

CARE NETWORK CLINICAL LABORATORY REQUISITION

☐ **STAT** ☐ **CALL RESULTS** ☐ **FAX RESULTS** ***RED TEXT REQUIRED FIELDS**

Patient's Legal Name (Last, First, MI) <u>AND</u> CHLA MRN # (if applicable)			Physician Name (Last, First, MI) / Practice Name																																																																																																																																																																																																																																																																																																																																																																				
Date of Birth (Mo/Day/Year)	Gender ☐ Male ☐ Female	Phone Number	Physician Address																																																																																																																																																																																																																																																																																																																																																																				
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Race/Ethnicity ☐ American Indian/Alaska Native ☐ Asian ☐ Black/African American ☐ Hawaiian/Pacific Islander ☐ White ☐ Hispanic/Latino ☐ Unknown ☐ Other																																																																																																																																																																																																																																																																																																																																																																							
Bill To: ☐ INSURANCE ☐ CONTRACT		Insurance Co. Name & Network Info (HMO NOT ACCEPTED)		Requesting Physician Name: _____ Diagnosis Code(s): List all																																																																																																																																																																																																																																																																																																																																																																			
Responsible Party Name (Last, First)		Uninsured ☐ Yes ☐ No		Contact for Results: ☐ Physician Phone Number: ☐ Fax Number:																																																																																																																																																																																																																																																																																																																																																																			
Insured/Subscriber Name- HMO NOT ACCEPTED		Date of Birth (Mo/Day/Year)		Anti-SARS-CoV-2 Antibody IgG Testing: Viral Symptoms: Yes, No, Unknown If YES, Date of Onset of symptoms: (MM/DD/YYYY) _____																																																																																																																																																																																																																																																																																																																																																																			
Member/Policy/ID#	Group #	Authorization #		Physician Signature																																																																																																																																																																																																																																																																																																																																																																			
INDICATE REQUESTED TESTS WITH ✓			Tube color: L-lavender G-green R-red LB-light blue U-urine RB-royal blue Y-yellow ACD NPW-NP wash only																																																																																																																																																																																																																																																																																																																																																																				
NPS-NP swab in UTM O-Other GLD-Gold MG-mint green ES-E-Swab			* - alternate specimen types acceptable, please call 877.543.9522 for details																																																																																																																																																																																																																																																																																																																																																																				
<table border="1"><thead><tr><th></th><th>Panels (see back)</th><th>CPT</th></tr></thead><tbody><tr><td>☐</td><td>GLD Electrolyte Panel</td><td>80051</td></tr><tr><td>☐</td><td>GLD Basic Metabolic Panel</td><td>80048</td></tr><tr><td>☐</td><td>GLD Comprehensive Metabolic Panel</td><td>80053</td></tr><tr><td>☐</td><td>GLD Lipid Panel</td><td>80061</td></tr><tr><td>☐</td><td>GLD Hepatic Function Panel</td><td>80076</td></tr><tr><td>☐</td><td>R Celiac Diagnostic Panel</td><td>82784(x1),83516(x4)</td></tr><tr><td>☐</td><td>R Celiac Screening Panel</td><td>82784, 83516(x1)</td></tr><tr><td>☐</td><td>O Respiratory Viral Panel 1 – PCR</td><td>87631</td></tr><tr><td>☐</td><td>O HSV1/2 and VZV PCR*</td><td>87798, 87529(x3)</td></tr><tr><td colspan="3">Hematology</td></tr><tr><td>☐</td><td>L Hemoglobin</td><td>85018</td></tr><tr><td>☐</td><td>L Hematocrit</td><td>85014</td></tr><tr><td>☐</td><td>L CBC</td><td>85027</td></tr><tr><td>☐</td><td>L CBC with Auto</td><td>85027,85025</td></tr><tr><td>☐</td><td>L Sed Rate (auto)</td><td>85652</td></tr><tr><td>☐</td><td>L Reticulocyte Count</td><td>85045</td></tr><tr><td>☐</td><td>Sickle Screen</td><td>85660</td></tr><tr><td colspan="3">Coagulation</td></tr><tr><td>☐</td><td>LB PT (INR)</td><td>85610</td></tr><tr><td>☐</td><td>LB PTT</td><td>85730</td></tr><tr><td colspan="3">Urinalysis</td></tr><tr><td>☐</td><td>U Urinalysis, Routine (w/reflex)</td><td>81003</td></tr><tr><td>☐</td><td>U Urine, Microscopic</td><td>81015</td></tr><tr><td colspan="3">Immunology</td></tr><tr><td>☐</td><td>R