

Corewell Health Laboratories

35 Michigan St. Grand Rapids, MI 49503 | 24/7 Call Center Phone: 616-774-7721 | Orders Team Fax: 616-774-7696



Submitter and Provider Information **REQUIRED			Patient Information **REQUIRED		
Epic ID**	Institution or Epic Submitter Name**		Last Name**	First Name**	MI**
Phone**	Fax**		Sex**	Date of Birth (DOB)**	Phone SSN
Address			Patient Address**		
City	State	Zip	City**	State**	Zip**
Ordering Provider Name and NPI		Fax # if different	Payment Options**		
Authorizing Provider Name and NPI (printed)**		Fax # if different	<input type="checkbox"/> Patient Insurance (Patient Bill) <input type="checkbox"/> Patient Self-Pay (No Insurance, Patient Bill) <input type="checkbox"/> Institutional Guarantor <input type="checkbox"/> Client Bill Guarantor†		
Additional Reports to Name (CC)		Fax	Primary Insurance or †Guarantor Name**	Policy # or †Guar ID**	Group ID #
Additional Reports to Name (CC)		Fax	Insurance or †Guarantor Address		
Additional Reports to Name (CC)		Fax	Insured's name	Insured's DOB	Relation to Pt.

Note: Medicare will only pay for tests that meet the Medicare definition of "Medical Necessity". Medicare may deny payment for a test that the physician believes is appropriate, such as a screening test. Be certain the patient has signed the Advanced Beneficiary Notice (ABN) CMS-R 131 as needed. Please attach all patient and insurance information to this order.

****Provider Signature Required** Submitting a specimen with this requisition form indicates familiarity and agreement with applicable Reference Laboratory Services Policies.

Signature**	Order Date**
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Order and Collection Information - **REQUIRED				
ICD 10 Codes or Diagnosis **	Order Expire Date	Date Collected**	Time Collected**	Collector name and phone
Standing Orders		Collection, Order or Patient Prep Instructions		Priority
<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> As Needed		<input type="checkbox"/> Fasting (water only) # of ____ hrs		<input type="checkbox"/> STAT

