University of Nebraska Medical Center
REGIONAL PATHOLOGY SERVICES

Regional Pathology Services
University of Nebraska Medical Center
981180 Nebraska Medical Center
Omaha, Nebraska 68198-1180
www.reglab.org

Toll Free: 1.800.334.0459
Phone: 402.559.6420
FAX: 402.559.9497

Clear

CLINICAL TEST REQUEST FORM

STAT	COLLECTION DATE	TIME	REPORT
☐	/ /	_____ AM / PM	☐ CALL ☐ FAX

SHADED AREAS FOR PATIENT INFORMATION REQUIRED

PATIENT LAST NAME | FIRST NAME | MI

DOB / / | GENDER ☐ MALE ☐ FEMALE | PT. ID# / ADDITIONAL INFO

SSN ___-___-____ | BILL ☐ OFFICE/CLIENT ☐ PATIENT INSURANCE

PROVIDER: _____ (Last, First, MI)

Account Number

Account Name

Street Address

City | State | Zip Code

Phone | Fax

PATIENT INSURANCE
ATTACH COPY OF FRONT AND BACK OF INSURANCE CARD AND ATTACH COPY OF FRONT OF DRIVERS LICENSE
IF UNABLE TO OBTAIN COPY OF REQUIRED INFORMATION ALL FIELDS BELOW ARE REQUIRED

GUARANTOR NAME/DOB (REQUIRED IF PATIENT IS A MINOR)

ADDRESS | CITY | STATE | ZIP

PRIMARY INSURANCE
☐ **MEDICARE IN-PATIENT** ☐ **MEDICARE OUT-PATIENT** ☐ **MEDICAID** ☐ **INSURANCE**

POLICY ID# **GROUP ID#**

INSURANCE COMPANY | PHONE NUMBER

INSURANCE COMPANY ADDRESS | CITY | STATE | ZIP

EFFECTIVE DATE / /

DIAGNOSIS / MEDICAL NECESSITY (ENTER ALL THAT APPLIES)

ICD-10 #1 | ICD-10 #2 | ICD-10 #3

SECONDARY / TERTIARY INS – ATTACH INFORMATION

NOTICE: WHEN ORDERING TESTS FOR WHICH MEDICARE REIMBURSEMENT WILL BE SOUGHT, PHYSICIANS SHOULD ONLY ORDER TESTS THAT ARE MEDICALLY NECESSARY FOR THE DIAGNOSIS OR TREATMENT OF A PATIENT RATHER THAN FOR SCREENING PURPOSES. **FOR MORE INFORMATION SEE reglab.org/billingcompliance/**

☐ ABN ATTACHED
☐ PRIOR AUTHORIZATION ATTACHED

EACH TEST ORDERED MUST BE CODED WITH A DIAGNOSIS NUMBER

1	2	3	PANELS (see components on back of form)	
			BASIC METABOLIC	LG
			ELECTROLYTES	LG
			COMPREHENSIVE METABOLIC	LG
			LIPID	LG
			HEPATIC LIVER FUNCTION	S
			OBSTETRIC (OB PNL)	S, L
			HEPATITIS PANEL, ACUTE	S
			CELIAC DISEASE SCREEN	S
			ALLERGY PANEL IgE PEDS MARCH	S
			ALLERGY PANEL IgE REGION 9	S
			ALLERGY PANEL IgE FOOD ALLERENS	S

1	2	3	INDIVIDUAL TESTS	
			A-FETOPROTEIN TUMOR MKR	S
			ALT	LG
			AMYLASE	LG
			ANA IFA w relfex to titer and ANAPN (ANAFLX)	S
			ANA Screen with reflex to ANAPN (ANASCR)	S
			ANA IFA with titer (ANAIF)	S
			ABO/RH/ANTIBODY SCREEN	L
			AST	LG
			BILIRUBIN ☐ TOT ☐ DIR	LG
			BUN	LG
			C-REACTIVE PROTEIN (CRP) HIGH Sens	LG
			C-REACTIVE PROTEIN (CRP)	LG
			CALCIUM	LG
			CA 125	S
			CA 15-3	S
			CA 19-9	S
			CBC (Autodiff, plt ct) (CBCP)	L
			CBC w/o Diff (HEMOGRAM) (SCTP)	L

1	2	3	INDIVIDUAL TESTS	
			CEA	S
			CHOLESTEROL	LG
			CHRONIC HEART FAILURE PEPTIDE (CHFP)	L
			CK ☐ CKMB	LG
			CREATININE	LG
			CORTISOL ____ 8 AM ____ 4 PM	LG
			ESTRADIOL	LG
			FERRITIN	LG
			FOLIC ACID (Folate, Serum)	LG
			FSH	LG
			LH	LG
			HCG QUALITATIVE (Pregnancy Test)	S
			HCG QUANTITATIVE	S
			GAMMA GT	LG
			GLUCOSE ____Fasting ____ Non Fasting	LG
			HEMOGLOBIN A1C (Glycolated Hgb)	L
			HEMOGLOBIN & HEMATOCRIT	L
			HEPATITIS A Ab(IgM)	S
			HEPATITIS B CORE Ab (Total) IgG, IgM	S
			HEPATITIS B SURFACE Ab (HBsAb)	S
			HEPATITIS B SURFACE Ag (HBsAg)	S
			HEPATITIS C Ab	S
			HEPATITIS C Ab with reflex to Hep C RNA Quant	S
			HEPATITIS PANEL, ACUTE	S
			HEPATITIS PANEL, ACUTE with reflex to Hep C RNA Quant	S
			HERPES SIMPLEX VIRUS 1 AND 2	S
			HIV Panel (HIV-1 p24, HIV-1 Ab, HIV-2 Ab)	S
			IRON ☐ TIBC (inc: Transferrin)	LG
			LD	LG
			LIPASE	LG
			MAGNESIUM	LG
			MICRO ALBUMIN, URINE____ Random____24hr	U
			MONOSPOT	S
			PHOSPHORUS	LG

