

**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			____ / ____ / ____			PM			<input type="checkbox"/> FAX					
<p><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> <p>ADDRESS CITY STATE ZIP</p> <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>POLICY ID# GROUP ID#</p> <p>INSURANCE COMPANY PHONE NUMBER</p> <p>INSURANCE COMPANY ADDRESS CITY STATE ZIP</p> <p>EFFECTIVE DATE / /</p> <p>DIAGNOSIS CODE(S)</p> <p>ICD-9/10 #1 ICD-9/10 #2 ICD-9/10 #3</p>																				
<p>Account Number _____</p> <p>Account Name _____</p> <p>Street Address _____</p> <p>City _____ State _____ Zip Code _____</p> <p>Phone Number _____ Fax Number _____</p> <p>SECONDARY / TERTIARY INS – ATTACH INFORMATION</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	1	2	3	Gentamicin	1	2	3	Microsatellite Instability Analysis (MSI)	1	2	3	H Pylori IgC Antibody	1	2	3	Aerobic Culture: _____ source	1	2	3	Theophylline	1	2	3	T Gamma Gene Rearrangement by DNA	1	2	3	Hepatitis A Antibody, IgM	1	2	3	Hepatitis A Antibody, Total	1	2	3	Anaerobic Culture: _____ source	1	2	3	Vancomycin	1	2	3	T Gamma Gene Rearrangement by Southern Analysis	1	2	3	Hepatitis B Core Antibody, IgM	1	2	3	Hepatitis B Core Antibody, Total	1	2	3	Blood Culture: <input type="checkbox"/> Adult (BLDCU) <input type="checkbox"/> Pediatric (BLDA)	1	2	3	Other _____ (Name)	1	2	3	Parvovirus DNA Detection	1	2	3	Hepatitis B Surface Antibody	1	2	3	Hepatitis B Surface Antigen	1	2	3	Bordetella Pertussis Culture: _____ source	1	2	3	Pre _____ Post _____ Random _____	1	2	3	Varicella Zoster DNA Detection	1	2	3	Hepatitis C Antibody	1	2	3	Hepatitis C Antibody with reflex to Hep C RNA Quant	1	2	3	C. Difficile Toxin* (Stool)	1	2	3	Cyclosporine (monoclonal)	1	2	3	ANA IFA Titer/No Reflex	1	2	3	Hepatitis C Antibody, Acute	1	2	3	Hepatitis C Antibody with reflex to Hep C RNA Quant	1	2	3	Fungal Culture: _____ source	1	2	3	Digoxin***	1	2	3	ANA IFA Titer With Reflex (if pos.)	1	2	3	HIV 1 & 2 Antibody	1	2	3	HSV 1 & 2 IgG Screen***	1	2	3	Fungal-Dermatophyte Culture: _____ source	1	2	3	FK506	1	2	3	Acetaminophen	1	2	3	Measles IgG (Rubeola) Antibody	1	2	3	Mumps IgG Antibody	1	2	3	GC/Chlamydia Probe: _____ source	1	2	3	Methotrexate	1	2	3	Ammonia Venous	1	2	3	Rubella IgG Antibody	1	2	3	Syphilis IgG Screen	1	2	3	Gastrointestinal Pathogen Panel (GIP)	1	2	3	Mephobarbital and Phenobarbital	1	2	3	Beta Hydroxybutyric	1	2	3	TB Interferon ( _____ Incubated)	1	2	3	West Nile IgG, M _____ Serum _____ CSF	1	2	3	Helicobacter Pylori Antigen* (Stool)	1	2	3	Phenytoin (Dilantin)	1	2	3	Carboxyhemoglobin	1	2	3	Comp Metabolis Panel	1	2	3	Creatinine	1	2	3	DAT	1	2	3	Fetal Fibronectin	1	2	3	Rubella