

Regional Pathology Services University of Nebraska Medical Center 981180 Nebraska Medical Center Omaha, Nebraska 68198-1180

Toll Free: 1.800.334.0459 Phone: 402.559.6420

CLINICAL TEST REQUEST FORM

Omaha, Nebraska 68198-1180 FAX: 402.559										9.9497	CLIN	NICAL	TE	ST	REQUEST F	ORM		
www.reglab.org										STAT	COL	LECTION	DAT	E	TIME		REPORT	
SH	ADE	ED AREAS FOR PATIENT INFORMATIO	N REC	UIRE	FD								1	/		AM	/ PM	☐ CALL
		NT LAST NAME			RST NAME					MI								
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DO	В	GENDER	F	T. ID	D# / ADDITIONAL INFO								(=	uot, i		····/	,	
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SSN BILL OFFICE/CLIENT											Account Number							
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INSURANCE COMPANY							ONE NUME	BER			-							
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DIA	GIV	OSIS / MEDICAL NECESSITY (ENTER A	LL THA	II AP	PLIES)													
ICE)-10	#1 ICD-10	1#2		ICD-10 #3	12		_			SECOND	ADV / TEDT	IADV INC	٨ΤΤ	A C L L	INFORMATION		
				REE			PHYSICIAN	2 21	HOLL	II D ONI V		•	IART INS -	ALL	АСП	INFORMATION		
ORI	DER	E: WHEN ORDERING TESTS FOR WHICH IN TESTS THAT ARE MEDICALLY NECESSAI NING PURPOSES. FOR MORE INFORMAT	RY FOR	THE	DIAGNOSIS OR TREATMENT OF	F A P	ATIENT RAT	HEF	R TH	HAN FOR	☐ ABN AT	TTACHED RAUTHORIZ	'ATION AT	TACH	IFD			
301	(LLI	EACH TEST ORDERED MUST BE CO		_		_		_								DED WITH A DIAGNOS	IS NUMBER	
1 2	3	PANELS (see components on back of form)	1	1 2 3		TS		1	2 3	3		DUAL TESTS			2 3			
	ſ	BASIC METABOLIC	LG	П	CEA		5	3		POTAS	SIUM		l	.G		AFB CULTURE:*		
Т	ı	ELECTROLYTES	LG	Ш	CHOLESTEROL		LO	3		PROLA	CTIN		l	.G			source	<i>!</i>
		COMPREHENSIVE METABOLIC	LG	Щ	CHRONIC HEART FAILURE PEPT	TIDE	, ,	-	Ш	PROTE	IN ELECTROPH	HORESIS, SEF		S	Ш	AEROBIC CULTURE:	source	,
	L	LIPID	LG	4	CK CKMB		LC	+	Ш		IN, TOTAL			.G		ANAEROBIC CULTURE	:	
!		HEPATIC LIVER FUNCTION	S	#	CREATININE		LC	-	${\mathbb H}$	PROTIN	ME			_B		(inc: Aerobic Culture)	source	J
4	\vdash	OBSTETRIC (OB PNL)	S, L	$+\!\!+$	CORTISOL 8 AM 4 P	-M	LO	+	$^{\rm H}$	PTT	SCREEN	Anticoagu		_B	Ш	CHLAMYDIA CULTURE:	source	,
+	\vdash	HEPATITIS PANEL, ACUTE	S	$+\!\!+$	ESTRADIOL FERRITIN	—	L(+	$^{\rm H}$	PSA	STERONE	DIAGNOS	IIC	S S		GC/CHLAMYDIA PROBI	E:	
+	\vdash	CELIAC DISEASE SCREEN	S	+	FOLIC ACID (Folate, Serum)		LO	-	H		JLOCYTE COUN	NT		<u></u>		C. DIFFICILE TOXIN/ST	source	J
