

Oahu
 PRINTED: 1/7/21
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CLINICAL LABS OF HAWAII

OAHU 677-7999 MAUI 244-5567 HILO 935-4814
 KONA 329-2205 KAUAI 245-7775 WAIMEA 885-9505

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SPECIMEN	# COLL	# RECD	Collection Date:	PATIENT NAME (LAST, FIRST, M.I.)	DATE OF BIRTH	SEX	<input checked="" type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> X
LAVENDER			/ /				
RED			Collection Time:	MAILING ADDRESS			
BLUE							
GREEN			Collected By:	CITY	STATE	ZIP	HOME PHONE #
SST			<input type="checkbox"/> CLH <input type="checkbox"/> MD's Office				WORK PHONE #
OTHER			<input type="checkbox"/> Urine	PRIMARY INS	MEMBERSHIP #	CC SUBSCRIBER'S NAME / RESPONSIBLE PARTY	
STOOL			Urine Volume:	SECONDARY INS	MEMBERSHIP #	CC SUBSCRIBER'S NAME / RESPONSIBLE PARTY	
SWAB			<input type="checkbox"/> FASTING <input type="checkbox"/> NON-FAST <input type="checkbox"/> CAPILLARY				
			<input type="checkbox"/> PDS \$	DATE OF INJURY OR PREGNANCY (LMP)	ACCIDENT <input type="checkbox"/> NO-FAULT <input type="checkbox"/> WORK <input type="checkbox"/> OTHER	EMPLOYER CAUSE OF INJURY	
ACCESSIONED BY:			REQ CHECKED BY:	<input type="checkbox"/> STAT <input type="checkbox"/> CALL	Name/Institution:	Fax #:	
COPY TO / SPECIAL INSTRUCTIONS cc: patient				<input type="checkbox"/> PRE-OP <input type="checkbox"/> FAX	Phone #:		
Diagnosis/ICD-10 Codes (Must support each test ordered)							

** SEE BELOW FOR COMPONENTS

- | | | | |
|---|---|--|--|
| 0360 <input checked="" type="checkbox"/> CBC w/DIFF | 0300 ___ UA, COMPLETE | 0807 ___ ALUMINUM, SERUM | DIAGNOSIS: |
| 2053 <input checked="" type="checkbox"/> COMP MET, PROF** | 0054 ___ AMYLASE | 2819 ___ HEAVY METALS PANEL, BLOOD | E55.9 <input checked="" type="checkbox"/> VIT D DEFICIENCY, UNSP. |
| 0087 <input checked="" type="checkbox"/> LIPID PROFILE** | 0098 ___ LIPASE | (LEAD, MERCURY, ARSENIC) | E78.2 <input checked="" type="checkbox"/> HYPERLIPIDEMIA, MIXED E03.9 <input checked="" type="checkbox"/> HYPOTHYROID, |
| 0091 <input checked="" type="checkbox"/> HGB A1C | 4146 ___ H. PYLORI AB, IgG | 6828 ___ HOMOCYSTEINE, TOTAL | R10.13 ___ EPIGASTRIC PAIN UNSPEC. |
| 1315 ___ URINE MICROALBUMIN | 0325 ___ URINE HCG, QUAJ | 0472 ___ CRP | R73.09 <input checked="" type="checkbox"/> OTH ABN GLUCOSE |
| | 0481 ___ PSA, DIAG | 1666 ___ HS CRP | A09 ___ INFECTIOUS GASTROENTERITIS AND COLITS, UNSP. |
| | 5803 ___ TESTOSTERONE, TOTAL & FREE | 1350 ___ MYELOPEROXIDASE (MPO) AB | R30.0 ___ DYSURIA |
| 0261 <input checked="" type="checkbox"/> TSH | 2811 <input checked="" type="checkbox"/> ESTROGEN, TOTAL | 3560 ___ CARDIO IQ ADVANCED LIPID PNL | E11.9 ___ DM II w/o COMPLICATIONS |
| 0268 <input checked="" type="checkbox"/> FREE T4 | 3249 <input checked="" type="checkbox"/> PROGESTERONE | <small>Includes HDL Cholesterol, LDL Cholesterol, and calculated components.</small> | R53.83 <input checked="" type="checkbox"/> OTH FATIGUE |
| 0263 <input checked="" type="checkbox"/> T3 TOTAL | 4830 ___ VIT D, 25 OH TOTAL | 3177 ___ REVERSE T3 | I10 ___ ESSENTIAL PRIMARY HTN |
| 2554 ___ FREE T3 | 0251 <input checked="" type="checkbox"/> CORTISOL, RANDOM | 0257 ___ PROLACTIN | E78.5 <input checked="" type="checkbox"/> HYPERLIPIDEMIA, UNSPEC |
| | 4036 ___ HIV ANTIBODY/ANTIGEN | 8019 ___ THYROGLOBULIN ANTIBODY | N30.00 ___ ACUTE CYSTITIS w/o HEMATURIA |
| 1738 ___ OCCULT BLOOD STOOL | | 8017 ___ THYROID PEROXIDASE ANTIBODY | Z12.11 <input checked="" type="checkbox"/> ENCTR SCRNG MAL NEO COLON |
| 1293 ___ PSA, SCRIN | | | Z12.5 ___ ENCTR SCRNG MAL NEO PROSTATE |
| 0410 ___ PT, INR | | | Z70.01 ___ LONG TERM USE ANTICOAG |
| | | | G90.09 ___ OTH IDIOPATHIC PERIPHERAL AUTONOMIC NEUROPATHY |