IgG Antibody	1	2	3	Syphilis IgG Screen	1	2	3	Ova & Parasite: <input type="checkbox"/> Foreign Travel (OVPAR) <input type="checkbox"/> No Travel (OVPCY)	1	2	3	Phenytoin Free & Total	1	2	3	CKMB (Total and MB)	1	2	3	Glucose & Protein, Spinal Fluid (CSF) (CGP)	1	2	3	Haptoglobin	1	2	3	Hemoglobin Confirmation, Newborn	1	2	3	Kleihauer-Betke HT _____ WT _____	1	2	3	Include Recent CBC Results for Tests Below	1	2	3	Sputum Culture*	1	2	3	Sirolimus	1	2	3	Comp Metabolis Panel	1	2	3	Complement C3/C4	1	2	3	Glucose, Fluid	1	2	3	Hemoglobin A1c (Glycolated Hgb)	1	2	3	T&B Lymph Panel	1	2	3	T and B Lymphocyte Assay, BAL (BALTB)	1	2	3	T4/T8 Lymph Ratio	1	2	3	HEMOSTASIS/COAGULATION	1	2	3	Rapid Group A Strep Screen (Throat)	1	2	3	Valproic Acid	1	2	3	Creatinine	1	2	3	Immunofixation, Serum	1	2	3	Immunofixation, Urine	1	2	3	Ionized Calcium	1	2	3	Magnesium	1	2	3	Procalcitonin	1	2	3	Potassium	1	2	3	Protein, Fluid	1	2	3	Protein Serum Electrophoresis	1	2	3	PSA Free and Total	1	2	3	Quad Screen (include HG Quad Form)***	1	2	3	Rheumatoid Factor, Fluid	1	2	3	Testosterone (TST), Total	1	2	3	TST Panel - Male (SHBG, tTST, fTST, %TST): TSFTST	1	2	3	TST Panel - Female & Children: TESTOS	1	2	3	Troponin I	1	2	3	TSH Ultra-Sensitive***	1	2	3	Abnormal Clot Time	1	2	3	Factor II/V Mutations	1	2	3	Hypercoagulable Panel/Thrombosis Panel	1	2	3	Thrombophilia Mutation Detection Panel	1	2	3	VonWillebrand Screen (VWAg, FVIII, VW Activity)	1	2	3	Open Test 1	1	2	3	Valproic Acid Free & Total	1	2	3	Urea Nitrogen	1	2	3	Viscosity, Serum	1	2	3	Vitamin B12 or Vitamin B12/Folic Acid (VBFA)	1	2	3	Vitamin D25-OH	1	2	3	Open Test 2	1	2	3	Alpha Fetoprotein Tumor (AFP)***	1	2	3	CEA Carcinoembryonic Antigen***	1	2	3	CA 19-9 Cancer Antigen 19-9***	1	2	3	CA 15-3 Cancer Antigen 15-3***	1	2	3	CA 125 Cancer Antigen 125***	1	2	3	PSA***	1	2	3	<input type="checkbox"/> Screen <input type="checkbox"/> Diagnostic	1	2	3	MOLECULAR ASSAYS	1	2	3	SOURCE	1	2	3	Adenovirus DNA Detection	1	2	3	BCR-ABL t(9;22) (p190, p210) Qualitative	1	2	3	BCR-ABL t(9;22) (p210) Quantitative	1	2	3	Bordetella Pertussis DNA Detection	1	2	3	BRAF c.1799T>A (p.V600E) Mutation	1	2	3	EGFR Mutation	1	2	3	Enterovirus RNA Detection	1	2	3	Factor 2/5 Mutation (prothrombin/leiden)	1	2	3	Fragile X Mutation (FMR 1)	1	2	3	Hemachromatosis Mutation	1	2	3	HIV-1 RNA Quant (Ultra Sensitive) HIVUS	1	2	3	Herpes Virus Panel (Herpes . . . .)	1	2	3	Herpes Simplex Virus ( . . . .)	1	2	3	IgH Gene Rearrangement by DNA	1	2	3	IgH Gene Rearrangement by Southern Analysis	1	2	3	JAK2 (p.V617F) Mutation, Qualitative	1	2	3	JC Virus DNA Detection	1	2	3	Open Test 3



## 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