



CUMC-Bergan Mercy Laboratory
 7500 Mercy Rd
 Omaha, NE 68124
 Phone: (402) 717-5227
 Fax: (402) 717-5252

Client Code: ****
 Clinic Name:
 Clinic Address:
 City, State, Zip:
 Phone:
 Fax:

Stat Call Fax
 (Both name and number required)
 Name:
 Number:
 MRN:
 CSN:

PATIENT INFORMATION REQUIRED FOR TESTING

(Legal Name) Last	First	MI	DOB	SSN	<input type="checkbox"/> Male <input type="checkbox"/> Female	Patient Phone Number
Patient ID	Physician #1 First & Last Name	Physician #2 First & Last Name	Date Collected	Time Collected	By	

REQUIRED: Indicate Appropriate ICD10 Numeric Code(s) in Box(es) Below

ICD10	1.	2.	3.	4.
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MUST Check One:
 Bill to Office Account
 Skilled Care – Bill to Office Account
 Bill to Patient / Insurance

MUST complete ALL information below or attach demographic AND insurance sheet.

When tests printed in red are ordered on Medicare patients they are likely to be denied by Medicare unless medical necessity is established. Consult guide for complete list of NCD/LCD tests and have patient sign ABN waiver, if appropriate.
 ABN waiver signed and attached? Yes No

Responsible Party:	Relationship to Policy Holder <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other: _____	Primary Insurance Name	Secondary Insurance Name
	Name:	Address:	Address:
Name:		City, State, Zip:	City, State, Zip:
Address:		Policy Number:	Policy Number:
City, State, Zip:		Group Number:	Group Number:
Phone Number of Guarantor:		Group Name:	Group Name:

