



CLIENT:

1224 N. Berkeley Ave
Peoria, IL 61603 • (309) 655-2336
1-800-533-6730 FAX (309) 624-9152

1 BILL TO INSURANCE (Bill to Patient or Patient's Insurance) If Insurance Bill, please attach a copy (front and back) of insurance card.

1 CLIENT BILL (Bill to Submitter's office account) V.006

2 Patient Information - Please Print

PATIENT'S LAST NAME (PLEASE PRINT)

Grid for patient last name

PATIENT'S FIRST NAME MI DATE OF BIRTH SEX

Grid for patient first name, MI, DOB, and sex

ADDRESS CITY STATE ZIP

Grid for patient address

PHONE NUMBER SOCIAL SECURITY NUMBER

Grid for patient phone and SSN

3 Advanced Beneficiary Notice Attached: YES NO

You MUST issue an ABN when there is any possibility to expect that Medicare may deny payment if the test is not deemed reasonable and necessary under Medicare Program standards.

STAT? PHONE RESULTS FAX RESULTS

Grid for STAT, phone, and fax results

4 AUTHORIZING PROVIDER (FIRST & LAST NAME)

Grid for authorizing provider name

5 DUPLICATE REPORT TO:

Grid for duplicate report to

6 COLLECTOR INITIALS 7 FASTING? 8 COLLECTED DATE 8 TIME

9 ICD Diagnosis Code: All requests must be accompanied by a valid alpha-numeric diagnosis code as to establish medical necessity for tests ordered.

Grid for ICD diagnosis codes (1-4)

OSF Requisition Number

Table of lab panels including Electrolyte Panel, Hepatic Function Panel, Lipid Panel, etc.

OSF USE ONLY PLACE EPIC STICKER HERE

CHEMISTRY TESTS

Large table listing various chemistry tests such as Albumin, Allergy Respiratory Panel, ALT/SGPT, etc.

Patient Name and DOB: _____

Documentation is needed so that a copy of this page has patient identifiers.

SEROLOGY TESTS									
ANA Screen with reflex	ANAO	LAB695	HCV RNA Quant PCR	HCVRT	LAB1807	Phospholipid Ab Panel	ANTIPHOS	LAB4656	
ANCA, Titer and Reflex if Pos	ANCAMP	LAB1894	HIV I/II Ab/Ag Screen	HIVCS	LAB1858	Quantiferon TB Gold PLUS	QFTP	LAB4907	
Celiac Panel with reflex	CELAC	LAB1850	HIV I/II Ab/Ag Diagnostic	HIVCD	LAB1857	Rheumatoid Factor Qt	RFQT	LAB1415	
Chlamydia & GC Probe	CGPRB	LAB826	HIV 1 RNA Quant PCR	HIVRT	LAB1808	Rubella Immunity IgG Ab	RUBIM	LAB1426	
Site:			Lyme IgG and IgM Ab	LYME	LAB1264	Rubeola/Measels IgG Ab	RUG	LAB1428	
			Measels IgG, Mumps IgG, Rubella, Varicella Zoster IgG	MMRV	LAB4819	Syphilis IgG w/ reflex RPR	SYPIGG	LAB4611	
CMV IgG and IgM Ab	ECMV	LAB934	Mono Test	MSPOT	LAB1293	TORCH Panel	ETOR	LAB1563	
EBV Comprehensive	EBVAB	LAB974	Mumps Virus IgG Ab	MUMG	LAB1755	Varicella Zoster IgG Ab	VZOST	LAB1703	

HEMATOLOGY/COAG TESTS									
Antithrombin III	ANT3	LAB726	Erythrocyte Sedimentation Rate	SRATE	LAB1434	Lupus Anticoagulant	LUPAP	LAB5035	
CBC With Differential	CBC	LAB817	Factor V Leiden Screen	APCR	LAB985	Prothrombin Time w/ INR	PT	LAB1387	
CBC Without Differential	HGRAM	LAB1151	Factor VIII Activity	F8	LAB991	PTT	PTT	LAB1397	
D Dimer	DIMERS	LAB937	Hemoglobin and Hematocrit	HH1	LAB1175				

