

RPS Use Only

SHADED AREAS FOR PATIENT INFORMATION REQUIRED

Accession #: _____

PATIENT LAST NAME		FIRST NAME		MI	COLLECTION DATE	TIME ____ AM ____ PM	REPORT <input type="checkbox"/> CALL <input type="checkbox"/> FAX	STAT <input type="checkbox"/>
DOB / /		GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		PT. ID# / ADDITIONAL INFO		PROVIDER: _____ (First, Last, MI)		
SSN - - - - -		BILL TO: <input type="checkbox"/> RPS Client Account <input type="checkbox"/> Patient Insurance		PT. PHONE - - - / - - - / - - -		Account Number _____		
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					Account Name _____			
GUARANTOR NAME/DOB (REQUIRED IF PATIENT IS A MINOR)					Street Address _____			
ADDRESS		CITY		STATE	ZIP	City _____ State _____ Zip Code _____		
PRIMARY INSURANCE <input type="checkbox"/> MEDICARE IN-PATIENT <input type="checkbox"/> MEDICARE OUT-PATIENT <input type="checkbox"/> MEDICAID <input type="checkbox"/> INSURANCE					Phone _____ Fax _____			
POLICY ID# _____ GROUP ID# _____					SECONDARY / TERTIARY INS – ATTACH INFORMATION			
INSURANCE COMPANY		PHONE NUMBER		<input type="checkbox"/> ABN ATTACHED <input type="checkbox"/> PRIOR AUTHORIZATION ATTACHED				
INSURANCE COMPANY ADDRESS		CITY		STATE	ZIP			
EFFECTIVE DATE / /								
DIAGNOSIS CODE(S)								
ICD-9/10 #1		ICD-9/10 #2		ICD-9/10 #3				