LAB # ✓ Panel Testing Not all tests are listed, please review corewellhealth.testcatalog.org 15 <input type="checkbox"/> Basic Metabolic Panel (BMP) <i>Na, K, CL, HCO3, Glu, BUN, Cr, Ca</i> 17 <input type="checkbox"/> Comprehensive Metabolic Panel <i>BMP + T. Protein, Alb, Bili total, Alk Phos, ALT, AST</i> 20 <input type="checkbox"/> Hepatic Function Panel (Liver) <i>Alb, Alk Phos, ALT, AST, Total & Direct Bili, T. Protein</i> 19 <input type="checkbox"/> Renal Function Panel <i>Na, K, CL, HCO3, Glu, BUN, Cr, Ca, Alb, Phos</i> 18 <input type="checkbox"/> Lipid Panel <i>TC, TG, HDL-C, LDL-C</i> 1230094 <input type="checkbox"/> Prenatal/Obstetric Panel <i>ABORh, CBCDiff, Rubella IgG, Ab Scrn, HBsAg, Syph Ab</i> 791 <input type="checkbox"/> Acute Hepatitis Panel <i>HAV Ab IgM, HBsAg, HBe Ab IgM, HCV Ab</i>	LAB # ✓ Urine Test Name Source *: <input type="checkbox"/> Catheter <input type="checkbox"/> Clean Catch <input type="checkbox"/> Urine Culture Kit <input type="checkbox"/> Void 437 <input type="checkbox"/> Beta hCG, Qualitative, Urine 348 <input type="checkbox"/> Urinalysis, do Urine C&S if 2111180 <input type="checkbox"/> Urinalysis (UA) 239 <input type="checkbox"/> Urine Culture 1230496 <input type="checkbox"/> Urine Drug Screen w/Conf (23 Targets) 1230497 <input type="checkbox"/> Urine Drug Screen w/Conf (32 Targets)
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LAB # ✓ Blood Test Name	LAB # ✓ Blood Test Name	RANDOM URINE TESTING	24-HOUR URINE TESTING*
90 <input type="checkbox"/> A1c (Hgb A1c) 8950 <input type="checkbox"/> ABO & Rh 559 <input type="checkbox"/> AFP Tumor Marker 45 <input type="checkbox"/> Albumin 112 <input type="checkbox"/> ALP 132 <input type="checkbox"/> ALT 48 <input type="checkbox"/> Amylase 1230491 <input type="checkbox"/> ANA Screen 278 <input type="checkbox"/> Antibody Screen 1230502 <input type="checkbox"/> Anti-Mullerian Hormone (AMH) 325 <input type="checkbox"/> APTT 131 <input type="checkbox"/> AST 142 <input type="checkbox"/> Beta hCG Quantitative 52 <input type="checkbox"/> Bilirubin Direct 50 <input type="checkbox"/> Bilirubin Total and Direct 168 <input type="checkbox"/> Bilirubin Total 140 <input type="checkbox"/> BUN 152 <input type="checkbox"/> C3 Compliment 151 <input type="checkbox"/> C4 Compliment 155 <input type="checkbox"/> CA 125 53 <input type="checkbox"/> Calcium Total 293 <input type="checkbox"/> CBC with Differential 294 <input type="checkbox"/> CBC without Differential 1231502 <input type="checkbox"/> Pathology Consult Hematology 3670 <input type="checkbox"/> CCP Antibody 3322 <input type="checkbox"/> Celiac Antibody Cascade Panel 57 <input type="checkbox"/> CEA 62 <input type="checkbox"/> CK 61 <input type="checkbox"/> Cortisol 66 <input type="checkbox"/> Creatinine 149 <input type="checkbox"/> CRP 150 <input type="checkbox"/> CRP High Sensitive 769 <input type="checkbox"/> EBV VCA IgM Antibody 523 <input type="checkbox"/> Estradiol 68 <input type="checkbox"/> Ferritin 69 <input type="checkbox"/> Folate 86 <input type="checkbox"/> FSH 85 <input type="checkbox"/> Gamma GT 82 <input type="checkbox"/> Glucose 81 <input type="checkbox"/> Glucose, Fasting 2111082 <input type="checkbox"/> Glucose 1 hour Post 50g (fasting) 7530 <input type="checkbox"/> H+H (Hgb and Hct) 7980 <input type="checkbox"/> Hepatitis A Antibody IgM 790 <input type="checkbox"/> Hepatitis B Core Total Antibody 472 <input type="checkbox"/> Hepatitis B Surface Antibody 471 <input type="checkbox"/> Hepatitis B Surface Antigen 3543 <input type="checkbox"/> Hepatitis C Antibody Diagnostic 3542 <input type="checkbox"/> Hepatitis C Antibody Screening	3617 <input type="checkbox"/> HIV 1/2 Ab Antigen Screening 8290 <input type="checkbox"/> Iron and IBC Levels 527 <input type="checkbox"/> Insulin Level 96 <input type="checkbox"/> LDH 98 <input type="checkbox"/> Lead Level 88 <input type="checkbox"/> LH 99 <input type="checkbox"/> Lipase 1230571 <input type="checkbox"/> Lyme Total Antibody 103 <input type="checkbox"/> Magnesium 2111133 <input type="checkbox"/> Mono EBV, IgM if Indicated 3219 <input type="checkbox"/> NT Pro BNP 113 <input type="checkbox"/> Phosphorus 114 <input type="checkbox"/> Potassium 529 <input type="checkbox"/> Progesterone 531 <input type="checkbox"/> Prolactin 116 <input type="checkbox"/> Prostate Specific Antigen (PSA) Screen 171 <input type="checkbox"/> PSA Free and Total 2111151 <input type="checkbox"/> PSA Symptomatic 2111152 <input type="checkbox"/> PSA Symptomatic, with Reflex 844 <input type="checkbox"/> Protein Electrophoresis, Serum, Reflex 320 <input type="checkbox"/> PT (Prottime INR) 108 <input type="checkbox"/> PTH Intact 3500 <input type="checkbox"/> Retic Count w/ Retic Hemoglobin 12310394 <input type="checkbox"/> Rheumatoid Factor 496 <input type="checkbox"/> Rubella IgG Antibody 547 <input type="checkbox"/> Sed Rate 122 <input type="checkbox"/> Sodium 1230501 <input type="checkbox"/> Syphilis Total Antibody Screen 137 <input type="checkbox"/> T3 Free 136 <input type="checkbox"/> T3 Total 127 <input type="checkbox"/> T4 Free (FT4) 126 <input type="checkbox"/> T4 Total 8760 <input type="checkbox"/> Tacrolimus 3619 <input type="checkbox"/> TB Screen (QuantIFERON Gold) 173 <input type="checkbox"/> Testosterone Free and Total 2111222 <input type="checkbox"/> Testosterone Total 3077 <input type="checkbox"/> Thyroid Function Cascade 516 <input type="checkbox"/> Thyroid Peroxidase Antibody 129 <input type="checkbox"/> TSH 1000 <input type="checkbox"/> TSH, FT4 if indicated 7230 <input type="checkbox"/> TTG Antibody IgA 141 <input type="checkbox"/> Uric Acid, Serum 162 <input type="checkbox"/> Varicella Zoster IgG Antibody 580 <input type="checkbox"/> Vitamin A 3609 <input type="checkbox"/> Vitamin B1 67 <input type="checkbox"/> Vitamin B12 1230925 <input type="checkbox"/> Vitamin D (25-Hydroxyvitamin D2 D3) 581 <input type="checkbox"/> Zinc	689 <input type="checkbox"/> Albumin/Creatinine 371 <input type="checkbox"/> Calcium 384 <input type="checkbox"/> Creatinine 439 <input type="checkbox"/> Protein 2111155 <input type="checkbox"/> Protein/Albumin/Creatinine 7430 <input type="checkbox"/> Protein/Creatinine 444 <input type="checkbox"/> Sodium 2111445* <input type="checkbox"/> Protein Electrophoresis do IFE Reason* <input type="checkbox"/> Monitoring <input type="checkbox"/> Screen General <input type="checkbox"/> Screen AL amyloid 383 <input type="checkbox"/> Creatinine Clearance, 24 Hour Urine + Serum collect within 48 hours	Start Time* End Time* 410 <input type="checkbox"/> Albumin 8140 <input type="checkbox"/> Calcium 7120 <input type="checkbox"/> Creatinine 441 <input type="checkbox"/> Protein 446 <input type="checkbox"/> Sodium 2111444* <input type="checkbox"/> Protein Electrophoresis do IFE
LAB # ✓ Stool/Feces Testing 3664 <input type="checkbox"/> C difficile Toxin, stool (liquid stools only) 3618 <input type="checkbox"/> Enteric Pathogens PCR 258 <input type="checkbox"/> Giardia Cryptosporidium Screen, stool 1230599 <input type="checkbox"/> Occult Blood CRC Screening (Polymedco FIT) 1230898 <input type="checkbox"/> Occult Blood CRC Diagnostic (Polymedco FIT)		LAB # ✓ Swab and Miscellaneous Testing Specimen Source*: 1230607 <input type="checkbox"/> COVID 19 PCR 1230746 <input type="checkbox"/> COVID-19, Influenza A/B PCR, RSV (4-plex) 3615 <input type="checkbox"/> Gram Stain for Bacterial Vaginosis/Yeast 228 <input type="checkbox"/> Group A Strep Throat Culture 3417 <input type="checkbox"/> Group B Strep PCR 3527 <input type="checkbox"/> Group B Strep Penicillin Allergy PCR 9170 <input type="checkbox"/> Herpes Simplex Virus (HSV) PCR 3255 <input type="checkbox"/> Influenza A/B PCR 2111119 <input type="checkbox"/> Lead Screen Filter Paper 234 <input type="checkbox"/> MRSA Screen Culture 3669 <input type="checkbox"/> Throat Culture Comprehensive	
ALINITY TESTING 1230886 <input type="checkbox"/> Chlamydia (CT) PCR 1230887 <input type="checkbox"/> Gonococcus (GC) PCR 1230888 <input type="checkbox"/> Trichomonas PCR 1230889 <input type="checkbox"/> Mgen PCR 1230885 <input type="checkbox"/> CT and GC PCR 1230890 <input type="checkbox"/> STI Panel PCR (CT, GC, Trich, Mgen)		APTIMA TESTING 3524 <input type="checkbox"/> APTIMA Chlamydia (CT) NAAT 3523 <input type="checkbox"/> APTIMA Gonococcus (GC) NAAT 3525 <input type="checkbox"/> APTIMA Trichomonas NAAT 1230560 <input type="checkbox"/> APTIMA MGen NAAT 3522 <input type="checkbox"/> APTIMA CT and GC NAAT 1230566 <input type="checkbox"/> APTIMA Panel NAAT (CT, GC, Trich, Mgen)	
Specimen Type*: <input type="checkbox"/> Urine <input type="checkbox"/> Swab <input type="checkbox"/> Other: Specimen Source*:			
Additional requested testing or notes:			

*Answer required for specific testing. **Information Required for Valid Order. †Client Bill Account must be set prior to ordering client bill testing.
 Not all tests are listed, please review corewellhealth.testcatalog.org for all tests, codes, panel and reflex information, collection instructions and clinical information.
 CHRLW General Lab Testing 2023.12 White - Lab Yellow - Provider For a list of Draw Sites visit spectrumhealth.org/locations
 Confidentiality of this medical record shall be maintained except when use or disclosure is required or permitted by law, regulation, or written authorization by the patient