

**RPS Use Only**

Accession #: \_\_\_\_\_

SHADED AREAS FOR PATIENT INFORMATION REQUIRED

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

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/](http://reglab.org/billingcompliance/)

EACH TEST ORDERED MUST BE CODED WITH A DIAGNOSIS NUMBER																		
THERAPEUTIC DRUG MONITORING					MOLECULAR ASSAYS (con't)					SEROLOGY					MICROBIOLOGY/VIROLOGY			
1	2	3	Drug		1	2	3	KRAS Mutation (codons 12, 13, 61)		1	2	3	EBV Antibodies		1	2	3	AFB Culture*: _____ source: _____
			Gentamicin					Microsatellite Instability Analysis (MIS)					H Pylori IgC Antibody					Aerobic Culture: _____ source: _____
			Theophylline					T Gamma Gene Rearrangement by DNA					Hepatitis A Antibody, IgM					Anaerobic Culture: _____ (includes Aerobic Culture) source: _____
			Vancomycin					T Gamma Gene Rearrangement by Southern Analysis					Hepatitis A Antibody, Total					Blood Culture: <input type="checkbox"/> Adult (BLDCU) <input type="checkbox"/> Pediatric (BLDA) source: _____
			Other _____ (Name)					Parvovirus DNA Detection					Hepatitis B Core Antibody, IgM					Bordetella Pertussis Culture: _____ source: _____
			Pre _____ Post _____ Random _____					Varicella Zoster DNA Detection					Hepatitis B Core Antibody, Total					C. Difficile Toxin* (Stool)
			Cyclosporine (monoclonal)		1	2	3	<b>CHEMISTRY</b>					Hepatitis Be Virus Antibody					Fungal Culture: _____ source: _____
			Digoxin***					ANA IFA Titer/No Reflex					Hepatitis Be Virus Antigen					Fungal-Dermatophyte Culture: _____ source: _____
			FK506					ANA IFA Titer With Reflex (if pos.)					Hepatitis B Surface Antibody					GC/Chlamydia Probe: _____ source: _____
			Methotrexate					Acetaminophen					Hepatitis B Surface Antigen					Gastrointestinal Pathogen Panel (GIP)
			Mephobarbital and Phenobarbital					Ammonia Venous					Hepatitis C Antibody					Helicobacter Pylori Antigen* (Stool)
			Phenytoin (Dilantin)					Beta Hydroxybutyric					Hepatitis C Antibody with reflex to Hep C RNA Quant					Ova & Parasite: <input type="checkbox"/> Foreign Travel (OVPAR) <input type="checkbox"/> No Travel (OVPCY)
			Phenytoin Free & Total					Carboxyhemoglobin					Hepatitis Panel, Acute					Sputum Culture*
			Sirolimus					CKMB (Total and MB)					Hepatitis Panel, Acute with reflex to Hep C RNA Quant					Rapid Group A Strep Screen (Throat)
			Valproic Acid					Comp Metabolis Panel					HIV 1 & 2 Antibody					Respiratory Pathogen Pnl by PCR* (RESPP)
			Valproic Acid Free & Total					Complement C3/C4					HSV 1 & 2 IgG Screen***					Strep Group A Culture (Throat)
								Creatinine					Measles IgG (Rubeola) Antibody					Tissue Culture*: _____ source: _____
1	2	3	<b>TUMOR MARKS</b>					DAT					Mumps IgG Antibody					Group B Strep Culture*: _____ source: _____
			Alpha Fetoprotein Tumor (AFP)***					Fetal Fibronectin					Rubella IgG Antibody					Urine Culture*: _____ source: _____
			CEA Carcinoembryonic Antigen***					Folic Acid (Folate, Serum)					Syphilis IgG Screen					Vaginal Pathogens Direct Probe (Trichomonas, Candida, Gardnerella)
			CA 19-9 Cancer Antigen 19-9***					Glucose, Fluid					TB Interferon (Incubated)					<b>MOLECULAR VIROLOGY</b>
