



706



Saint Agnes Medical Center Outpatient Center Lab Services

1303 E. Herndon Ave., Fresno CA 93720
Tai Po Tschang, M.D., Medical Director

- ▼ - Patient required to fast for 12-14 hours
- - Patient recommended to fast 12-14 hours
- - Store at Room Temperature. All other specimens to be refrigerated.
- † - Appointment Required. Call 450-5656
- ★ - This test has reflex testing criteria (see reverse side).

Complete labs _____ weeks/days prior to next appointment.

To save time, preregister before your lab visit. Call (559) 450-3201 or visit www.samc.com

PATIENT: Please verify that your insurance is accepted by Saint Agnes Medical Center. Ultimately, it is your responsibility to choose a laboratory that is contracted with your insurance. If you have any questions, please contact your Insurance carrier.

DIAGNOSIS/PATIENT ORDERING INFORMATION (Additional Codes on Reverse)

All tests for which Medicare reimbursement will be claimed must be medically necessary for the patient.

- | | | | | |
|---|---|--|--|--|
| <input type="checkbox"/> 789.00 Abdominal Pain #1 | <input type="checkbox"/> 427.31 Atrial Fibrillation #7 | <input type="checkbox"/> 401.9 Essential Hypertension, Unspecified #14 | <input type="checkbox"/> 719.40 Pain in Joint, Arthralgia #21 | <input type="checkbox"/> V58.64 Long-term (current) use of non-steroidal anti-inflammatories (NSAID) #26 |
| <input type="checkbox"/> 783.21 Abnormal Loss of Wt. #2 | <input type="checkbox"/> 600.01 BPH c Urinary Retention #8 | <input type="checkbox"/> 780.60 Fever, NOS #15 | <input type="checkbox"/> 246.9 Unsp. Disorder of Thyroid #22 | <input type="checkbox"/> V58.65 Long-term (current) use of steroids #27 |
| <input type="checkbox"/> 462 Acute Pharyngitis #3 | <input type="checkbox"/> 429.2 Cardiovascular Disease #9 | <input type="checkbox"/> 272.4 Hyperlipidemia, NOS #16 | <input type="checkbox"/> 599.0 Urinary Tract Infection #23 | <input type="checkbox"/> V58.69 Long-term (current) use of Other Medications #28 |
| <input type="checkbox"/> 995.20 Adverse Effect of Drug, NOS #4 | <input type="checkbox"/> 786.50 Chest Pain, Unspecified #10 | <input type="checkbox"/> 242.90 Hypothyroidism, NOS #17 | <input type="checkbox"/> V58.61 Long-Term (current) use of Anticoagulants #24 | <input type="checkbox"/> V58.83 Therapeutic Drug (Level) Monitoring #29 |
| <input type="checkbox"/> 285.9 Anemia, Unspecified #5 | <input type="checkbox"/> 428.0 Congestive Heart Failure #11 | <input type="checkbox"/> 244.9 Hypothyroidism, NOS #18 | <input type="checkbox"/> V58.63 Long-term (current) use of antiplatelets/antithrombotics #25 | <input type="checkbox"/> V76.44 Screening for Prostate CA #30 |
| <input type="checkbox"/> 440.9 Arteriosclerosis, Unspecified #6 | <input type="checkbox"/> 250.00 DM2 #12 | <input type="checkbox"/> 627.2 Menopausal States #19 | | |
| | <input type="checkbox"/> 250.01 DM1 #13 | <input type="checkbox"/> 780.79 Other Malaise & Fatigue #20 | | |

Dx / Codes / Signs / Symptoms (For each test ordered below, indicate Dx number on space provided next to test):

Other Dx: _____

PRIORITY: Routine ASAP STAT Fasting 12-14 Hours Copy to _____

Phone Results to _____ Fax Results to _____

NAME & PHONE NO. _____

NAME & FAX NO. _____

HEMATOLOGY	CHEMISTRY/IMMUNOLOGY	MICROBIOLOGY
------------	----------------------	--------------

- @ ★ CBC, Auto Diff (incl. Platelet Ct.) _____
- @ Hematocrit _____
- @ Hemoglobin _____
- @ Hemogram _____
- @ Pro Time, Diagnostic _____
- @ Pro Time, Therapeutic _____
- @ PTT _____
- Sed Rate/Westergren _____