ANA</td><td>86039</td></tr><tr><td>☐</td><td>R ASO</td><td>86060</td></tr><tr><td>☐</td><td>GLD Hep B Surface Ab</td><td>86706</td></tr><tr><td>☐</td><td>GLD Hep B Surface Ag</td><td>87340</td></tr><tr><td>☐</td><td>R Hepatitis A Ab Total reflex HAVAB IgM</td><td>86708</td></tr><tr><td>☐</td><td>R Hepatitis C Ab</td><td>86803</td></tr><tr><td>☐</td><td>L Hgb A1C</td><td>83036</td></tr><tr><td>☐</td><td>L Hgb Electrophoresis</td><td>83020</td></tr><tr><td>☐</td><td>L & R HIV 1/2 Antibodies and Antigen (w/reflex)</td><td>87389</td></tr><tr><td>☐</td><td>R IgA</td><td>82784</td></tr><tr><td>☐</td><td>R IgE</td><td>82785</td></tr><tr><td>☐</td><td>R IgG</td><td>82784</td></tr><tr><td>☐</td><td>R IgM</td><td>82784</td></tr><tr><td>☐</td><td>O Calprotectin</td><td>83993 (x1)</td></tr></tbody></table>				Panels (see back)	CPT	☐	GLD Electrolyte Panel	80051	☐	GLD Basic Metabolic Panel	80048	☐	GLD Comprehensive Metabolic Panel	80053	☐	GLD Lipid Panel	80061	☐	GLD Hepatic Function Panel	80076	☐	R Celiac Diagnostic Panel	82784(x1),83516(x4)	☐	R Celiac Screening Panel	82784, 83516(x1)	☐	O Respiratory Viral Panel 1 – PCR	87631	☐	O HSV1/2 and VZV PCR*	87798, 87529(x3)	Hematology			☐	L Hemoglobin	85018	☐	L Hematocrit	85014	☐	L CBC	85027	☐	L CBC with Auto	85027,85025	☐	L Sed Rate (auto)	85652	☐	L Reticulocyte Count	85045	☐	Sickle Screen	85660	Coagulation			☐	LB PT (INR)	85610	☐	LB PTT	85730	Urinalysis			☐	U 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Fractionated</td><td>82248</td></tr><tr><td>☐</td><td>GLD Bilirubin, Neonate</td><td>82251</td></tr><tr><td>☐</td><td>GLD Bilirubin, Total</td><td>82247</td></tr><tr><td>☐</td><td>GLD BUN</td><td>84520</td></tr><tr><td>☐</td><td>GLD LH (Luteinizing hormone)</td><td>83002</td></tr><tr><td>☐</td><td>GLD Calcium, Total</td><td>82310</td></tr><tr><td>☐</td><td>GLD Cholesterol, Total</td><td>82465</td></tr><tr><td>☐</td><td>GLD C-Reactive Protein (CRP)</td><td>86140</td></tr><tr><td>☐</td><td>GLD Creatinine</td><td>82565</td></tr><tr><td>☐</td><td>GLD Ferritin</td><td>82728</td></tr><tr><td>☐</td><td>GLD FSH</td><td>83001</td></tr><tr><td>☐</td><td>GLD Glucose</td><td>82947</td></tr><tr><td>☐</td><td>GLD Iron</td><td>83540</td></tr><tr><td>☐</td><td>GLD TIBC (Iron Included)</td><td>83550</td></tr><tr><td>☐</td><td>GLD LDH</td><td>83615</td></tr><tr><td>☐</td><td>RB Lead</td><td>83655</td></tr><tr><td>☐</td><td>GLD Magnesium</td><td>83735</td></tr><tr><td>☐</td><td>GLD Phosphorus</td><td>84100</td></tr><tr><td>☐</td><td>GLD Potassium</td><td>84132</td></tr><tr><td>☐</td><td>U Pregnancy Test (HCG) Qual Urine</td><td>84703</td></tr><tr><td>☐</td><td>R Pregnancy Test (HCG) Quant Blood</td><td>84703</td></tr><tr><td>☐</td><td>GLD TSH</td><td>84443</td></tr><tr><td>☐</td><td>GLD Total Protein</td><td>84155</td></tr><tr><td>☐</td><td>GLD Triglyceride</td><td>84478</td></tr><tr><td>☐</td><td>R Triiodothyronine (T3) Total</td><td>84480</td></tr><tr><td>☐</td><td>GLD Uric Acid</td><td>84550</td></tr><tr><td>☐</td><td>U VMA (urine)</td><td>84585</td></tr><tr><td>☐</td><td>U HVA (urine)</td><td>83150</td></tr><tr><td>☐</td><td>U 5-HIAA (urine)</td><td>83497</td></tr><tr><td>☐</td><td>GLD T4, Free</td><td>84439</td></tr><tr><td colspan="3">Drug Monitor</td></tr><tr><td>☐</td><td>U Toxicology Drug Screen Urine</td><td>80101</td></tr><tr><td>☐</td><td>MG Valproic Acid</td><td>80164</td></tr></tbody></table>				Immunology (cont.)	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☐	GLD Calcium, Total	82310																																																																																																																																																																																																																																																																																																																																																																					
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☐	GLD C-Reactive Protein (CRP)	86140																																																																																																																																																																																																																																																																																																																																																																					
☐	GLD Creatinine	82565																																																																																																																																																																																																																																																																																																																																																																					
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☐	GLD Total Protein	84155																																																																																																																																																																																																																																																																																																																																																																					
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☐	R Triiodothyronine (T3) Total	84480																																																																																																																																																																																																																																																																																																																																																																					
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☐	U VMA (urine)	84585																																																																																																																																																																																																																																																																																																																																																																					