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/

EACH TEST ORDERED MUST BE CODED WITH A DIAGNOSIS NUMBER

1	2	3	THERAPEUTIC DRUG MONITORING	1	2	3	MOLECULAR ASSAYS (con't)	1	2	3	SEROLOGY	1	2	3	MICROBIOLOGY
			Drug				KRAS Mutation (codons 12, 13, 61)				EBV Antibodies				AFB Culture/AFB Smear
			Gentamicin				Microsatellite Instability Analysis (MIS)				H Pylori IgC Antibody				Anaerobic culture/Smear
			Theophylline				T Gamma Gene Rearrangement by DNA				Hepatitis A Antibody, IgM				Anaerobic/Aerobic Culture/Smear
			Vancomycin				T Gamma Gene Rearrangement by Southern Analysis				Hepatitis A Antibody, Total				Culture, Bordetella Pertussis
			Other _____ (Name)				Parvovirus DNA Detection				Hepatitis B Core Antibody, IgM				Chlamydia/GC DNA Swab
			Pre _____ Post _____ Random _____				Varicella Zoster DNA Detection				Hepatitis B Core Antibody, Total				Chlamydia/GC DNA Urine
			Cyclosporine (monoclonal)	1	2	3	CHEMISTRY				Hepatitis Be Virus Antibody				Clostridium Difficile Toxin
			Digoxin***				ANA IFA Titer/No Reflex				Hepatitis Be Virus Antigen				Cryptococcal Antigen _____ Serum _____ CSF
			FK506				ANA IFA Titer With Reflex (if pos.)				Hepatitis B Surface Antibody				Fungal Culture
			Methotrexate				Acetaminophen				Hepatitis B Surface Antigen				GI Panel (21 Targets)
			Mephobarbital and Phenobarbital				Ammonia Venous				Hepatitis C Antibody				H. Pylori Antigen Stool
			Phenytoin (Dilantin)				Beta Hydroxybutyric				Hepatitis C Antibody with reflex to Hep C RNA Quant				Hemorrhagic E. Coli Stool Culture
			Phenytoin Free & Total				Carboxyhemoglobin				Hepatitis Panel, Acute				Legionella Culture
			Sirolimus				CKMB (Total and MB)				Hepatitis Panel, Acute with reflex to Hep C RNA Quant				Legionella DFA
			Valproic Acid				Comp Metabolis Panel				HIV 1 & 2 Antibody				MRSA Culture
			Valproic Acid Free & Total				Complement C3/C4				HSV 1 & 2 IgG Screen***				Ova Parasite Complete/Foreign Travel
1	2	3	TUMOR MARKS				Creatinine				Measles IgG (Rubeola) Antibody				Sputum Culture/Smear
			Alpha Fetoprotein Tumor (AFP)***				DAT				Mumps IgG Antibody				Strep Culture Group A
			CEA Carcinoembryonic Antigen***				Fetal Fibronectin				Rubella IgG Antibody				Step Culture Group B
			CA 19-9 Cancer Antigen 19-9***				Folic Acid (Folate, Serum)				Syphilis IgG Screen				Urine Culture Source***
			CA 15-3 Cancer Antigen 15-3***				Glucose, Fluid				TB Interferon (____ Incubated)				Vaginal Pathogens Direct Probe
			CA 125 Cancer Antigen 125***				Glucose & Protein, Spinal Fluid (CSF) (CGP)				West Nile IgG, M _____ Serum _____ CSF				(Trichomonas, Candida, Gardnerella)
			PSA***				Haptoglobin	1	2	3	HEMATOLOGY				VRE Culture
			<input type="checkbox"/> Screen <input type="checkbox"/> Diagnostic				Hemoglobin Confirmation, Newborn				Kleihauer-Betke HT _____ WT _____				
1	2	3	MOLECULAR ASSAYS				Hemoglobin Electrophoresis Profile				Include Recent CBC Results for Tests Below	1	2	3	VIROLOGY
			SOURCE				Immunofixation, Serum				T&B Lymph Panel				SOURCE
			Adenovirus DNA Detection				Immunofixation, Urine				T and B Lymphocyte Assay, BAL (BALTB)				Virology Culture:
			BCR-ABL t(9;22) (p190, p210) Qualitative				Ionized Calcium	1	2	3	HEMOSTASIS/COAGULATION				Chlamydia Culture
			BCR-ABL t(9;22) (p210) Quantitative				Magnesium				Antithrombin III				CMV Early Antigen
			Bordetella Pertussis DNA Detection				Procalcitonin				Cardiolipin Antibodies (IgG/IgM)				General Virus Culture
			BRAF c.1799T>A (p.V600E) Mutation				Potassium				D-Dimer (Quantitative) (FDP)				Herpes Culture
			EGFR Mutation				Protein, Fluid				Factor Assay _____ (Specify Factor)				Respiratory Virus Panel, Multiplex
			Enterovirus RNA Detection				Protein Serum Electrophoresis				Factor Inhibitor _____ (Specify Factor)				Varicella Zoster Culture
			Ewing Sarcoma t(11;22)				PSA Free and Total				Fibrinogen Activity				Influenza Antigen Detection
			Factor 2/5 Mutation (prothrombin/leiden)				Quad Screen (include HG Quad Form)***				Fibrinogen Antigen				RSV Direct Antigen
			Fragile X Mutation (FMR 1)				Rheumatoid Factor, Fluid				Heparin Assay by Anti Xa Method	1	2	3	OTHER TESTING
			Hemochromatosis Mutation				Testosterone (TST), Total				PFA 100 - Platelet Function Assay				Open Test 1
			HIV-1 RNA Quant (Ultra Sensitive) HIVUS				TST Panel - Male (SHBG, tTST, fTST, %TST): TSFTST				PT Prothrombin Time, includes INR (PTIME)***				Open Test 2
			Herpes Virus Panel (Herpes)				TST Panel - Female & Children: TESTOS				PTT Partial Thromboplastin Time***				Open Test 3
			Herpes Simplex Virus (. . . .)				Troponin I	1	2	3	COAGULATION PANELS				Open Test 4
			IgH Gene Rearrangement by DNA				TSH Ultra-Sensitive***				Abnormal Clot Time				Open Test 5
			IgH Gene Rearrangement by Southern Analysis				Urea Nitrogen				Factor II/V Mutations				Open Test 6
			JAK2 (p.V617F) Mutation, Qualitative				Viscosity, Serum				Hypercoagulable Panel/Thrombosis Panel				
			JC Virus DNA Detection				Vitamin B12 or Vitamin B12/Folic Acid (VBFA)				Thrombophilia Mutation Detection Panel				
							Vitamin D25-OH				VonWillebrand Screen (VWag, FVIII, VW Activity)				



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., MSB 3500
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