

SHADED AREAS FOR PATIENT INFORMATION REQUIRED

STAT <input type="checkbox"/>	COLLECTION DATE / /	TIME ___ AM ___ PM	REPORT <input type="checkbox"/> CALL <input type="checkbox"/> FAX
PATIENT LAST NAME _____ FIRST NAME _____ MI _____		PROVIDER: _____	
DOB / /	GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	PT. ID# / ADDITIONAL INFO _____	
SSN - -	BILL <input type="checkbox"/> OFFICE/CLIENT <input type="checkbox"/> PATIENT INSURANCE		
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 _____
INSURANCE COMPANY _____		PHONE NUMBER _____	
INSURANCE COMPANY ADDRESS _____		CITY _____	STATE _____
EFFECTIVE DATE / /		SECONDARY / TERTIARY INS - ATTACH INFORMATION	
DIAGNOSIS / MEDICAL NECESSITY (ENTER ALL THAT APPLIES) _____			
ICD-9/10 #1 _____	ICD-9/10 #2 _____	ICD-9/10 #3 _____	
<small>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/</small>		<input type="checkbox"/> ABN ATTACHED <input type="checkbox"/> PRIOR AUTHORIZATION ATTACHED	
EACH TEST ORDERED MUST BE CODED WITH A DIAGNOSIS NUMBER		EACH TEST ORDERED MUST BE CODED WITH A DIAGNOSIS NUMBER	

Coagulation Panels	Required Information for Panel Interpretation
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| Abnormal Clotting Time* |
| Anticardiolipin Antibodies IgG, IgM |
| DIC Panel |
| Factor II/V Mutations |
| Hypercoagulable Panel* |
| Lupus Anticoagulant |
| Platelet Aggregation* |
| Thrombophilia Mutation Panel |
| VonWillebrand Screen* |

Diagnosis: _____

Medications: _____

Hx Bleeding/Thrombosis/Spontaneous Abortion: _____

Family History: _____

*Includes: Interpretation, Requires Patient Information

Individual Test Listing

Activated Protein C Resistance	Fibrin Degradation/Split Products (see D-Dimer)	Thrombin Time
Alpha 2 Antiplasmin	Fibrinogen Activity (functional)	VonWillebrand Factor Activity (Ristocetin CoFactor)
Anticardiolipin Abs <input type="checkbox"/> IgG <input type="checkbox"/> IgM <input type="checkbox"/> IgA	Fibrinogen ANTIGENIC	VonWillebrand Factor Antigen
Antithrombin Activity (functional), AT III	Heparin Induced Thrombocytopenia (HIT) PF4	VonWillebrand Cleaving Protease (ADAMTS13)
Antithrombin Antigen	Heparin Assay by Anti Xa Method	VonWillebrand Multimers
Beta 2 Glycoprotein	(Low Molecular Weight or Unfractionated)	Genetic Testing
Cryofibrinogen	PFA 100 - Platelet Function Assay	Factor V Leiden
Cryoglobulin	Plasminogen (functional)	Prothrombin G20210A
D-Dimer (quantitative) (FDP)	Plasminogen Activator Inhibitor (PAI)	WarFarin Sensitivity Genotyping
Euglobulin Clot Lysis	Platelet Aggregation - Spontaneous	MTHFR Mutations (C 677T, A 1298C)
Factor II(2) Clotting Assay	Platelet Antibody - Indirect (ELISA)	Basic Metabolic Panel (BMET)
Factor V(5) Clotting Assay	Platelet Antibody - Direct, IgG/IgM (Flow)	
Factor VII(7) Clotting Assay	Protein C and S (Functional)	
Factor VIII(8) Clotting Assay	Protein C Activity (Functional)	
Factor IX(9) Clotting Assay	Protein C Antigen	
Factor IX(9) ANTIGENIC	Protein S Activity (Functional)	
Factor X(10) Clotting Assay	Protein S Antigen	
Factor X(10) CHROMOGENIC	Protein S Free Antigen	
Factor XI(11) Clotting Assay	PT Prothrombin Time, includes INR	
Factor XII(12) Clotting Assay	PT Mixing Study	
Factor Inhibitor (specify factor) _____	PTT (APTT) Activated Partial Thromboplastin Time	
Factor XIII(13) QUALITATIVE	PTT Mixing Study	

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:

Regional Pathology Services

University Of Nebraska Medical Center

668 S 41ST ST MSB3500

OMAHA NE 68105-1180

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.