

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		
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	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		

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.)

PHYSICIAN'S FIRST NAME, MIDDLE INITIAL AND LAST NAME ARE REQUIRED

ACCOUNT NUMBER _____

ACCOUNT NAME _____

ADDRESS _____

CITY, STATE, AND ZIP CODE _____

PHONE NUMBER: _____

FAX NUMBER: _____

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/

SECONDARY / TERTIARY INS - ATTACH INFORMATION

ABN ATTACHED
 PRIOR AUTHORIZATION ATTACHED

HOME HEALTH CARE

LABORATORY ORDER INFORMATION

TRANSPLANT PATIENT: DO NOT USE THIS FORM-CONTACT TRANSPLANT COORDINATOR FOR PATIENT TO OBTAIN TEST REQUEST FORM AND ORDERS

Please check the correct square.

Checking the correct square will transmit the results to the physicians at The Nebraska Medical Center (TNMC)

- Mark the first square when lab orders are initiated by TNMC/placed in One Chart.
- Mark the second square for all other labs for **Regional Pathology Services**.

- TNMC provider has placed lab order in the hospital information system (Epic/One Chart).
- Regional Pathology Services** VT CODE: _____ (Required)

Please Check Desired Tests:

- Basic Metabolic Panel (BMET) (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 Rapamune) (SIROB) (L)
- Vitamin D 25-OH (VIT25) (R/GD)
- Urinalysis (dipstick and microscopic) (UMIC, UMAC)
- Urine Culture (URNCU) **Source** _____

Indicate Other Laboratory Testing Requested:

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

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/ 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