* Additional charges will be incurred if reflex test is performed.
 ** Organism susceptibilities will be performed based on results obtained from cultures unless otherwise specified.

PANELS	GENERAL LAB	GENERAL LAB (cont)	IMMUNOLOGY	MICROBIOLOGY
2048 Basic Metabolic (Lytes, BUN, Glucose, Creatinine, Calcium)	0054 Amylase 0152 ALT/SGPT 0150 AST/SGOT	4035 HIV 1 & 2 Assay 4036 HIV 1 & 2, reflex*	0455 ANA 4146 H. Pylori IgG 0480 Mono Test 0482 Rheumatoid Test	CT & GC Source: 0187 Chlamydia & GC TMA 0184 Chlamydia TMA only GC TMA only
2053 Comprehensive Metabolic (Basic, Albumin, Alk Phos, AST/SGOT, T.Bil, T. Protein, ALT/SGPT)	0058 Bilirubin, Direct 0057 Bilirubin, Total 0060 BUN 0081 Calcium 0645 CEA 0066 Cholesterol, Total 1361 Choles. Reflex to lipid panel if > 200*	0019 Iron & TIBC 0101 Magnesium 0606 Phenytoin 0104 Phosphorus 0111 Potassium 0257 Prolactin 1293 PSA Screening 0481 PSA Diagnostic 0263 T3, Total 0264 T4, Total 0268 T4, Free	0360 CBC w/Diff 0365 CBC w/o Diff 0382 ESR (Sed Rate) 0136 Hgb & Hct 0410 P/T with INR 0420 PTT 2425 Retic Count, Auto	0553 AFB Culture & Smear 0515 Blood Culture** 3695 Chlamydia Culture 0514 Fungus Culture 0517 GC Culture 0501 Gram Stain 0183 Grp B Strep Culture 3444 Grp B Strep PCR Vaginal/Rectal
0087 Lipid (T & HDL Cholesterol, Trig., Calc, LDL)	0258 Chol Reflex to MDL* 0069 CK 0070 Creatinine 0605 Digoxin 0078 Electrolytes 0075 Folate 0076 Folate 0252 FSH 0077 GGT 0080 Glucose 0081 Hgb A1C 0260 HCG Qualitative 0265 HCG Quantitative 0452 HB s Ab 0435 Hap C, Total	0267 Prolactin 1293 PSA Screening 0481 PSA Diagnostic 0263 T3, Total 0264 T4, Total 0268 T4, Free 0620 Tegretol 3250 Testosterone 0160 Triglycerides 0261 TSH 0267 TSH Reflex free T4* if TSH is abnormal < 0.380 or > 4.700 0165 Uric Acid 0200 Vitamin B12 4830 Vitamin D 25	2013 Urinalysis, reflex to microscopic if positive for esterase, nitrate, protein or blood* 1312 Urinalysis, reflex to microscopic & culture if WBCs/HPF esterase-mod/Lg nitrite - pos bact-mod/Lg protein-pos* 0325 Urino Pregnancy 1315 Albumin/Creat. Random 1063 Urine Protein & Creat with Ratio, Random 0072 Creatinine Clearance Ht: Wt:	2885 HSV-1, 2 PCR 3696 HSV Culture Rh Typing* 1738 Occult Blood (FOBT) 0510 O & P with Trichrome 1519 Rapid Grp A Strep, Reflex to culture if negative* 9046 Sputum ind gram stain** 0520 Stool Culture ind Campy & E. Col 0157 0540 Strep Screen (Throat) 0541 Throat Culture** 0525 Urine Culture** 9052 Wound Culture**
2074 Acute Hepatitis (HepA IgM Ab, HepB Core IgM Ab, HBsAg, HepC Ab)				