URINE TESTS									
Urine Drug Screen w/out confirm	UDS	LAB1644	24 Hr UR, Protein	UP	LAB1615	Pathology Cytology Non-Gyn	CYTOL	LAB1769	
Urine Microalbumin/Creatinine	MACR	LAB1657	24 Hr UR, Urea Nitrogen	UUN243	LAB1619	Urinalysis Reflex if Indicated	UA	LAB5025	
Urine Pregnancy, Qualitative	UPREG	LAB1670	24 Hr UR, Creatinine	UCREQ	LAB1601	SOURCE:			
Urine Protein/Creatinine, Random	UTPCR	LAB1674	24 Hr UR, Uric Acid	UUA	LAB1617	RANDOM		STRAIGHT CATH	
Creatinine Clearance	CRCL	LAB1602	FOR LAB1602 (CRCL) a serum sample must be submitted with the 24 hr urine sample			CLEAN CATCH		INDWELLING CATH	
HT:	WT:								

OSF USE: IS THIS SPECIMEN SHARED WITH CYTOLOGY? Y or N

BLOOD BANK TESTS									
ABO and Rh Blood Type	ABORH	LAB549	Antibody Screen	ABSCR	LAB718	OPTS (Type and Screen) can no longer be ordered via paper req			

STOOL TESTS									
Occult Blood Immunoassay*	IFOB	LAB1317	Stool For Giardia Ag	GIARG	LAB1514	Stool for WBC Lactoferrin	LEUKO	LAB1513	
C. difficile by PCR	PCRDIF	LAB1829	Stool For Cryptosporidium Ag	CSPR	LAB1517	Helicobacter pylori Ag, Stool	HPSTL	LAB4800	
Gastrointestinal Path. Panel	GIP	LAB5003							

CULTURES/MICRO									
Indicate source for each culture submitted:			Culture, Fungus	FUNG	LAB908	Culture, Group A Beta Strep	THSTR	LAB927	
			Culture, MRSA Screen	MRSAC	LAB912	Culture, Urine	URC	LAB922	
			Culture, Stool	ST	LAB1766	Influenza A and B Ag, Rapid	FLU	LAB1217	
Culture, Aerobic	AE	LAB897	Culture, Group B Strep	GPBST	LAB910	RSV Ag	RESSY	LAB1424	
Culture, Anaerobic (Anaerobic culture order MUST have an Aerobic culture ordered with it)	CULANA	LAB898	Culture TB (AFB)	TBC	LAB920	Respiratory Pathogen Array (18 viruses & 4 bacterial pathogens)	RESPA	LAB2944	
NOTE: OSF System Lab recommends ordering the Gram Stain when ordering the Aerobic Culture.			NOTE: OSF System Lab recommends ordering the AFB Smear when ordering the TB culture.			MRSA, Methicillin Resistant Staph aureus, by PCR	PCRMSA	LAB1294	
Gram Stain	GS	LAB1126	AFB (TB) Smear	TBS	LAB1500	Vaginitis Screen	VAGSCR	LAB1783	
Culture, Blood	ANBL	LAB899	Culture, Lower Respiratory	SP	LAB916	Gardnerella, Trichomonas & Candida			

MOLECULAR/PCR				Additional Comments:					
SARS-COV-2 PRE PROC SCREEN	SARSCOV2B	LAB7069	LAB7069 should be ordered for the screening of an active COVID infection						
Requires a nasopharyngeal or nasal swab in viral transport media									
PLEASE CONTACT LABORATORY OUTREACH BEFORE SENDING MORE THAN 10				Yes	No	Unknown			
Have you previously been tested for COVID-19?				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Are you employed in a healthcare setting?				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Are you symptomatic for COVID-19 as defined by the CDC?				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Date of symptom onset: _____				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Have you been hospitalized for COVID-19?				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Have you been admitted to the ICU for COVID-19?				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Are you a resident in a congregate (group) care setting?				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Are you pregnant?				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Is this for Pre-Procedural Screening?				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Date of Procedure: _____									