

University of Kentucky Hospital Chandler Medical Center - Lexington, KY		PHYSICIAN ORDER FORM		PATIENT ID:					
		LAB 2		Med Rec #:					
Date/Time of Collection:		Accession #:		Date of Birth: M F					
Collector:		LCRA label by:							
R	CODE	S	DRUG LEVELS	REASON	R	CODE	S	CHEMISTRY	REASON
	ACAM		ACETAMINOPHEN			C3		C-3 COMPLEMENT	
	AMIKT		AMIKACIN, TROUGH			C4		C-4 COMPLEMENT	
	AMIKP		AMIKACIN, PEAK			2 DK GREEN		CATECHOLAMINES, PLASMA	
	AMIKR		AMIKACIN, RANDOM			CEA		CEA	
	GENTT		GENTAMICIN, TROUGH			CER		CERULOPLASMIN	
	GENTP		GENTAMICIN, PEAK			CH50		CH50	
	GENTR		GENTAMICIN, RANDON			CPEP		C-PEPTIDE	
	FPHTN		PHENYTOIN, FREE			2 PURPLE		FREE HEMOGLOBIN	
	ASAS		SALICYLATE			GLU1HR		1 HR POST GLUCOSE (OB)	
	TCYN		THIOCYANATE			GTOB		GLU TOTL 3 HR (OB)	
	TOBT		TOBRAMYCIN, TROUGH			GT2		GLU TOTL 2 HR (NON-OB)	
	TOBP		TOBRAMYCIN, PEAK			GSTN		GASTRIN	
	TOBR		TOBRAMYCIN, RANDOM			GLIAB		GLIADIN Ab	
	VANCT		VANCOMYCIN, TROUGH			HAPT		HAPTOGLOBIN	
	VANCP		VANCOMYCIN, PEAK			HGH		HUMAN GROWTH HORMONE	
	VANCR		VANCOMYCIN, RANDOM			HPRG		17-OH-PROGESTERONE	
	CSA		CYCLOSPORINE			IFES		IFE, SERUM (includes QIGS)	
	TACRO		TACROLIMUS			IGF1		INSULIN-LIKE GROWTH FACTOR	
	SIRO		SIROLIMUS			IGFBP3		IgF BINDING PROTEIN 3	
SALIVA TESTING						IGGS		IgG, SERUM	
	FPHNS		PHENOBARBITAL			IGAS		IgA, SERUM	
	FPHTNS		PHENYTOIN			IGMS		IgM, SERUM	
	FCRBZS		CARBAMAZEPINE			QIGS		IgG, IgA, & IgM, SERUM	
REPRODUCTIVE ENDOCRINOLOGY						IGES		IgE, SERUM	
	ADIONE		ANDROSTENEDIONE			INSU		INSULIN	
	DHEA		DHEA			LEAD		BLOOD LEAD	
	DHEAS		DHEASO4			LKMAB		LIVER KIDNEY MICROSOMAL Ab	
	ESDIOL		ESTRADIOL			OSTCN		OSTEOCALCIN (BONE GLYCOPROTEIN)	
	FRTEST		FREE TESTOSTERONE			2 PURPLE		PLASMA RENIN ACTIVITY	
	FSH		FOLLICLE STIMULATING HORMONE			PAP		PROSTATIC ACID PHOSPHATASE	
	LH		LUTEINIZING HORMONE			DK GREEN ON ICE		PYRUVIC ACID	
	PROL		PROLACTIN			SPEP		SERUM PROTEIN ELECTROPHORESIS	
	PROG		PROGESTERONE			CALL 7-1550		SWEAT CHLORIDE	
	TESTOS		TESTOSTERONE			UKTHAB		THYROGLOBULIN Ab	
CHEMISTRY						THYGPR		THYROGLOBULIN	
	AATP		alpha-1 ANTITRYPSIN PHENOTYPE			UKTHYG		THYROGLOBULIN PROFILE	
	AAT		alpha-1 ANTITRYPSIN					Consists of: Thyroglobulin and Thyroglobulin Ab	
	AFP		AFP, TUMOR MARKER						
	ALDOS		ALDOSTERONE, SERUM			TBG		THYROID BINDING GLOBULIN	
	on ice		AMINO ACIDS, PLASMA			TSIM		THYROID STIM IMMUNOGLOBULIN	
	ACE		ANGIOTENSIN CONVERTING ENZYME			VTD3		VITAMIN D 1.25-DIHYDROXY	
	CA125		CA-125			VITD		VITAMIN D 25-HYDROXY	
	CA15		CA 15-3			DK BLUE		ZINC, SERUM	
	CA19		CA 19.9			TTGAB		TISSUE TRANSGLUTAMINASE	
	CA27		CA 27-29			ENDOAB		ENDOMYCAIL AB	

Reason for exam/signs or symptoms (List pertinent history and specific symptoms for each test.) The following are not acceptable: "r/o, suspected, pre-op".

Ordering Physician Signature: _____ Physician #: _____ Date: _____ Time: _____

TO BE COMPLETED BY CLINIC CHECK-OUT STAFF

IF REQUESTING PHYSICIAN IS A RESIDENT, ATTENDING PHYSICIAN INFORMATION IS REQUIRED

Requesting Physician _____ Attending Physician _____ Pager # _____ Telephone # _____

Full Name _____

Primary Insurance _____ Secondary Insurance _____

ICD-9-CM CODES

If patient is covered by Medicare AND a highlighted test is ordered:

1) Has PCA check been completed for Medicare Part A? Y N NA

2) Has PCA check been completed for Medicare Part B? Y N

3) ABN: ___ Required ___ Discussed ___ Signed

REQUIRED: Clinic Staff Signature _____ Service: _____ Phone Number _____ Date _____