+	\vdash	ALLERGY PANEL IGE PEDS MARCH	S _	+	FSH		LO	-	Ħ	+	MATOID FACTOR			s		FUNGAL CULTURE:	JOL	
+	\vdash	ALLERGY PANEL IGE REGION 9	S -	Ħ	LH		LO	3	П	RUBEL	LA, IgG			S			urce	
1 2		ALLERGY PANEL IGE FOOD ALLERENS INDIVIDUAL TESTS	S -	\top	HCG QUALITATIVE (Pregnancy Te	est)		s	П	SED RA	ATE (ESR)			L		GI PANEL (STOOL)	100	
1 2		A-FETOPROTEIN TUMOR MKR	S -	Ш	HCG QUANTITATIVE		5	3		SYPHIL	LIS IgG SCREEN	N		S		HELICOBACTER PYLO	RI ANTIGEN/S	STOOL
t	\vdash	ALT	LG -	Ш	GAMMA GT		LO	3	Ш	T4 (Fre	e)			s		OVA PARASITE COMPLE		
+	₩	AMYLASE	LG -	4			Fasting LC	+	Ш	_	ERFERON		SPECI			SPUTUM CULTURE	TE/I OKLION	TRAVEL ONE!
+	\vdash	ANA IFA w relfex to titer and ANAPN (ANAFLX)	-	4	HEMOGLOBIN A1C (Glycolated Ho	igb)	I	+	Н			TOTAL		S		RAPID GRP A STREP S	CDEEN/TUD/	
\top	,	ANA Screen with reflex to ANAPN (ANASCR)	s -	+	HEMOGLOBIN & HEMATOCRIT		I	+	${\mathbb H}$	TROPO				.G		RESPIRTORY PATHOG		
T	1	ANA IFA with titer (ANAIF)	S	$+\!\!+$	HEPATITIS A Ab(IgM)			-	$^{\rm H}$	URIC A	Itra Sensitive			.G				
T	1	ABO/RH/ANTIBODY SCREEN	L	$+\!\!+$	HEPATITIS B CORE Ab (Total) IgG HEPATITIS B SURFACE Ab (HBsA	-	VI S	+	$^{\rm H}$	-	LYSIS (Dispstick) microscopic i		.G U		STREP CULTURE/GRP	A THROAT	
T	1	AST	LG	+	HEPATITIS B SURFACE AG (HBSA			-	Н		LYSIS (Dispstick +			U_		GROUP B STREP CULT		source
	ſ	BILIRUBIN TOT DIR	LG	+	HEPATITIS C Ab	19/		+	H	VITAMII		т ппоговорю)		.G		URINE CULTURE:	source	
	∐ F	BUN	LG	$\dagger \dagger$	HERPES SIMPLEX VIRUS 1 AND	2		S	Ħ	VITAMII	N D 25 OH			S		VAGINAL PATHOGENS (Trichomonas, Candida,	DIRECT PRO	BE
		C-REACTIVE PROTEIN (CRP) HIGH Sens	LG	†	HIV Panel (HIV-1 p24, HIV-1 Ab, HI			-	П	WEST I	NILE IgG, M	SERUM	CSF	s		VIRAL CULTURE* C		VIRUS
		C-REACTIVE PROTEIN (CRP)	LG	T	IRON TIBC (inc: Transferrin))	LC	3	П								ERPES SIMP	
	(CALCIUM	LG	Ш	LD		LO	3 1	2 3	3	TIMED	URINE TEST			Ш	source U	ARICELLA ZO	STER
+	\vdash	CA 125	S	Ш	LIPASE		LC	3		TEST N	IAME					VIRAL ANTIGEN H	ERPES SIMPI ERPES MULT	
4	\vdash	CA 15-3	S	Щ	MAGNESIUM		LC	3	Ш	Hi	rs. Collected _	Total Volu	ume			_	NFLUENZA	IFLLX
-	\vdash	CA 19-9	S	4	-	indom.		-	2 3			G LEVELS				source ☐ R	OTAVIUS	
+	\vdash	CBC (Autodiff, plt ct)	L .	#	MONOSPOT			_		DRUG_				R		_	ARICELLA ZO	STER
AD		CBC w/o Diff (HEMOGRAM) (SCTP)	L	Щ	PHOSPHORUS	_	LC	<u>}</u>	Ш	PI	RE PO:	ST R/	ANDOM	_		CULTURE OTHER:		
ADI	וווכ	ONAL TEST INFO/COMMENTS														SOI	ırce	
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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