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☐	U 5-HIAA (urine)	83497																																																																																																																																																																																																																																																																																																																																																																					
☐	GLD T4, Free	84439																																																																																																																																																																																																																																																																																																																																																																					
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☐	O Urine Culture	87086																																																																																																																																																																																																																																																																																																																																																																					
☐	O Culture, Stool (does not include shiga-toxin producing <i>E.coli</i>)	87045																																																																																																																																																																																																																																																																																																																																																																					
☐	Susceptibility Testing (specify)	87184																																																																																																																																																																																																																																																																																																																																																																					
☐	O Stool Bacterial Molecular Panel	87505																																																																																																																																																																																																																																																																																																																																																																					
☐	O Extended Stool Culture (for other bacterial pathogens not included in "Culture, Stool")	87046 (x3)																																																																																																																																																																																																																																																																																																																																																																					
☐	O Stool Parasite Molecular Panel	87505																																																																																																																																																																																																																																																																																																																																																																					
☐	O O&P Exam (for other parasites)	87177,87209																																																																																																																																																																																																																																																																																																																																																																					
☐	NPS Culture Beta Strep Screen (C BSS)	87081																																																																																																																																																																																																																																																																																																																																																																					
☐	U Fungus Culture Urine	87102																																																																																																																																																																																																																																																																																																																																																																					
☐	Y Fungus Culture Blood	87103																																																																																																																																																																																																																																																																																																																																																																					
☐	O <i>C. difficile</i> PCR	87493																																																																																																																																																																																																																																																																																																																																																																					
☐	O Wound Culture (specify body site)	87070																																																																																																																																																																																																																																																																																																																																																																					
☐	U CT/GC PCR, Urine	87491, 87590																																																																																																																																																																																																																																																																																																																																																																					
