

PATIENT NAME: \_\_\_\_\_ DOB: \_\_\_\_\_ SEX: M / F

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

INSURANCE: \_\_\_\_\_

NAME OF PHYSICIAN: \_\_\_\_\_ Physician Signature: \_\_\_\_\_ (REQUIRED)

Other Physician to receive copy of results: \_\_\_\_\_ Bill Client \_\_\_\_\_ Bill Insurance: \_\_\_\_\_

\*\*Labs to be drawn at Mid Valley: Y / N

Office Phone Number: \_\_\_\_\_ ORDER DATE: \_\_\_\_\_ /TIME: \_\_\_\_\_

Locations: AVP A/B \_\_\_\_\_ AMCA/B \_\_\_\_\_ IMA \_\_\_\_\_ Mass/Kadison \_\_\_\_\_ Borchers \_\_\_\_\_ Comm. Health \_\_\_\_\_ Check \_\_\_\_\_ Locke Family \_\_\_\_\_ Other \_\_\_\_\_

<p>___ ABO/Rh</p> <p>___ <b>ANA</b></p> <p>___ <b>ANA (Comprehensive)</b></p> <p>___ Alcohol</p> <p>___ Amylase</p> <p>___ Albumin (serum/plasma)</p> <p>___ <b>ACTH</b></p> <p>___ Bilirubin Total ___ Direct ___</p> <p>___ Indirect ___ Neonatal ___</p> <p>___ BNP (Dr. Office, plasma frozen!)</p> <p>___ BUN</p> <p>___ B12 ___ <b>B12/Folic Acid</b></p> <p>___ CA 125</p> <p>___ <b>Valporic Acid / Depakote</b></p> <p>___ Last dosage @ ___ Amt _____</p> <p>___ <b>C-peptide</b></p> <p>___ Calcium (total) ___ <b>Ionized, Calcium</b></p> <p>___ CBC w auto ___ CBC w Manual</p> <p>___ CPK, Total</p> <p>___ Creatinine</p> <p>___ Cholesterol</p> <p>___ CRP Inflammation ___ Cardiac ___</p> <p>___ <b>Cortisol</b></p> <p>___ D-Dimer STAT!</p> <p>___ Digoxin</p> <p>___ Last dosage @ ___ Amt _____</p> <p>___ Dilantin</p> <p>___ Last dosage @ ___ Amt _____</p> <p>___ Electrolytes</p> <p>___ Estradiol</p> <p>___ Ferritin</p> <p>___ FSH</p> <p>___ <b>Folic Acid</b></p> <p>___ GGT</p> <p>___ Glucose, Gestational</p> <p>___ Glucose, Fasting Y ___ N ___</p> <p>___ Glucose Tolerance Test 3 hr</p> <p>___ Glucose, 2 hr Post eating</p> <p>___ HIV (consent signed in office Y / N )</p> <p>___ <b>Homocysteine</b></p> <p>___ <b>Herpes by PCR</b></p> <p>___ HgA1c</p> <p>___ HCG, Beta Quantitative</p> <p>___ Hep C, Virus</p> <p>___ <b>Hep Bs AB ___ Hep Bs AG</b></p> <p>___ <b>H. Pylori Igm, Igg (serum)</b></p> <p>___ Hematocrit ___ Hemoglobin</p>	<p>___ <b>Heavy Metal (ryl blue/ EDTA)</b></p> <p>___ Iron TIBC ___</p> <p>___ Lipase</p> <p>___ Lipid + LDL direct ___</p> <p>___ LDH</p> <p>___ LH</p> <p>___ <b>LipoProtein (a)</b></p> <p>___ Lithium</p> <p>___ Mg</p> <p>___ <b>Mercury, whole blood</b></p> <p>___ (Ryl blue, EDTA)</p> <p>___ <b>Methylmalonic Acid (serum)</b></p> <p>___ Malaria Test (wh bld) (EDTA)</p> <p>___ Pregnancy Test, Qualitative</p> <p>___ Serum ___ Urine ___</p> <p>___ PSA, ( ___ Scrn ___ Diagn)</p> <p>___ <b>PSA, Free &amp; Total</b></p> <p>___ Progesterone</p> <p>___ <b>Prolactin</b></p> <p>___ K+ ( potassium)</p> <p>___ PT / INR Coumadin/Heparin</p> <p>___ PTT</p> <p>___ Phosphorus</p> <p>___ <b>Protein Electrophoresis (serum)</b></p> <p>___ PIH panel</p> <p>___ (CBC, Chem13,Uric Acid)</p> <p>___ RA Factor</p> <p>___ <b>Rheumatoid Factor, Quant</b></p> <p>___ Retic Count</p> <p>___ <b>RPR (Syphilis)</b></p> <p>___ Sed Rate</p> <p>___ Triglycerides</p> <p>___ Type/Screen</p> <p>___ Testosterone (total)</p> <p>___ <b>Testo (Free and Total)</b></p> <p>___ TSH</p> <p>___ <b>Thyroid Antibodies</b></p> <p>___ (TPO ___, Globulin ___)</p> <p>___ Free, T4 ___ <b>T4 (total)</b></p> <p>___ Free, T3 ___ <b>T3 (total)</b></p> <p>___ <b>T3, uptake</b></p> <p>___ Troponin I STAT!