

Oahu  
PRINTED: 09/06/22  
SAVED AS: 18779BLD  
UPDATED: 09/02/22

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# CLINICAL LABS OF HAWAII

OAHU 677-7999 MAUI 244-5567 HILO 935-4814  
KONA 329-2205 KAUAI 245-7775 WAIMEA 805-9505

## PHYSICIAN

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Client ID:

☐ BILL TO PT INSURANCE OR GUARANTOR  
☐ BILL TO GROUP ACCT #

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

\*\*\* SEE BELOW FOR COMPONENTS

☐ standing orders q 4 months

0360 ☒ CBC w/DIFF  
2053 ☒ COMP MET. PROF\*\*\*  
0087 ☒ LIPID PROFILE\*\*\*  
0091 ☒ HGB A1C  
1315 ☒ URINE, MICROALBUMIN  
  
0261 ☒ TSH  
0268 ☒ FREE T4  
0263 ☒ T3 TOTAL  
2554 ☒ FREE T3  
  
1738 ☒ OCCULT BLOOD STOOL  
1293 ☒ PSA, SCRIN  
0410 ☒ PT, INR

0300 ☒ UA, COMPLETE  
0054 ☒ AMYLASE  
0098 ☒ LIPASE  
4146 ☒ H. PYLORI AB, IgG  
0325 ☒ URINE HCG, QUAL  
0481 ☒ PSA, DIAG  
5803 ☒ TESTOSTERONE, TOTAL & FREE  
2811 ☒ ESTROGEN, TOTAL  
3249 ☒ PROGESTERONE  
4830 ☒ VIT D, 25 OH TOTAL  
0251 ☒ CORTISOL, RANDOM  
4035 ☒ HIV ANTIBODY/ANTIGEN

0807 ☒ ALUMINUM, SERUM  
2819 ☒ HEAVY METALS PANEL, BLOOD (LEAD, MERCURY, ARSENIC)  
6828 ☒ HOMOCYSTEINE, TOTAL  
0472 ☒ CRP  
1666 ☒ HS CRP  
1350 ☒ MYELOPEROXIDASE (MPO) AB  
3960 ☒ CARDIO IQ ADVANCED LIPID PNL  
Total chcl, HDL Chcl, Trg, Apo-B100 chcl, and oxidized LDL  
3177 ☒ REVERSE T3  
0257 ☒ PROLACTIN  
8019 ☒ THYROGLOBULIN ANTIBODY  
8017 ☒ THYROID PEROXIDASE ANTIBODY

