

CLIENT BILL REQUISITION

Marshfield Labs™
 A division of Marshfield Clinic
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 GREAT MEDICINE CLINIC
 123 MAIN STREET
 ANYWHERE, USA 11111
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 GRTDOC ()



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- DOCTOR DR MD
- DOCTOR DOCTOR MD
- DOCTOR DOC MD

NAME (LAST, FIRST) **1** YOUR ID NO. _____

COLLECTION DATE _____ COLLECTION TIME _____ DATE OF BIRTH _____ SEX M F

SERUM PLASMA WHOLE BLOOD RANDOM URINE

CPT CODED PANELS		INDIVIDUAL TESTS	
MPB	Metabolic Panel, Basic	CA27-29	Breast Cancer Ag 27-29 F
MPC	Metabolic Panel, Comprehensive	BNP	B-Type Natriuretic Peptide F
LYTES	Electrolyte Panel	CA19-9	CA 19-9
GHP	General Health Panel	CA	Calcium, Serum
AS	Hepatitis Panel, Acute	IC	Calcium, Ionized
LIVER	Liver Panel	CA-125	Cancer Antigen 125
BLIPO	Lipoprotein Panel, Basic	CEA	CEA F
PRENAT4	Prenatal 4 Panel	CERULO	Ceruloplasmin
RFP	Renal Function Panel	HDL	Cholesterol, HDL

* Slide Required--Sent?
 Yes No

_____ mL 24 hr. Urine

_____ Start Time

_____ Stop Time

If test name below has an asterisk

If ordering a 24-Hour Urine

CUSTOM PANELS		INDIVIDUAL TESTS		INDIVIDUAL TESTS		INDIVIDUAL TESTS		INDIVIDUAL TESTS	
ACELPAN	Celiac Panel, Adult	AM-CORT	Cortisol	GLIADIN	Gliadin Abs IgG, IgM	LYBL-M	Lyme Western Blot, IgM	TTG-IGA	Tissue Transglutinin
PCELPAN	Celiac Panel, Pediatric	CC	C-Peptide	GLU	Glucose	MG	Magnesium, Serum	TTGAB	Tissue Transglutinin
EPF	Executive Profile	CK	Creatinine, Total	HEPY	Helicobacter Pylori	MEASLEI	Measles Virus Ab, IgG, Immune	TOYO	Toxoplasma Abs
EXEC	Executive Screen	CRPHS	CRP, High Sensitivity	HCT	Hematocrit	HGB	Hemoglobin	HGM	Hemoglobin, Glycated
FUNGAL	Fungal Antibody Panel	CRP	C-Reactive Protein	HGM	Hemoglobin, Glycated	HGM	Hemoglobin, Glycated	HGM	Hemoglobin, Glycated
HEPB	Hepatitis B Panel	CREAT	Creatinine	A	Alkaline Phosphatase	ABC	Alkaline Phosphatase	ABC	Alkaline Phosphatase
HEPPAN	Hepatitis Comprehensive Panel	CRCLHW, CC	Creat. Clear	AB	Albumin	HT	Hemoglobin, Total	Wt	Weight
HS	Hepatitis Panel, General	CC	Creatinine	HAA	Hemoglobin, Anion	HAA	Hemoglobin, Anion	HAA	Hemoglobin, Anion
FETIBC	Iron, TIBC & % Sat	CTX	C-difficile Toxin	HCV	Hepatitis C Virus	HCV	Hepatitis C Virus	HCV	Hepatitis C Virus
LAPAN	Lupus Anticoag Panel F	C-3	C-3 Complement	GH	Gamma Globulin	GH	Gamma Globulin	GH	Gamma Globulin
LUPUSP	Lupus Panel F	C-4	C-4 Complement	HIV	HIV	HIV	HIV	HIV	HIV
B/F	Vitamin B12 & Folate F	CCP	Cyclic Citrullinated Peptide	B27	B27	B27	B27	B27	B27
INDIVIDUAL TESTS		DHEAS04	DHEAS04	HIV	HIV	HIV	HIV	HIV	HIV
ABO/RH	ABO & Rh	Digoxin	Digoxin	B27	B27	B27	B27	B27	B27
ANCA	Anti Neutrophil Cyto Ab	DRVVT	DRVVT F	HYCS	Hydrocortisone	HYCS	Hydrocortisone	HYCS	Hydrocortisone
APS	Anti Phospholipid Ab	EBVCGM	EBV VCA IgM & IgG Abs	HSV1	Herpes Simplex Virus 1	HSV1	Herpes Simplex Virus 1	HSV1	Herpes Simplex Virus 1
ASMA	Anti-smooth Muscle Ab	EHRlich	Ehrlichia Ab	LIG-CP	Ligand-Coupled Protein	LIG-CP	Ligand-Coupled Protein	LIG-CP	Ligand-Coupled Protein
AFP	Alpha Fetoprotein, Tumor	ENDOMYS	Endomysial Ab	GAM	Gamma Globulin	GAM	Gamma Globulin	GAM	Gamma Globulin
ALDO	Aldolase	ESR	Erythrocyte Sed Rate	INSU	Insulin	INSU	Insulin	INSU	Insulin
ALT	ALT (GPT)	ESTRAD	Estradiol	FE	Ferritin	FE	Ferritin	FE	Ferritin
AMY	Amylase	FVL	Factor V Leiden	IBC	Iron Binding Capacity	IBC	Iron Binding Capacity	IBC	Iron Binding Capacity
ATIII	Antithrombin III, Func F	FERRIT	Ferritin	LAM	Lamivudine	LAM	Lamivudine	LAM	Lamivudine
AST	AST (GOT)	FLOW	Flow Cell Phenotyping*	BL	Bilirubin	BL	Bilirubin	BL	Bilirubin
B2M	Beta 2 Microglobulin F	Source: _____	Source: _____	LH	Luteinizing Hormone	LH	Luteinizing Hormone	LH	Luteinizing Hormone
B2M-RU	Beta 2 Microglobulin, Urine F	FOL	Folate F	LIP	Lipase	LIP	Lipase	LIP	Lipase
BORDPCR	Bordetella Pertussis, PCR	FSH	FSH	LYEGM	Lyme Ab., Elisa IgG/IgM	TG	Thyroglobulin		
BCA	Breast Cancer Antigen 15-3 F	GGT	Gamma Glutamyl Transferase	LYBL-G	Lyme Western Blot, IgG	TA-TPO	Thyroid Ab-TPO F		

How To Complete a Test Requisition

- Fill in all mandatory fields (pink shaded areas).
- Indicate desired test(s) by clearly marking box next to test name.
- Apply bar code label directly to specimen container*. Note: Slides should have the patient's name and DOB handwritten on the frosted end of slide. Place a barcode label on the slide case.
- Insert top copy of requisition form into sleeve of biohazard bag. Keep back copy for your records and refer to the bar code Control Number when calling Marshfield Labs. Place sample in zip lock compartment and assure that it is completely sealed.

For lab use only: BTT CSF Feces GTT LIT M4 PFIT Plasma RTT Serum SFT Slides SST STONE Urine Initials

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**NOTE: Two forms of identification are required on all specimens. Please write patient name, ID number, or date of birth on barcode label prior to placing on sample tube(s).*