		
2970	<input type="checkbox"/> BNP *	LG	4004	<input type="checkbox"/> TSH	R			
2095	<input type="checkbox"/> BILIRUBIN, DIRECT	LG	2013	<input type="checkbox"/> URIC ACID	LG	MICROBIOLOGY		
2075	<input type="checkbox"/> BILIRUBIN, TOTAL	LG	3015	<input type="checkbox"/> VITAMIN B-12	R		<input type="checkbox"/> BETA STREP A SCREEN, THROAT *	SW
2012	<input type="checkbox"/> BILIRUBIN, DIRECT AND TOTAL	LG	3020	<input type="checkbox"/> VITAMIN D 25-OH	R		<input type="checkbox"/> CULTURE, BLOOD (X2) *	BC
350	<input type="checkbox"/> BUN (UREA NITROGEN)	LG	TOXICOLOGY				<input type="checkbox"/> CULTURE, RESPIRATORY *	SC
2024	<input type="checkbox"/> CK/CPK *	LG		<input type="checkbox"/> DIGOXIN *	R		<input type="checkbox"/> CULTURE, STOOL *	SC
2010	<input type="checkbox"/> CREATININE	LG		<input type="checkbox"/> DILANTIN (PHENYTOIN) *	R		<input type="checkbox"/> CULTURE, STOOL W/ YERSINIA *	SC
	<input type="checkbox"/> CRP (C-REACTIVE PROTEIN) *	LG	2165	<input type="checkbox"/> DEPAKOTE (VALPROIC ACID)	R	5014	<input type="checkbox"/> CULTURE, URINE ROUTINE SOURCE (required): _____	SC,GT
3010	<input type="checkbox"/> FOLATE	R	2175	<input type="checkbox"/> VANCOMYCIN, PEAK	R		<input type="checkbox"/> CULTURE, WOUND *	SW,SC
	<input type="checkbox"/> FERRITIN	GD	2170	<input type="checkbox"/> VANCOMYCIN, TROUGH	R			
2000	<input type="checkbox"/> GLUCOSE	GY	2180	<input type="checkbox"/> VANCOMYCIN, RANDOM	R			

BL = Light Blue Top BC = Blood Culture Bottles (Aerobic/Anaerobic) GD = Gold Top GT = Gray top BD Vacutainer w/Urine Culture Preservative GY = Gray Top  
 LAV = Lavender Top LG = Light Green Top SW = Swab SC = Sterile Container R = Red Top U = Urine Cup UT = Red/Yellow BD UA Preservative Tube  
 \* Send-out tests: Please note these tests may have longer TAT (Turn-Around-Times).

SPECIMEN – LABORATORY USE ONLY					COLLECTION – LABORATORY USE ONLY			
<input type="checkbox"/> GOLD	<input type="checkbox"/> GRAY	<input type="checkbox"/> LAV	<input type="checkbox"/> BLUE	<input type="checkbox"/> YELLOW	<input type="checkbox"/> LT. GREEN	DATE COLLECTED:		PHLEB:
<input type="checkbox"/> URINE	<input type="checkbox"/> STOOL	<input type="checkbox"/> OTHER _____				TIME COLLECTED:	AM/PM	FASTING: <input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> RECOLLECT	CENTRIFUGE TIME:		AM/PM		<input type="checkbox"/> NURSE DRAW	<input type="checkbox"/> PICC <input type="checkbox"/> VENIPUNCTURE	PT. ID VERIFIED: <input type="checkbox"/> YES <input type="checkbox"/> NO	

# TEST PANEL DEFINITIONS

PANELS & PROFILES	
<b>BASIC METABOLIC PANEL (BMP):</b> BUN, Bicarbonate (CO <sub>2</sub> ), Calcium, Chloride (Cl), Creatinine, Glucose, Potassium (K), Sodium (Na)	<b>COMPREHENSIVE METABOLIC PANEL (CMP):</b> Albumin, Alkaline Phosphatase, ALT(SGPT), AST (SGOT), Bilirubin (Total), BUN, Bicarbonate (CO <sub>2</sub> ), Calcium, Chloride (Cl), Creatinine, Glucose, Potassium (K), Protein (Total), Sodium (Na)
<b>ELECTROLYTE:</b> Sodium (Na), Potassium (K), Chloride (Cl), Bicarbonate (CO <sub>2</sub> )	<b>HEPATIC FUNCTION PANEL (HFP):</b> Albumin, Bilirubin (Total & Direct), Alkaline Phosphatase, Protein (Total), AST (SGOT), ALT (SGPT)
<b>HEPATITIS PANEL, ACUTE:</b> Hepatitis A Antibody (A-Ab), Hepatitis B Core Antibody (Bc-Ab), Hepatitis B Surface Antigen (Bs-Ag), Hepatitis B Surface Antibody (Bs-Ab), Hepatitis C Antibody (C-Ab)	<b>IRON PANEL:</b> Iron (Fe), TIBC, % Saturation
<b>IRON PANEL PLUS:</b> Iron (Fe), UIBC, % Saturation, Ferritin	<b>LIPID PANEL:</b> Cholesterol, LDL (Calc.), HDL, Triglyceride
<b>RENAL FUNCTION PANEL:</b> Albumin, BUN, Calcium, Chloride (Cl), Bicarbonate (CO <sub>2</sub> ), Creatinine, Glucose, Phosphorus (Phosphate), Potassium (K), Sodium (Na)	<b>THYROID PANEL:</b> Free Thyroxine (FT4), TSH, Thyroxine (T4), T3 Uptake