URINE

- Urinalysis _____
- Urinalysis, Microscopic Only _____
- @★ Urinalysis, Culture if indicated _____
- Urines below: 24 Hr Spot
- Creatinine _____
- Creatinine Clearance _____
Ht. _____ Wt. _____
- Microalbumin _____
- Potassium _____
- Pregnancy Test _____
- Protein _____
- Sodium _____

OBSTETRICS

- PRENATAL PANEL _____
CBC, ABO/RH, Antibody Screen, RPR, Rubella Ab, Hepatitis B Surface Ag
- Cystic Fibrosis Carrier Study
- Alpha Feto protein, Pre-Natal

- Albumin _____
- Alkaline Phosphatase _____
- ALT/SGPT _____
- ANA _____
- * ANA, Reflex _____
- AST/SGOT _____
- Bilirubin, Direct _____
- Bilirubin, Total _____
- BUN _____
- @ C-Reactive Protein, hs (Cardio) _____
- C-Reactive Protein, Inflammation _____
- @ Cholesterol _____
- Creatinine _____
- @ Ferritin _____
- Folate _____
- @ ▼ Glucose _____
- Glucose, 1 hr. P 50g Glucola _____
- Glucose, 2 hr. P Glucola _____
- @ Glucose, 2 hr. P Prandial _____
- † ▼ Glucose Tolerance (2 hr.) _____
- † ▼ Glucose Tolerance, Gestational _____
- @ Hemoglobin A1C _____
- Hepatitis B Surface Antigen _____
- @ hCG (Chorionic Gonadotropin) _____
Quantitative
- @★ HIV 1&2 Antibody _____

- @ Homocysteine _____
- @ Iron _____
- @ Lead _____
- @ Magnesium _____
- Mono Test _____
- Parathyroid Hormone _____
- Phosphorus _____
- Potassium _____
- Prograf (Tacrolimus) _____
- Protein, Total _____
- @ PSA Diagnostic _____
- @ PSA, Free + Total _____
- @ PSA Screen _____
- @ Rheumatoid Factor _____
- Rubella _____
- Sodium _____
- @ Triiodothyronine (T3), Free _____
- @ Triiodothyronine (T3), Total _____
- @ Thyroxine (T4), Free _____
- @ ★ ▼ Triglyceride _____
- @ Transferrin _____
- @ Thyroid Stimulating Hormone, hs _____
- Uric Acid _____
- Vitamin B12 _____
- Vitamin D (25-Hydroxy) _____

- Source _____
- ★ Culture & Sensitivity (Aerobic) _____
 - @ ★ Urine Culture _____
 - ★ AFB Culture & Smear _____
 - Anaerobic Culture _____
 - Beta Strep Culture _____
 - Blood Culture _____
 - ★ Fungus Culture & Smear _____
 - ★ G.C. Culture _____
 - Rapid Strep A Screen Only _____
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 - Wet Mount _____
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 - Cryptosporidium/Giardia Antigen _____
 - Cryptosporidium Antigen _____
 - Giardia Antigen _____
 - @ Occult Blood, _____
 - Chlamydia/G.C. by DNA Probe _____
 - Chlamydia by DNA Probe _____
 - G.C. by DNA Probe _____
 - Chlamydia Culture _____
 - Herpes Culture _____

PANELS

- BASIC METABOLIC PANEL _____
BUN, Calcium, Chloride, CO₂, Creatinine, Glucose, Potassium, Sodium
- COMPREHENSIVE METABOLIC PANEL _____
Albumin, Alkaline Phosphatase, ALT (SGPT), AST (SGOT), Total Bilirubin, BUN, Calcium, Chloride, CO₂, Creatinine, Glucose, Potassium, Total Protein, Sodium
- ELECTROLYTE PANEL _____
Chloride, CO₂, Potassium, Sodium
- HEPATIC FUNCTION PANEL _____
Albumin, Alkaline Phosphatase, ALT (SGPT), AST (SGOT), Bilirubin Total, Bilirubin Direct, Total Protein
- @HEPATITIS PANEL, ACUTE _____
HAVAb, HBsAg, HbCAb, HCVAb
- ▼@LIPID PANEL (CARDIAC RISK) _____
★ Cholesterol, HDL, LDL, Risk Factors, VLDL, Triglycerides
- RENAL FUNCTION PANEL _____
Albumin, Calcium, CO₂, Chloride, Creatinine, Glucose, Phosphorus, Potassium, Sodium, BUN
- ★@THYROID CASCADE _____
TSH, Reflex Testing as indicated