</p> <p>___ Uric Acid</p> <p>___ <b>Vit D (D2/D3) (Mayo)</b></p> <p>___ Vit D (total)</p> <p>___ <b>Vit D I, 25</b></p>	<p><b>CULTURES</b></p> <p>___ Strep A f/u culture</p> <p>___ Throat culture</p> <p>___ Wound Culture:</p> <p>___ Antibiotic Y N</p> <p>___ Anaerobic/Aerobic Culture</p> <p>___ Antibiotic Y N</p> <p>___ MRSA by PCR scrn</p> <p>___ <b>Source of Culture:</b></p> <p>_____</p> <p>___ <b>Serology:</b></p> <p>___ Strep B by PCR</p> <p>___ <b>B Pertussis</b></p> <p>___ RSV swab / nasal wash</p> <p>___ Flu</p> <p>___ Mono</p> <p>___ Sickle Cell Screen</p> <p>___ <b>Panels:</b></p> <p>___ Chem13 (CMP)</p> <p>___ Chem7 (BMP) (Renal)</p> <p>___ Liver</p> <p>___ Health Panel</p> <p>___ (CBC, Chem13, TSH)</p> <p>___ Thyroid Panel</p> <p>___ (T3U, T4, FTI)</p> <p>___ <b>Hepatitis, Acute (A,B,C)</b></p> <p>___ OB Panel</p> <p>___ Arthritis Panel</p> <p>___ (RA, ESR, CRP-I, Uric Acid, ANA)</p> <p>___ DIC work up</p> <p>___ <b>Maternal Quad Screen</b></p> <p>___ <b>Other lab test: (Print)</b></p> <p>_____</p> <p>_____</p> <p>___ COVID-19 Diagnostic</p> <p>----- COVID-19 Antibody</p> <p>_____</p> <p>_____</p> <p><b>**Bold Italics test are sent to Mayo</b></p>	<p><b>URINE TEST:</b></p> <p>___ UA CCMS Cath Peds</p> <p>___ Urine Culture &amp; Sensitivity</p> <p>___ <b>Microalbumin, Urine</b></p> <p>___ GC/Chlam by PCR (AVH)</p> <p>___ Urine Drug, Medical use / non-legal</p> <p>___ <b>STOOL TEST:</b></p> <p>___ C. Diff STAT!</p> <p>___ WBC stool</p> <p>___ Occ Blood</p> <p>___ <b>O&amp;P Comp (Mayo)</b></p> <p>___ (Giardia, E.Histolytica, Egg Cyst, Helminth eggs, Protozoa, Tape Worms, Larva worms)</p> <p>___ <b>Microsporidium only, Mayo (MTBS)</b></p> <p>___ <b>Cyclospora only, MAYO (CYCL)</b></p> <p>___ <b>PANELS:</b></p> <p>___ Gastrointestinal</p> <p>___ Respiratory Pathogen</p> <p><b>24 Hour Urine (Circle one)</b></p> <table border="1"> <tr> <td>Calcium</td> <td>Creatinine Clearance</td> <td>Protein</td> </tr> <tr> <td>Phosphorus Chloride</td> <td>HIAA Potassium</td> <td>Sodium Uric Acid</td> </tr> </table> <p>Other 24-Hour Urine test:</p> <p>_____</p> <p>_____</p> <p>___ <b>STANDING ORDER: YES</b></p> <p>FREQUENCY: _____</p> <p>*Good for 6 months only</p> <p>___ <b>SCHEDULER USE for ABNs</b></p> <p>PASSED _____ FAILED _____</p> <p>___ <b>FAILED TESTS:</b></p> <p>_____</p> <p>_____</p>	Calcium	Creatinine Clearance	Protein	Phosphorus Chloride	HIAA Potassium	Sodium Uric Acid
Calcium	Creatinine Clearance	Protein							
Phosphorus Chloride	HIAA Potassium	Sodium Uric Acid							