Test Code	Approved Panels	Test Code	Chemistry	Test Code	Hematology	Test Code	OB/GYN			
80048	BASIC METABOLIC PANEL P	83721	DIRECT LDL P	85027	CBC NO DIFF L	80055	OBSTETRIC PANEL IP 1S 2L			
80053	COMP. MET PANEL P	82670	ESTRADIOL S	85025	CBC w/ DIFF L	80081	OBSTETRIC PANEL w/ HIV IP 1S 2L			
80051	ELECTROLYTE PANEL P	82728	FERRITIN S	85610	PT w/ INR (MED _____) B	ABORH	ABO GROUP AND RH L			
80076	HEPATIC FUNCTION PANEL P	82746	FOLIC ACID (FOLATE) S	85730	PTT (MED _____) B	86850	ANTIBODY SCREEN L			
80069	RENAL FUNCTION PANEL P	83001	FSH S	85045	RETICULOCYTE L	86765	RUBEOLA IgG S			
80061	LIPID PANEL w/ D LDL REFLEX P	82947	GLUCOSE RANDOM OR FASTING P	SED	SED RATE (ESR) L	CF	CYSTIC FIBROSIS (need info sheet) L			
LIPNO	LIPID PANEL w/o D LDL REFLEX P	GLCH	GST GLUCOSE CHALLENGE 1 HR (50 GM) 1HR POST) P	85018	HEMOGLOBIN L	QUAD	QUAD SCREEN (need info sheet) S			
80074	ACUTE HEPATITIS PANEL S	GGT2	GEST GLUCOSE TOLERANCE 2 HR (75GM) (FAST, 1HR, 2HR) P	85014	HEMATOCRIT L	MICROBIOLOGY				
Thyroid Testing				85303	PROTEIN C (FUNCTIONAL) B	AFBC	AFB CULT, SITE _____			
84443	TSH 3 RD GENERATION S	GGT2	GEST GLUCOSE TOLERANCE 2 HR (75GM) (FAST, 1HR, 2HR) P	85306	PROTEIN S (FUNCTIONAL) B	CBLD	BLOOD CULTURE _____			
84439	FREE T4 S	GGLU	GEST FLUCOSE TOLERANCE 3 HR (100GM) (FAST, 1HR, 2HR, 3HR, POST) P	85300	ANTI THROMBIN III (FUNCTIONAL) B	BFC	BODY FLUID CULT, SITE _____			
84436	T4 (TOT THYROXINE) P	GLUT	NON-GEST GLUCOSE TOLERANCE 2HR P (75GM) (FAST, 2HR POST)	ANA	ANA (ANA SCREEN NO REFLEX) S	87101	FUNGAL DERM CULT hair, nails, skin			
84481	FREE T3 S	GLUT	NON-GEST GLUCOSE TOLERANCE 2HR P (75GM) (FAST, 2HR POST)	HAB	HEPATITIS A ANTIBODY IgM S	GENC	GENITAL CULT _____			
84480	TOTAL T3 S	GGT	GGT P	86706	HEP B SURF AB IMMUNITY S	MRSA	MRSA SCREEN, SITE _____			
86376	TPO ANTIBODY S	82977	GGT P	87340	HEP B SURF AG S	STREP	STREP A CULT _____			
84432	THYROGLOBULIN ANTIBODY S	83718	HDL L	HBC	HEPATITIS B CORE AB IgM S	RTC	ROUTINE CULT (WOUND) SITE _____			
Chemistry				HEPBCT	HEPATITIS B CORE ANTIBODY TOTAL S	ANAC	ANAEROBIC CULT _____			
82040	ALBUMIN P	HOMOC	HOMOCYSTEINE P	HCAB	HEPATITIS C AB S	SPTC	SPUTUM CULT _____			
84075	ALK PHOSPHATASE P	83540	IRON S	MYCO	MYCOPLASMA IgM S	TISSC	TISSUE CULT SITE _____			
84460	ALT (SGPT) P	IIBC	IRON, IBC, & IRON SAT. S	86308	MONOSPOT S	URC	URINE CULT _____			
82150	AMYLASE P	LEDFP	LEAD (FILTER PAPER) P	86431	RHEUM. FACTOR (Quant) L	VGBC	VAG. GRP B STREP CULT _____			
84450	AST (SGOT) P	83655	LEAD (WHOLE BLOOD) L	86762	RUBELLA IgG S	AFF	VAG. DNA PROBE (AFFIRM) _____			
82607	B12, VITAMIN S	83002	LH S	87389	SYPHILIS SCREEN (Qual) S	MOLECULAR				
HCG	BETA HCG QUAL PREG SERUM S	83690	LIPASE P	URINE CHEMISTRY				87493	C. diff AG/Tox Assay	
84702	BETA HCG QUANTITATIVE P	83735	MAGNESIUM P	24-HR URINE				87491	CHLAMYDIA PCR	
82248	BILIRUBIN, DIRECT P	84100	PHOSPHORUS P	TOTAL VOLUME _____ mL HT _____ ft/cm WT _____ lbs/kg *FOR CREATININE CLEARANCE NEED HT, WT AND SERUM FOR CREATININE OR CREATININE RESULT FROM LAST 7 DAYS.				87591	GONORRHEA PCR	
82247	BILIRUBIN, TOTAL P	84132	POTASSIUM P					CMV PCR	CMV PCR	
BUN	BUN P	84134	Pre-Albumin P					HCRN	HEPATITIS C VIRAL LOAD	
CA 125	CA 125 S	84144	PROGESTERONE S					87536	HIV VIRAL LOAD	
CA 153	CA 15-3 S	84146	PROLACTIN S					87529	HSV/PCR	
CA 199	CA 19-9 S	84165	PROTEIN ELECTROPHORESIS S					MEN	MENINGITIS/ENCEPHALITIS BY PCR	
CA 2729	CA 27-29 S	84155	PROTEIN, TOTAL SERUM S					BORDPCR	B. PERTUSSIS BY PCR	
82310	CALCIUM P	84153	PSA (DIAGNOSTIC) S					COVID19	COVID-19 PCR	
82378	CEA S	G0103	PSA (MEDICARE SCREENING) S					VZVPCR	VZV PCR	
PROBN	PRO BNP P	PTH	PTH (INT) w/ CALCIUM S					STOOL STUDIES		
82435	CHLORIDE P	84295	SODIUM P	FEVC	FECAL LEUKOCYTES					
82465	CHOLESTEROL P	84402	TESTOSTERONE(FREE) Child R	STOOL	FECAL (STOOL) CULT					
82374	CO2 P	84403	TESTOSTERONE(TOTAL) Child S	GIA/CR	GIARDIA/CRYPTO SCREEN					
	CORTISOL _____ AM _____ PM S	TESTFM	TESTOSTERONE(FREE) S		GI Profile PCR					
82550	CPK P	TESTT	TESTOSTERONE(TOTAL) S	RANDON URINE TESTING						
82565	CREATININE P	84478	TRIGLYCERIDES P	HCG URINE	BETA HCG QUALITATIVE URINE		H PYLORI FECAL ANTIGEN			
CRP	CRP P	84550	URIC ACID P	CREATU	CREAT URINE		OCULT BLOOD			
CRPH	CRP, HIGH SENSITIVITY P	82306	VIT D, 25 HYDROXY S	83835	METANEPHRINES, URINE	82270	OCULT BLOOD			
DRUG LEVELS				MICROLAB	MICROALBUMIN (INCLUDES CREAT)	87177	OVA & PARASITE			
AMIT	AMITRYPTILINE/NORTRIP R	80185	PHENYTOIN (DILANTIN) P	PROT	PROTEIN, URINE	87425	ROTAVIRUS ANTIGEN			
80156	CARBAMAZEPINE (TEG) P	80188	PRIMIDONE (MYSOLINE) R	PROTRC	PROTEIN/CREATININE RATIO	ADDITIONAL TESTS				
80162	DIGOXIN (LANOXIN) P	80198	THEOPHYLLINE R	URINE TESTING						
80178	LITHIUM S	80184	VALP. ACID (DEPAKENE) P	UAI	UA w/ MICROSCOPIC IF IND					
80182	NORTRIP (PAMELAR) R	80177	KEPPRA R	UAM	UA w/ MICROSCOPIC					
PROCESSORS ONLY: IF DATE OR TIME IS NOT PROVIDED THEN ENTER "NOT PROVIDED"				Dose Information Required		Time of Last Dose				
				Medication Name		Date of Last Dose		UAC	UA w/ CULTURE IF IND	
								UAMC	UA w/ MICROSCOPIC, CULTURE IF IND	

TUBE KEY: S=SST (SERUM) P=PST (PLASMA) L=LAVENDER B=BLUE R=RED IF NO TUBE TYPE LISTED CONSULT CATALOG