**DIAGNOSIS:**  
E55.9 ☒ VIT D DEFICIENCY, UNSP.  
E78.2 ☒ HYPERLIPIDEMIA, MIXED E03.9 ☒ HYPOTHYROIDISM, UNSPEC  
R10.13 ☒ EPIGASTRIC PAIN  
R73.09 ☒ OTHER ABN GLUCOSE  
A09 ☒ INFECTIOUS GASTROENTERITIS AND COLITIS, UN-  
R30.0 ☒ DYSURIA  
E11.9 ☒ DM II w/o COMPLICATIONS  
R53.83 ☒ OTHER FATIGUE  
I10 ☒ ESSENTIAL PRIMARY HTN  
E78.5 ☒ HYPERLIPIDEMIA, UNSPEC  
N30.00 ☒ ACUTE CYSTITIS w/o HEMATURIA  
Z12.11 ☒ ENCTR SCRNG MAL NEO COLON  
Z12.5 ☒ ENCTR SCRNG MAL NEO PROSTATE  
Z79.01 ☒ LONG TERM USE ANTICOAG  
G90.09 ☒ OTHER CPATHIC 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<br>(Lyses, BUN, Glucose, Creatinine, Calcium)                                                          | 0054        | Amylase                                 | 4035                                  | HIV 1 & 2 Assay     | 0455                                                        | ANA                                                                                                             | CT & GC Source:           |                          |
|        |                                                                                                                        | 0152        | ALT/SGPT                                | 4036                                  | HIV 1 & 2, reflex*  | 4146                                                        | H. Pylori IgG                                                                                                   | 0187                      | Chlamydia & GC: TMA      |
|        |                                                                                                                        | 0150        | AST/SGOT                                | if positive confirmation to follow    |                     | 0480                                                        | Mono Test                                                                                                       | 0184                      | Chlamydia TMA only       |
| 2053   | Comprehensive Metabolic<br>(Basic, Albumin, Alb, Phos, AST/SGOT, T.Bil, T Protein, ALT/SGPT)                           | 0058        | Bilirubin, Direct                       |                                       |                     | 0482                                                        | Rheumatoid Test                                                                                                 | 0185                      | GC TMA only              |
|        |                                                                                                                        | 0057        | Bilirubin, Total                        | 0019                                  | Iron & TIBC         | HEMATOLOGY/COAG                                             |                                                                                                                 | Culture Source:           |                          |
|        |                                                                                                                        | 0060        | BUN                                     | 0101                                  | Magnesium           | 0360                                                        | CBC w/Diff                                                                                                      | 0553                      | AFB Culture & Smear**    |
|        |                                                                                                                        | 0061        | Calcium                                 | 0606                                  | Phenytoln           | 0365                                                        | CBC w/o Diff                                                                                                    | 0515                      | Blood Culture**          |
|        |                                                                                                                        | 0645        | CEA                                     | 0104                                  | Phosphorus          | 0382                                                        | ESR (Sed Rate)                                                                                                  | 3695                      | Chlamydia Culture        |
| 0087   | Lipid<br>(T & HDL Cholesterol, Trig., Calc LDL)                                                                        | 0066        | Cholesterol, Total                      | 0111                                  | Potassium           | 0136                                                        | Hgb & Hct                                                                                                       | 0514                      | Fungus Culture**         |
|        |                                                                                                                        | 1361        | Choles. Reflex to lipid panel if > 200* | 0257                                  | Prolactin           | 0410                                                        | PT with INR                                                                                                     | 0517                      | GC Culture               |
|        |                                                                                                                        | 9258        | Chol Reflex to HDL*                     | 1293                                  | PSA Screening       | 0420                                                        | PTT                                                                                                             | 0501                      | Gram Stain               |
| 2076   | Hepatic Function<br>(Albumin, ALT/SGPT, Alb, Phos, AST/SGOT, T.Bil, Bili Protein)                                      | 0069        | CK                                      | 0263                                  | PSA Diagnostic      | 2425                                                        | Retic Count, Auto                                                                                               | 0183                      | Grp B Strep Culture      |
|        |                                                                                                                        | 0070        | Creatinine                              | 0264                                  | T3, Total           |                                                             |                                                                                                                 | 3444                      | Grp B Strep PCR          |
|        |                                                                                                                        | 0605        | Digoxin                                 | 0268                                  | T4, Total           | URINE                                                       |                                                                                                                 | Vaginal/Rectal            |                          |
| 2075   | Renal Function<br>(Basic, Alb, Phos)                                                                                   | 0078        | Electrolytes                            | 0620                                  | T4, Free            | 2013                                                        | Urinalysis, reflex to microscopic if pos for leuk est, nitrite, protein or blood*                               | 2665                      | HSV-1, 2 PCR             |
|        |                                                                                                                        | 0075        | Ferritin                                | 0267                                  | Tegretol            | microscopic if pos for leuk est, nitrite, protein or blood* |                                                                                                                 | 3696                      | HSV Culture: Rhs Typing* |
|        |                                                                                                                        | 0076        | Folate                                  | 3250                                  | Testosterone        | 1312                                                        | Urinalysis, reflex to microscopic-see above, reflex to culture if WBC>5/HPF, leuk est >2+, nitrite+, hapt 2mod* | 1738                      | Occult Blood IFOBT       |
| 1040   | Obstetric<br>(CBC w/ Diff, Rubella, RPR w/ Reflex Tier*, Blood group, Rh type, Antibody Screen w/ Reflex Tier*, HBsAg) | 0252        | FSH                                     | 0160                                  | Triglycerides       |                                                             |                                                                                                                 | 0510                      | O & P with Trichrome     |
|        |                                                                                                                        | 0077        | GGT                                     | 0261                                  | TSH                 |                                                             |                                                                                                                 | 4519                      | Strep Grp A by NAAT      |
|        |                                                                                                                        | 0080        | Glucose                                 | 0267                                  | TSH Reflex free T4* | 0325                                                        | Urine Pregnancy                                                                                                 | 9046                      | Sputum incl gram stain** |
|        |                                                                                                                        | 0091        | Hgb A1C                                 | if TSH is abnormal < 0.380 or > 4.700 |                     | 1315                                                        | Albumin/Creat.                                                                                                  | 0520                      | Stool Culture**          |
|        |                                                                                                                        | 0260        | HCG Qualitative                         | 0165                                  | Uric Acid           | Random                                                      |                                                                                                                 | incl Campy & E Coli (157) |                          |
| 2074   | Acute Hepatitis<br>(HepA IgM Ab, HepB Core IgM Ab, HBsAg, HepC Ab)                                                     | 0265        | HCG Quantitative                        | 0200                                  | Vitamin B12         | 1063                                                        | Urine Protein & Creat with Ratio, Random                                                                        | 0540                      | Strep Screen (Throat)    |
|        |                                                                                                                        | 0452        | HB s Ab                                 | 2718                                  | Vitamin D 25        |                                                             |                                                                                                                 | 0541                      | Throat Culture**         |
|        |                                                                                                                        | 0435        | Hep C, Total                            | 0411                                  | ABO Grp & Rh        | 0072                                                        | Creatinine Clearance                                                                                            | 0525                      | Urine Culture**          |
|        |                                                                                                                        |             |                                         |                                       | Antibody Screen     |                                                             | Ht: Wt:                                                                                                         | 9052                      | Wound Culture**          |