



KML / DML / TML

Accredited by The College of American Pathologists

REGENCY FORMS (513) 385-4091

Tests Added by Facility

Tests	Diagnosis	Ordering Physician Name:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I verify the order for this lab referral and Dx Code is on file for review.

Are Respiratory Precautions needed? Yes No

DO NOT WRITE BELOW THIS LINE - LAB USE ONLY	
Patient ID (Circle) _____	1888 Extra Pickup fee _____
Band _____	Employee # _____ Employee Initials _____
Self _____	Route # _____ Date Drawn _____
Nurse/Aid _____	Draws Total _____ Time Drawn _____
.....	UTO / combative / refusal _____
Venipuncture Site (Circle) _____	Notified ____/____/____/Empl # _____
Rac _____	Notified ____/____/____/Empl # _____
LAC _____	Notified ____/____/____/Empl # _____
R Hand _____	Entered by _____
L Hand _____	
Fingerstick _____	<input type="checkbox"/> S = Serum <input type="checkbox"/> BV = Boritex Vial <input type="checkbox"/> X = Contact Lab <input type="checkbox"/> PC = Plain Cup
Other _____	<input type="checkbox"/> R = Red <input type="checkbox"/> G = Gray <input type="checkbox"/> B = Light Blue <input type="checkbox"/> L = Lavender

LOCATIONS: Cincinnati (513) 752-7300 Toll Free 1-800-522-7556; Columbus (614) 481-4425 Toll Free 1-877-481-4425; Dayton (937) 435-6615 Toll Free 1-888-522-7565; Louisville (812) 944-1729 Toll Free 1-866-944-1729; Lexington (859) 543-1230 Toll Free 1-800-906-7556

White - Lab Copy

Yellow - Billing Copy

Pink - Facility Copy

TEST COMBINATION PANELS



Only commonly ordered tests and panels are printed on this requisition. Others are available and are described in the Kilbourne Medical Laboratory Services Reference Manual.

Any test may be ordered individually at any time. Only medically necessary tests should be ordered.

More information about billing procedures, reflex testing, fees, and test availability may be obtained from our representatives at (513) 752-7300.

CODE	TEST NAME	CPT CODE	CODE	TEST NAME	CPT CODE	CODE	TEST NAME	CPT CODE
8000	Basic metabolic panel	80048	200	Lipid Profile I (Coronary Risk) I	80061	0155	CBC w/CHr	NA
35	Calcium	82310	19	Cholesterol	82465	0001	CBC w/diff	85025
93	Carbon Dioxide	82374	20	Triglyceride	84478	0156	CHr	85046
92	Chloride	82435	48	HDL	83718			
55	Creatinine	82565	17	LDL-Direct	83721			
10	Glucose	82947	668	Chol/HDL Calculation	NA			
91	Potassium	84132	21	VLDL Calculation	NA			
90	Sodium	84295						
88	Urea nitrogen (BUN)	84520	4009	Arthritis Panel	NA	8002	Hepatic function panel	80076
			16	Rheumatoid Arthritis Quant.	86431	27	Albumin	82040
			22	Uric Acid Serum	84550	61	Bilirubin, total AND direct	82249
009	Electrolyte panel	80051	28	ANA +	86038	18	Phosphatase, alkaline	84075
93	Carbon dioxide	82374	30	CRP	86140	13	Transferase, alanine amino (ALT) (SGPT)	84460
92	Chloride	82435	32	ASO	86060	14	Transferase, aspartate amino (AST) (SGOT)	84450
91	Potassium	84132	80	Sed Rate	85652			
90	Sodium	84295				2000	Lipid Profile I w/calc. LDL	80061
8001	Comprehensive metabolic panel	80053	0819	Needlestick Profile	NA	19	Cholesterol	82465
27	Albumin	82040	0637	Hepatitis C Antibody	86803	20	Triglyceride	84478
61	Bilirubin, total	82247	0132	Hepatitis B Surface Antigen	87340	48	HDL	83718
35	Calcium	82310	0476	Hepatitis B Surface Antibody	86706	717	LDL Calculation	NA
92	Chloride	82435	0375	HIV I/II +	87390	668	Chol/HDL Calculation	NA
55	Creatinine	82565				21	VLDL Calculation	NA
10	Glucose	82947				575	Renal Profile	80069
18	Phosphatase, alkaline	84075				27	Albumin	82040
91	Potassium	84132				35	Calcium	82310
24	Protein, total	84155				93	Carbon Dioxide (CO2)	82374
90	Sodium	84295				92	Chloride	82435
13	Transferase, aspartate amino (AST) (SGOT)	84450	550	Blood Culture	87077	55	Creatinine	82565
88	Urea nitrogen (BUN)	84520			87040	10	Glucose	82947
14	ALT (SGPT)	84460				65	Inorganic Phosphorus	84100
93	Carbon Dioxide (CO2)	82374	357	Primidone / Mysoline	80184	91	Potassium	84132
					80188	90	Sodium	84295
						88	BUN	84520

REFLEX TESTING

Reflex testing is an important tool in providing timely, cost-effective and quality care to patients. A reflex test is a laboratory test performed (and charged for) subsequent to an initially ordered and resulted test. Reflex testing occurs when an initial test result meets pre-determined criteria (e.g., positive or outside normal parameters), and indicate that a second related test is medically appropriate, and the primary test result is inconclusive without the reflex or follow-up test. It is performed automatically without the intervention of the ordering physician. Reflex testing may prevent the need for additional specimen procurement from the patient.

Certain confirmatory reflex tests are required by law; but generally each laboratory establishes its own criteria for medically appropriate reflex tests. A laboratory must disclose to the ordering physician its protocol for performing reflex testing and provide the physician with the opportunity to decline the follow-up tests.

If the physician does not want to have a reflex test performed according to the protocol established by Kilbourne Medical Laboratories, he/she must indicate such at the time the initial test is ordered.

ONLY TESTS THAT ARE MEDICALLY REASONABLE AND NECESSARY FOR THE DIAGNOSIS OR TREATMENT OF A MEDICARE OR MEDICAID PATIENT WILL BE REIMBURSED. THE OFFICE OR INSPECTOR GENERAL TAKES THE POSITION THAT A PHYSICIAN WHO ORDERS MEDICALLY UNNECESSARY TEST FOR WHICH MEDICARE OR MEDICAID REIMBURSEMENT IS CLAIMED MAYBE SUBJECT TO CIVIL PENALTIES UNDER THE FALSE CLAIMS ACT. COMPONENTS OF THE PROFILE COMBINATIONS PRINTED ABOVE ARE SHOWN ON THE REVERSE SIDE AND MAY ALSO BE ORDERED INDIVIDUALLY ABOVE. COMPONENTS MAY BE BILLED SEPARATELY PER CARRIER POLICY.