			CA 15-3 Cancer Antigen 15-3***					Glucose & Protein, Spinal Fluid (CSF) (CGP)					West Nile IgG, M _____ Serum _____ CSF					Adenovirus DNA Detection
			CA 125 Cancer Antigen 125***					Haptoglobin		1	2	3	<b>HEMATOLOGY</b>					CMV DNA Detection
			PSA***					Hemoglobin Confirmation, Newborn					Kleihauer-Betke HT _____ WT _____					Enterovirus RNA Detection
			<input type="checkbox"/> Screen <input type="checkbox"/> Diagnostic					Hemoglobin Electrophoresis Profile					<b>Include Recent CBC Results for Tests Below</b>					Herpes Virus Pnl - Multiplex (CMV, HSV, EBV, VZV, HHV-6)
1	2	3	<b>MOLECULAR ASSAYS</b>					Immunofixation, Serum					T&B Lymph Panel					HSV 1 & 2 DNA Detection and Genotype
			<b>SOURCE</b>					Immunofixation, Urine					T and B Lymphocyte Assay, BAL (BALTB)					HSV DNA Direct Detection
			Adenovirus DNA Detection					Ionized Calcium					T4/T8 Lymph Ratio					Varicella Zoster Virus DNA Detection
			BCR-ABL t(9;22) (p190, p210) Qualitative					Magnesium		1	2	3	<b>HEMOSTASIS/COAGULATION</b>					<b>OTHER TESTING</b>
			BCR-ABL t(9;22) (p210) Quantitative					Procalcitonin					Antithrombin III					Open Test 1
			Bordetella Pertussis DNA Detection					Potassium					Cardiolipin Antibodies (IgG/IgM)					Open Test 2
			BRAF c.1799T>A (p.V600E) Mutation					Protein, Fluid					D-Dimer (Quantitative) (FDP)					Open Test 3
			EGFR Mutation					Protein Serum Electrophoresis					Factor Assay _____ (Specify Factor)					
			Enterovirus RNA Detection					PSA Free and Total					Factor Inhibitor _____ (Specify Factor)					
			Ewing Sarcoma t(11;22)					Quad Screen (include HG Quad Form)***					Fibrinogen Activity					
			Factor 2/5 Mutation (prothrombin/leiden)					Rheumatoid Factor, Fluid					Fibrinogen Antigen					
			Fragile X Mutation (FMR 1)					Testosterone (TST), Total					Heparin Assay by Anti Xa Method					
			Hemochromatosis Mutation					TST Panel - Male (SHBG, tTST, fTST, %TST): TSFTST					PFA 100 - Platelet Function Assay					
			HIV-1 RNA Quant (Ultra Sensitive) HIVUS					TST Panel - Female & Children: TESTOS					PT Prothrombin Time, includes INR (PTIME)***					
			Herpes Virus Panel (Herpes . . . .)					Troponin I					PTT Partial Thromboplastin Time***					
			Herpes Simplex Virus ( . . . .)					TSH Ultra-Sensitive***		1	2	3	<b>COAGULATION PANELS</b>					
			IgH Gene Rearrangement by DNA					Urea Nitrogen					Abnormal Clot Time					
			IgH Gene Rearrangement by Southern Analysis					Viscosity, Serum					Factor I/IV Mutations					
			JAK2 (p.V617F) Mutation, Qualitative					Vitamin B12 or Vitamin B12/Folic Acid (VBFA)					Hypercoagulable Panel/Thrombosis Panel					
			JC Virus DNA Detection					Vitamin D25-OH					Thrombophilia Mutation Detection Panel					
													VonWillebrand Screen (VVAg, 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/](http://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:  
UNMC Shipping & Receiving Dock  
Regional Pathology Services MSB 3500  
University of Nebraska Medical Center  
601 Saddle Creek Road  
Omaha, NE 68106-1180

## **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](http://reglab.org) for more information.

## **Questions?**

Contact client services at 800-334-0459