**\*\*Use Diagnosis Code(s) located on back of form**

Laboratory Testing: \_\_\_\_\_ Date Specimen Drawn: \_\_\_\_\_ Time: \_\_\_\_\_ Fasting: Yes \_\_\_ No \_\_\_

DS 100-L Revised: 04/2020  
Reviewed by MR: 04/2020

Patient Name: \_\_\_\_\_

To be done at Mid Valley:

Diagnosis	ICD 10	Diagnosis	ICD 10	Diagnosis	ICD 10
<input type="checkbox"/> Abd pain, generalized	R10.84	<input type="checkbox"/> Dysuria	R30.0	<input type="checkbox"/> Screening, PKU	Z13.228
<input type="checkbox"/> Abd pain, RUQ	R10.11	<input type="checkbox"/> Edema	R60.9	<input type="checkbox"/> Screen, Ovarian	Z12.73
<input type="checkbox"/> Abd pain, LUQ	R10.12	<input type="checkbox"/> Elevated CRP	R79.82	<input type="checkbox"/> Screen, Prostate	Z12.5
<input type="checkbox"/> Abd pain, RLQ	R10.31	<input type="checkbox"/> Elevated D-dimer	R79.1	<input type="checkbox"/> Short of breath	R06.02
<input type="checkbox"/> Abd pain, LLQ	R10.32	<input type="checkbox"/> Elevated LFTs	R74.0	<input type="checkbox"/> Syncope	R55
<input type="checkbox"/> Abd pain, periumbilic	R10.33	<input type="checkbox"/> Elevated PSA w/o malign	R97.20	<input type="checkbox"/> Testicular hypofunction	E29.1
<input type="checkbox"/> Abd pain, rebound	R10.829	<input type="checkbox"/> Elevated PSA w/ malign	R97.21	<input type="checkbox"/> Ovarian hypofunction	E28.39
<input type="checkbox"/> Abd pain, epigastric	R10.13	<input type="checkbox"/> Fabry's disease	E75.21	<input type="checkbox"/> Tonsillitis Strep	J03.00
<input type="checkbox"/> Acne	L70.9	<input type="checkbox"/> Fatigue	R53.83	<input type="checkbox"/> Tonsillitis acute	J03.90
<input type="checkbox"/> Anemia, normocytic	D64.9	<input type="checkbox"/> Fever	R50.9	<input type="checkbox"/> UTI	N39.0
<input type="checkbox"/> Anemia, bld loss, chron	D50.0	<input type="checkbox"/> Headache(s)	R51	<input type="checkbox"/> Vitamin B-12 deficiency	E53.8
<input type="checkbox"/> Anemia, iron deficiency	D50.9	<input type="checkbox"/> Hematuria	R31.9	<input type="checkbox"/> Vitamin D deficiency	E55.9
<input type="checkbox"/> Anemia, bld loss, acute	D62	<input type="checkbox"/> Hemochromatosis	E83.119	<input type="checkbox"/> Weakness	R53.1
<input type="checkbox"/> Anemia, due to chemo	D64.81	<input type="checkbox"/> Hemochromat,hereditary	E83.110	<input type="checkbox"/> Pain of: Left Right	
<input type="checkbox"/> Anemia, neoplastic dz	D63.0	<input type="checkbox"/> Hypercholesterolemia	E78.00	<input type="checkbox"/> Injury to: Left Right	
<input type="checkbox"/> Anemia, chr kidney dz	D63.1	<input type="checkbox"/> Hyperlipidemia	E78.5	<input type="checkbox"/> DDD/DJD of: Left Right	
<input type="checkbox"/> Asthma, uncomPLICATE	J45.909	<input type="checkbox"/> Hypertension	I10	<input type="checkbox"/> Cellulitis of: Left Right	
<input type="checkbox"/> Asthma, status asthma	J45.902	<input type="checkbox"/> HTN w/heart failure	I11.0	Long term use of:	
<input type="checkbox"/> Asthma, exacerbated	J45.901	<input type="checkbox"/> HTN w/kidney disease	I12.9	<input type="checkbox"/> anticoagulant	Z79.01
<input type="checkbox"/> Atrial Fib, paroxysmal	I48.0	<input type="checkbox"/> Hyperthyroidism	E05.90	<input type="checkbox"/> hormone	Z79.890
<input type="checkbox"/> Atrial Fib, long-persist	I48.11	<input type="checkbox"/> Hypothyroidism-unspec.	E03.9	<input type="checkbox"/> insulin	Z79.4
