SMS Medical

LABORATORY REQUISITION

Southwest Medical Solutions · CLIA# 14D2189300 · COLA Accredited · High Complexity

☐ STAT ☐ FASTING

FOR LAB USE ONLY Accession #: _____ Rec'd By: _____ Date/Time: _____

BILLING INFORMATION

BILL TO: ☐ Patient ☐ Medicare ☐ Medicaid ☐ Workers Comp ☐ Other Insurance

* Attach copy of both sides of insurance card

Primary Insurance Name *	Primary Member ID *	Secondary Insurance Name	Secondary Member ID

PATIENT INFORMATION

Last Name *	First Name *	MI	Date of Birth *	Account / MRN	SSN (4)	Phone	Sex *
							☐ ☐ ☐

Address	City	State	ZIP	Phone	Email

ORDERING PROVIDER / FACILITY

Provider Name (Print) *	Provider Signature *	NPI # *	Phone	Fax

Clinic / Facility Name *	Req. Collection Date *	Req. Time	Date Collected *	Time	Collected By *

PROFILES & PANELS — check all that apply

☐ Anemia Profile	☐ Basic Metabolic (BMP)	☐ Complete Metabolic (CMP)	☐ Electrolyte Panel
☐ Lipid Panel	☐ Liver / Hepatic Function	☐ Renal Panel	☐ Thyroid Profile
☐ Obesity Profile	☐ Liver / Alcoholism Profile	☐ Kidney / UTI Profile	☐ Cardiac Markers + Coag

B	G	K	L	P	R	Y	U	S/C	SW	SST	NPS
Blue (Citrate)	Gray (Fluoride)	Kit	Lavender (EDTA)	Pink	Red (Clot)	Yellow (ACD)	Urine Cup	Sterile Cup	Swab	Gold/Tiger Top	Nasal Swab

CHEMISTRY

☐ Alk Phosphatase	SST
☐ Amylase	SST
☐ Basic Metabolic Panel	SST
☐ BUN	SST
☐ Calcium	SST
☐ Comp. Metabolic Panel	SST
☐ Creatinine	SST
☐ CRP (Non-Cardiac)	SST
☐ CRP (High Sensitivity)	SST
☐ Electrolyte Panel	SST
☐ Glucose (Fasting)	SST
☐ HbA1C	L
☐ Lipase	SST
☐ Lipid Panel	SST
☐ Magnesium	SST
☐ Phosphorus	SST
☐ Potassium	SST
☐ Triglycerides	SST
☐ Uric Acid	SST

HEMATOLOGY

☐ ABO / Rh Typing	L
☐ CBC w/ Differential	L
☐ ESR / Sed Rate	L
☐ Ferritin	SST
☐ Folic Acid	SST
☐ Homocysteine	L
☐ Lead Level	L
☐ Vitamin B12	SST

ENDOCRINE / THYROID

☐ ACTH	L
☐ Cortisol	SST
☐ Free T3	SST
☐ Free T4	SST
☐ FSH	SST
☐ HCG-Quantitative	SST
☐ LH	SST
☐ T3 Uptake	SST
☐ Testosterone (Male)	SST
☐ Total T3	SST
☐ Total T4	SST
☐ TSH	SST
☐ Vitamin D 25-OH	SST

CARDIAC / COAGULATION

☐ BNP	L
☐ Digoxin	SST
☐ PT / INR	B
☐ PTT	B

URINALYSIS / RENAL

☐ Creatinine (Urine)	U
☐ Microalbumin (Urine)	U
☐ Protein/Creat Ratio	U
☐ Renal Panel	SST
☐ UA w/ Reflex→Culture	U
☐ UA w/ Reflex→UTI PCR	U
☐ Urinalysis Microscopic	U

IMMUNOLOGY / SEROLOGY

☐ ANA	SST
☐ Acute Hepatitis Panel	SST
☐ HIV Ag/Ab	SST
☐ H. Pylori Antibody	SST
☐ R.P.R.	SST
☐ TB QuantiFERON-Gold	K

LIVER / HEPATIC

☐ Hepatic Function Panel	SST
☐ Total Bilirubin	SST
☐ Direct Bilirubin	SST
☐ GGT	SST
☐ Albumin	SST
☐ Total Protein	SST

MICROBIOLOGY / CULTURE

☐ C-Diff (Stool)	S/C
☐ H. Pylori (Stool Ag)	S/C
☐ Wound Culture	SW
☐ Urine Culture	U
☐ Blood Culture	SST

TUMOR MARKERS

☐ CA 19-9	SST
☐ CA 27.29	SST
☐ CA-125	SST
☐ CEA	SST
☐ PSA	SST

MOLECULAR / PCR

☐ COVID/Flu A/Flu B/RSV Panel	NPS
☐ COVID-19 RT-PCR	NPS
☐ COVID-19 Antigen	NPS
☐ Resp. Panel PCR	NPS
☐ UTI Panel PCR	U
☐ UA w/ Reflex→UTI PCR	U
☐ C. difficile PCR	S/C
☐ STI Profile	SW
☐ Wound PCR	SW
☐ GI Panel PCR (22-plex)	S/C

DRUG MONITORING

☐ Clozapine	R
☐ Dilantin	R
☐ Lamictal	SST
☐ Lithium	SST
☐ Oral Drug Screen w/ Conf	SW
☐ Phenobarbital	SST
☐ Tacrolimus	L
☐ Tegretol	R
☐ Topamax	R
☐ Urine Drug Screen / Conf	U
☐ Valproic Acid	SST
☐ Vancomycin Trough	SST

OTHER TESTS (write in)

DIAGNOSIS / ICD-10 CODES (REQUIRED — WRITE IN)

ICD-10 Code 1 *	ICD-10 Code 2 *	ICD-10 Code 3 *	ICD-10 Code 4 *

* Required field

I certify these tests are medically necessary. Medicare ABN on file. **Provider Signature:** _____ **Date:** _____

I authorize release of medical information for claims processing. **Patient / Auth. Rep.:** _____ **Date:** _____