

SHADED AREAS FOR PATIENT INFORMATION REQUIRED

PATIENT LAST NAME		FIRST NAME		MI
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/PATIENT INSURANCE			
<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				
GUARANTOR NAME/DOB (REQUIRED IF PATIENT IS A MINOR)		PHONE NUMBER		
ADDRESS	CITY	STATE	ZIP	
PRIMARY INSURANCE <input type="checkbox"/> MEDICARE IN-PATIENT <input type="checkbox"/> MEDICARE OUT-PATIENT <input type="checkbox"/> MEDICAID <input type="checkbox"/> 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-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. TESTING IN GRAY MAY REQUIRE AN ABN. FOR MORE INFORMATION SEE <a href="http://reglab.org/billingcompliance/">reglab.org/billingcompliance/</a>				

STAT <input checked="" type="checkbox"/>	Report <input type="checkbox"/> CALL <input type="checkbox"/> FAX
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Collection Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Collection Time \_\_\_\_ AM  
PM

PHYSICIAN PROVIDER: \_\_\_\_\_  
(Indicate the Supervising Dr./P.A. or N. Pract.)

Account Number \_\_\_\_\_

Account Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

**SECONDARY / TERTIARY INS - ATTACH INFORMATION**

ABN ATTACHED     PRIOR AUTHORIZATION ATTACHED

**HOME HEALTH CARE**

**LABORATORY ORDER INFORMATION**

**Indicate how labs are to be processed:**

- Nebraska Medicine Patient - via Epic/One Chart (provider name is REQUIRED above)
- Regional Pathology Services

*\*\*NOTE: all Transplant orders/labs must be processed through EPIC to ensure proper billing processes are followed\*\**

**Please check Desired Tests:**

- Basic Metabolic Panel (BMT) (GD/LG)
- CBC (includes: auto differential and platelet count) (CBCP) (L)**
- Comprehensive Metabolic Panel (CMET) (GD/LG)
- C-Reactive Protein (CRP) (GD/LG)
- Cyclosporine (monoclonal) (MCYCLB) (L)
- Cytotoxic Antibodies/Donor Specific Antibodies (R)
- FK506 (AKA **Prograf** and Tacrolimus) (FK506B) (L)
- Hemagram (CBC w/o differential includes platelet count) (SCTP) (L)**
- Lipid (LIPID) (GD/LG)**
- Magnesium (MG) (GD/LG)
- Phosphorus (PO4) (GD/LG)
- Potassium (K) (GD/LG)
- PT/INR (Protime) (PTIME) (B)**
- Sed Rate (ESR) (L)
- Sirolimus (AKA Rapumune) (SIROB) (L)
- Vitamin D25-OH (VIT25) (G/GD)**
- Urinalysis (dipstick and microscopic) (UMIC, UMAC)
- Urine Culture (URNCU) Source \_\_\_\_\_**

Indicate Other Laboratory Testing Requested:

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\_\_\_\_\_

\_\_\_\_\_

**Tube Types**  
 GD: Gold, sst  
 LG: Light Green, pst  
 R: Red, serum  
 L: Lavender, edta  
 B: Blue, citrate  
 Additional Testing Information Available at  
[www.reglab.org](http://www.reglab.org)

For Lab Use Only:  
 Checked by: \_\_\_\_\_ Initials \_\_\_\_\_ Tech Code \_\_\_\_\_



## 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 UT 3314  
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