<input type="checkbox"/> Atrial Fib, other-persist	I48.19	<input type="checkbox"/> Jaundice, neonatal	P59.9	<input type="checkbox"/> steroid	Z79.52
<input type="checkbox"/> Atrial Fib, chronic	I48.20	<input type="checkbox"/> Jaundice, adult	R17	<input type="checkbox"/> other med	Z79.899
<input type="checkbox"/> Atrial Fib, permanent	I48.21	<input type="checkbox"/> Lung Cancer, LT	C34.92	<b>Other Diagnoses:</b>	
<input type="checkbox"/> Atrial Flutter, Type I	I48.3	<input type="checkbox"/> Lung Cancer, RT	C34.91	<input type="checkbox"/> Left <input type="checkbox"/> Right	
<input type="checkbox"/> Atrial Flutter, Type II	I48.4	<input type="checkbox"/> Malaise	R53.81	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	
<input type="checkbox"/> Chest pain	R07.9	<input type="checkbox"/> Memory loss	R41.3		
<input type="checkbox"/> Colon Cancer	C18.9	<input type="checkbox"/> Multiple Sclerosis	G35		
<input type="checkbox"/> CHF, right heart	I50.9	<input type="checkbox"/> Pancreas Cancer	C25.9		
<input type="checkbox"/> CHF, left heart	I50.1	<input type="checkbox"/> Pharyngitis	J02.9		
<input type="checkbox"/> CHF, systolic	I50.20	<input type="checkbox"/> Pharyngitis strep	J02.0		
<input type="checkbox"/> CHF, diastolic	I50.30	<input type="checkbox"/> Polycythemia,vera	D45		
<input type="checkbox"/> CHF, combined	I50.40	<input type="checkbox"/> Polycythemia,secondary	D75.1		
<input type="checkbox"/> CAD, of native	I25.10	<input type="checkbox"/> Prostate Cancer	C61		
<input type="checkbox"/> CAD, of bypass	I25.810	<input type="checkbox"/> PE acute w/o cor pul	I26.99		
<input type="checkbox"/> DM Type I controlled	E10.9	<input type="checkbox"/> PE acute w/ cor pul	I26.09		
<input type="checkbox"/> DM Type II controlled	E11.9	<input type="checkbox"/> PE, history of	Z86.711		
<input type="checkbox"/> DM Type I uncontrolled	E10.65	<input type="checkbox"/> Preop Labs	Z01.812		
<input type="checkbox"/> DM Type II uncontrolled	E11.65	<input type="checkbox"/> Pulmonary Nodule	R91.1		
<input type="checkbox"/> Diarrhea	R19.7	<input type="checkbox"/> Pyuria	R82.81		
<input type="checkbox"/> Dizziness/vertigo	R42	<input type="checkbox"/> Renal insuff acute	N28.9	<b>COVID-19</b>	
<input type="checkbox"/> DVT, acute/lower RT	I82.401	<input type="checkbox"/> Renal insuff chronic	N18.9	<input type="checkbox"/> Actual exposure to virus – Z20.828	
<input type="checkbox"/> DVT, acute/lower LT	I82.402	<input type="checkbox"/> Renal failure, acute	N17.9	<input type="checkbox"/> No known exposure to virus – Z11.59	
<input type="checkbox"/> DVT, acute/upper RT	I82.621	<input type="checkbox"/> Renal failure, chronic	N18.9	<input type="checkbox"/> Possible Exposure to virus – Z03.818	
<input type="checkbox"/> DVT, acute/upper LT	I82.622	<input type="checkbox"/> Rheumatoid Arthritis	M06.9	<input type="checkbox"/> Confirmed virus infection – U07.1	
<input type="checkbox"/> DVT, history of	Z86.718	<input type="checkbox"/> Routine Exam, normal	Z00.00	<input type="checkbox"/> History of infection – Z86.19	
		<input type="checkbox"/> Routine Exam, abnormal	Z00.01	<input type="checkbox"/> Sequelae of infection – B94.8	
				<input type="checkbox"/> Antibody response testing – Z01.84	

This is the back page of Aspen Valley Hospital's Laboratory Scheduling/Client Form  
Please make sure you submit both front (tests requested) and back (diagnoses) pages.

DS 100-L Revised: 04/2020

Reviewed by MR: 04/2020