## Most Common ICD-10 Codes

Abdominal Pain, Unspecified	R10.9	Hypertension, Essential (Primary)	I10
Abnormal Feces	R19.5	Hypocalcemia (Low Calcium)	E83.51
Abnormal Weight Gain	R63.5	Hypoglycemia, Unspecified	E16.2
Abnormal Weight Loss	R63.4	Hypokalemia	E87.6
Acute Kidney Failure, Unspecified	N17.9	Hyponatremia (Low Sodium)	E87.1
Adverse Effect of Unspecified Drug, Initial encounter	T50.905A	Hypothyroidism, Unspecified	E03.9
Alzheimer's Disease	G30.9	Liver Disease, Unspecified	K76.9
Anemia, Unspecified	D64.9	Long Term (Current) Use of Antibiotics	Z79.2
Arthropathy, Unspecified	M12.9	Long Term (Current) Use of Anticoagulants	Z79.01
Atrial Fibrillation (A-Fib)	I48.91	Long Term (Current) Use of Insulin	Z79.4
Benign Hypertrophy of Prostate (BPH)	N40.0	Long Term (Current) Use of Other Drug Therapy	Z79.899
Blood in Stool (Melena)	K92.1	Malaise, Other	R53.81
Breast Cancer (FEMALE), Unspecified	C50.919	Malignant Cancer – Colon	C18.9
Breast Cancer (MALE), Unspecified	C50.929	Malignant Cancer – Liver	C22.9
Carcinoma in situ of Prostate	D07.5	Malignant Cancer – Ovarian	C56.9
Cardiac Arrhythmia, Unspecified	I49.9	Malignant Cancer – Prostate	C61
Chronic Kidney Disease (CKD), Unspecified	N18.9	Malignant Cancer – Uterine	C55
Chronic Obstructive Pulmonary Disease (COPD), Unspecified	J44.9	Malnutrition, Unspecified Protein-Calorie	E46
Cirrhosis of the Liver, Unspecified	K74.60	Muscle Weakness (General)	M62.81
Chronic Pulmonary Edema	J81.1	Nausea Alone	R11.0
Constipation, Unspecified	K59.00	Nausea with Vomiting, Unspecified	R11.2
Convulsions/Seizures, Unspecified	R56.9	Osteoarthritis, Unspecified, Unspecified Site	M19.90
Coronary Artery Disease (CAD)	I25.10	Osteomyelitis, Unspecified	M86.9
Cough	R05	Osteoporosis, Age-Relat. w/o Current Pathological Fracture	M81.0
Deep Vein Thrombosis, Lower Extremity (DVT)	I82.409	Other Specified Abnormal Findings of Blood Chemistry	R79.89
Dehydration	E86.0	Parkinson's Disease	G20
Dementia w/ Behavioral Disturbance	F03.91	Peptic Ulcer Disease (PUD), Unspecified	K27.9
Dementia w/out Behavioral Disturbance	F03.90	Peripheral Vascular Disease (PVD), Unspecified	I73.9
Diabetes Mellitus, Type 1	E10.9	Personal History of Breast Cancer	Z85.3
Diabetes Mellitus, Type 2	E11.9	Personal History of Prostate Cancer	Z85.46
Diarrhea, Unspecified	R19.7	Pneumonia, Unspecified Organism	J18.9
Disorders of Magnesium Metabolism, Unspecified	E83.40	Prostatitis, Unspecified	N41.9
Dysuria (Pain or Urination)	R30.0	Psychosis, Unspecified	F29
End Stage Renal Disease (ESRD)	N18.6	Pulmonary Embolism, Other, w/o Acute Cor Pulmonale	I26.99
Epilepsy, Unspecified, Not Intractable, w/Status Epilepticus	G40.901	Renal Failure	N19
Epilepsy, Unspecified, Not Intractable, w/o Status Epilepticus	G40.909	Respiratory Failure (Acute)	J96.00
Failure to Thrive – Adult (Age 15+)	R62.7	Rheumatoid Arthritis, Unspecified	M06.9
Failure to Thrive – Child	R62.51	Schizophrenia, Unspecified	F20.9
Fatigue, Other	R53.83	Senile Dementia, Unspecified w/o Behavioral Disturbance	F03.90
Fever, Unspecified	R50.9	Upper Respiratory Infection (Acute), Unspecified	J06.9
Gastrointestinal Hemorrhage, Unspecified	K92.2	Urination Frequency	R35.0
Heart Failure, Unspecified	I50.9	Urination Incontinence, Unspecified	R32
Hematuria (Blood in Urine), Unspecified	R31.9	Urinary Retention, Unspecified	R33.9
Hypercalcemia (Excess Calcium)	E83.52	Urinary Tract Infection (UTI)	N39.0
Hypercholesterolemia	E78.0	Vitamin B12 Deficiency Anemia	D51.1
Hyperkalemia (Excess Potassium)	E87.5	Vitamin B Group Deficiency, Other Specified	E53.8
Hyperlipidemia, Unspecified	E78.5	Vomiting, Unspecified	R11.10
Hypernatremia (Excess Sodium)	E87.0		