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☐	O SARS-Co-V-2 RT PCR Viral	87635																																																																																																																																																																																																																																																																																																																																																																					
☐	R Anti-SARS-CoV-2 Antibody IgG	86769																																																																																																																																																																																																																																																																																																																																																																					
☐	NPW Bordetella pertussis/parapertussis PCR	87798 (x2)																																																																																																																																																																																																																																																																																																																																																																					
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PANEL DEFINITIONS					
ANY COMPONENTS OF LISTED PANELS MAY BE ORDERED INDIVIDUALLY					
<u>Comprehensive Metabolic</u>	<u>Basic Metabolic</u>	<u>Electrolyte</u>	<u>Hepatic Function</u>	<u>Stool Bacterial Molecular</u>	<u>Stool Parasite Molecular</u>
<u>Panel</u>	<u>Panel</u>	<u>Panel</u>	<u>Panel (Liver Panel)</u>	<u>Panel</u>	<u>Panel</u>
Sodium Albumin	Sodium BUN	Sodium	Alk Phos	<i>Salmonella</i> spp.	<i>Giardia lamblia</i>
Potassium Total Protein	Potassium Creatinine	Potassium	AST (SGOT)	<i>Campylobacter jejuni/coli</i>	<i>Cryptosporidium hominis/C. parvum</i>
Chloride Total Bilirubin	Chloride Calcium	Chloride	ALT (SGPT)	<i>Shigella</i> spp./Enteroinvasive <i>E. coli</i> (EIEC)	<i>Entamoeba histolytica</i>
CO2 AST (SGOT)	CO2	CO2	Total Bilirubin	Shiga toxin 1 (stx 1)/Shiga toxin(stx2)	
BUN ALT (SGPT)	Glucose		Fractionated Bilirubin		
Creatinine Glucose			Total Protein		
Calcium ALKP			Albumin		
<u>Lipid Panel</u>	<u>Celiac Diagnostic Panel</u>	<u>Celiac Screening Panel</u>	<u>Epstein Barr Virus Panel</u>	<u>Hepatitis Panel, Acute (Hepatitis A, B, C, Panel)</u>	
Cholesterol	Total Serum IgA	Total Serum IgA	EBV VCA IgM	Hep A Virus Antibody, (Total Reflex IgM)	
Triglyceride	Tissue Transglutaminase IgA	Tissue Transglutaminase IgA	EBV VCA IgG	Hep B Surface Antigen (HBsAg)	
HDL Cholesterol	Tissue Transglutaminase	Deamidated Gliadin Peptide IgA	EBV EBNA-1 IgG	Hep B Core Antibody, IgM (Anti-HBc, IgM)	
	Deamidated Gliadin Peptide IgA			Hep C Virus Antibody (Anti-HCV)	
	Deamidated Gliadin Peptide IgG			Hep B Surface Antibody (HBsAB)	
	<u>Film Array Respiratory Panel</u>				
	Adenovirus, Coronavirus 229E, Coronavirus HKU1, Coronavirus NL63, Coronavirus OC43, Human Metapneumovirus, Influenza A, Influenza B, Parainfluenza 1, Parainfluenza 2, Parainfluenza 3, Parainfluenza 4, Respiratory Syncytial Virus and Rhinovirus/Enterovirus				
REFLEX/CONFIRMATORY TESTING NOTICE					
The Laboratory of Children's Hospital Los Angeles will perform reflex or confirmatory tests on certain tests due to clinical reasons. It is important to note that the subsequent tests may generate additional charges. If one desires, the tests that are not required are available without reflex/confirmation. Please specify if you do not want reflex/confirmatory testing.					
<u>Test Name</u>	<u>CPT Code</u>		<u>Test Desc/Notes</u>	<u>Reflex CPT Code</u>	
Hep A Antibody Total	86708	If positive, reflex:	Hep A Antibody IgM	86709	
HIV-1 Antigen with HIV-1 and HIV-2 Antibodies	87389	If positive for Antigen reflex If positive for Antibody reflex	HIV-1 RNA HIV - 1/2 Antibody differentiation	87535 86701/86702	
RPR:	86592	If positive, reflex	RPR Titer Fluorescent Treponemal Antibody	86593 86780	
Urinalysis	81003	If blood, protein, leukocyte, or nitrate positive reflex	Urine Microscopic Exam	81001	
Urine Drug of Abuse Screen	80300	If positive for Cocaine reflex If positive for PCP reflex	Cocaine (confirmation) PCP (confirmation)	80353 83992	
MEDICARE INFORMATION					
NATIONAL COVERAGE DETERMINATION (NCD) FOR PHYSICIANS					
Medicare has issued Frequency Limitations for many of the NCD policies. The Frequency Limitations state that Medicare will cover the cost of certain tests under specific conditions at specific intervals. An ABN should be collected for Frequency Limitation tests since it is difficult to determine when and if a specific test was performed in the past. The Frequency Limitation tests are listed below.					
FREQUENCY LIMITATIONS					
Alpha-fetoprotein	HCG, Qual (Preg)	HGB	PT (Prothrombin Time)		
Carcinembryonic antigen	HCG Quant	HIV Testing	PTT		
CBC w/Platelets + Diff	HDL Cholesterol	Lipid Panel	T4, Free		
Collagen crosslinks (any method)	Hemoglobin A1C	Iron	TSH		
Digoxin	Hemogram	TIBC	Tumor Antigen by immunoassay/ CA125		
Fecal occult blood	Hemogram w/Platelets (ABC)	LDL, Direct	Tumor Antigen by immunoassay/ CA 15-3/CA 27.29		
Gamma glutamyl transferase	Hematocrit	PSA, Free & Total	Tumor Antigen by immunoassay/ CA 19-9		
Glucose fasting	Hep B Surface Antigen	PSA, total (diagnostic)	Urine Culture		
Glucose random	Hepatitis Panel A, B, C Acute	PSA, Reflexive			
Medicare will only reimburse tests that are deemed to be medically necessary for the diagnosis and treatment of the patient, rather than for screening purposes. ICD-10 diagnosis code (s) must be provided for each test ordered. Attach separate ABN form when ordering any investigational tests on Medicare patients. For more information and a complete list of investigation/experimental tests please visit the CMS website: www.CMS.gov					
Children's Connect-Laboratory is a physician portal providing 24/7 access to laboratory test results. For more information on the Children's Connect or other laboratory services, please visit http://www.chla.org/family-lab or contact us at (877) 543-9522					