EACH TEST ORDERED MUST BE CODED WITH A DIAGNOSIS NUMBER

1	2	3	INDIVIDUAL TESTS	
			POTASSIUM	LG
			PROLACTIN	LG
			PROTEIN ELECTROPHORESIS, SERUM	S
			PROTEIN, TOTAL	LG
			PROTIME_____ Anticoagulant	LB
			PTT_____ Anticoagulant	LB
			PSA ☐ SCREEN ☐ DIAGNOSTIC	S
			PROGESTERONE	S
			RETICULOCYTE COUNT	L
			RHEUMATOID FACTOR	S
			RUBELLA, IgG	S
			SED RATE (ESR)	L
			SYPHILIS IgG SCREEN	S
			T4 (Free)	S
			TB INTERFERON	SPECIAL
			TESTOSTERONE (TST), TOTAL	S
			TST PANEL - Male (SHBG, tTST, fTST, %fTST): TSFTST	S
			TST PANEL - Female & Children: TESTOS	S
			TROPONIN I	LG
			TSH, Ultra Sensitive	LG
			URIC ACID	LG
			URINALYSIS (Dispstick) microscopic if indicated	U
			URINALYSIS (Dipstick + microscopic)	U
			VITAMIN B12	LG
			VITAMIN D 25 OH	S
			WEST NILE IgG, M ☐ SERUM ☐ CSF	S

1	2	3	TIMED URINE TEST
			TEST NAME
			____ Hrs. Collected ____ Total Volume

1	2	3	DRUG LEVELS	
			DRUG_____	R
			____ PRE ____ POST ____ RANDOM	

1	2	3	**MICROBIOLOGY/VIROLOGY
			AFB CULTURE:* _____ source
			AEROBIC CULTURE: _____ source
			ANAEROBIC CULTURE: _____ source (inc: Aerobic Culture)
			CHLAMYDIA CULTURE:* _____ source
			GC/CHLAMYDIA PROBE: _____ source
			C. DIFFICILE TOXIN/STOOL
			FUNGAL CULTURE: _____ source
			GI PANEL (STOOL)
			HELICOBACTER PYLORI ANTIGEN/STOOL
			OVA PARASITE COMPLETE/FOREIGN TRAVEL ONLY
			SPUTUM CULTURE
			RAPID GRP A STREP SCREEN/THROAT
			RESPIRATORY PATHOGEN PNL BY PCR (RESPP)
			STREP CULTURE/GRP A THROAT
			GROUP B STREP CULTURE:* _____ source
			URINE CULTURE: _____ source
			VAGINAL PATHOGENS DIRECT PROBE (Trichomonas, Candida, Gardnerella)
			VIRAL CULTURE* ☐ CMV ☐ GEN. VIRUS ☐ HERPES SIMPLEX ☐ VARICELLA ZOSTER _____ source
			VIRAL ANTIGEN ☐ HERPES SIMPLEX ☐ HERPES MULTIPLEX ☐ INFLUENZA ☐ ROTAVIUS ☐ RSV ☐ VARICELLA ZOSTER _____ source
			CULTURE OTHER: _____ source _____ organism

ADDITIONAL TEST INFO/COMMENTS

FOR DETAILED TESTING INFORMATION VISIT REGLAB.ORG

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SPECIMEN CODES: *=REFRIGERATE S=SST (GOLD) U=URINE L=LAVENDER LB=LIGHT BLUE R=RED/CLOT LG=LIGHT GREEN RB=ROYAL BLUE
**** BACTERIAL CULTURES INCLUDES: GRAM STAIN, ID AND SENSITIVITY IF INDICATED**

Testing Supplies

Regional Pathology Services furnishes specimen-collection supplies for use by clients that send tests to us.

Supplies are ordered online at reglab.org/customer-service/supply-orders/ testing supplies and log-on information may be obtained by calling Client Services
Toll Free 800-334-0459
Phone 402-559-6420

Courier Services

Regional Pathology Services offers an extensive courier network, which includes contracted land and air courier services. Contracted land specimen pickup is provided at no charge for specimens tested by Regional Pathology Services or our designated reference laboratories.

To inquire about scheduled stops and after hours courier service, call
client services Toll Free 800-334-0459
Phone 402-559-6420

If shipping specimens address to:

University of Nebraska Medical Center
Regional Pathology Services: Client Services
601 S. Saddle Creek Rd., MSB 3500
Omaha, NE 68106
Phone: 800-334-0459

Transport Instructions:

Specimen Handling/Shipping
To ensure the safety of personnel and the community, proper handling of specimens for shipment is mandatory. Specimens will be rejected if submitted improperly. The shipper is responsible for the proper packaging and shipping of all specimens. Shippers must be trained and certified by their employer to be able to prepare and ship packages containing diagnostic specimens, biological substances and infectious substances. Rules of the various agencies involved may differ, and may change regularly. Specimen must have at least two patient identifiers and be packaged in sealed plastic bags to prevent leakage or contamination. Place accompanying paperwork in the bag pocket, away from the specimen. Practice universal blood and body fluid precautions when handling specimens.

For tests that require scheduling or special arrangements prior to specimen collection, refer to the Online Test Menu at reglab.org for more information.

Questions?
Contact client services at 800-334-0459