Other Tests / Comments: _____

PRINT Physician's Name _____

PHYSICIAN'S SIGNATURE _____ DATE _____ SEX M F

LAB USE ONLY	RACE: _____
<input type="checkbox"/> SST <input type="checkbox"/> Yellow <input type="checkbox"/> Gray <input type="checkbox"/> Plasma <input type="checkbox"/> Slides <input type="checkbox"/> Red <input type="checkbox"/> Blue <input type="checkbox"/> Black <input type="checkbox"/> Serum <input type="checkbox"/> DNA Probe <input type="checkbox"/> Purple <input type="checkbox"/> Green <input type="checkbox"/> Urine <input type="checkbox"/> Swab <input type="checkbox"/> B Culture <input type="checkbox"/> INIT _____	Date & Time of Collection _____ Fasting <input type="checkbox"/> Yes <input type="checkbox"/> No Phlebotomist _____ <input type="checkbox"/> Venipuncture Fee

<h2 style="margin: 0;">SAMC Patient Label</h2> <p style="margin: 0;">(Laboratory Use Only)</p>			
Last Name _____	First Name _____	Middle _____	
Address _____	City _____	State _____	Zip _____
Phone _____	SS# _____	D.O.B. _____	



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- Albumin _____
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- @ ▼ Glucose _____
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- Quantitative _____
- @ ★ HIV 1&2 Antibody _____

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- @ Iron _____
- @ Lead _____
- @ Magnesium _____
- Mono Test _____
- Parathyroid Hormone _____
- Phosphorus _____
- Potassium _____
- Prograf (Tacrolimas) _____
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- @ PSA, Free + Total _____
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- @ Rheumatoid Factor _____
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- @ ★ ▼ Triglyceride _____
- @ Transferrin _____
- @ Thyroid Stimulating Hormone, hs _____
- Uric Acid _____
- Vitamin B12 _____
- Vitamin D (25-Hydroxy) _____

- Source** _____
- ★ Culture & Sensitivity (Aerobic) _____
 - @ ★ Urine Culture _____
 - ★ AFB Culture & Smear _____
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- Creatinine Clearance _____
- Ht. _____ Wt. _____
- Microalbumin _____
- Potassium _____
- Pregnancy Test _____
- Protein _____
- Sodium _____

OBSTETRICS

- PRENATAL PANEL** _____
- CBC, ABO/RH, Antibody Screen, RPR, Rubella Ab, Hepatitis B Surface Ag
- Cystic Fibrosis Carrier Study
- Alpha Feto protein, Pre-Natal

@ - This test may require an Advance Beneficiary Notice (ABN). If so, please attach signed ABN to this order.

Other Tests / Comments: _____

PRINT Physician's Name _____

PHYSICIAN'S SIGNATURE _____ DATE _____ SEX M F

LAB USE ONLY			
<input type="checkbox"/> SST	<input type="checkbox"/> Yellow	<input type="checkbox"/> Gray	<input type="checkbox"/> Plasma
<input type="checkbox"/> Red	<input type="checkbox"/> Blue	<input type="checkbox"/> Black	<input type="checkbox"/> Serum
<input type="checkbox"/> Purple	<input type="checkbox"/> Green	<input type="checkbox"/> Urine	<input type="checkbox"/> Swab
			<input type="checkbox"/> Slides
			<input type="checkbox"/> DNA Probe
			<input type="checkbox"/> B Culture
			INIT _____

RACE: _____	
Date & Time of Collection _____	Phlebotomist _____
Fasting <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Venipuncture Fee



Required Patient Information from Physician		
Last Name _____	First Name _____	Middle _____
Address _____	City _____	State _____ Zip _____
Phone _____	SS# _____	D.O.B. _____

*ATTACH COPY OF INSURANCE CARD

ICD9 DIAGNOSIS CODES

789.00	Abdominal Pain, Unspecified Site	789.01	Abdominal Pain, Right Upper Quadrant	790.6	Abnormal Blood Chemistry	796.4	Abnormal Clinical Findings, Other	792.1	Abnormal Findings, Stool Contents	794.8	Abnormal Liver Function Study	682.0	Abscess, Face	682.7	Abscess, Foot	682.9	Abscess, Unspecified Site	692.0	Absence of Menstruation	706.1	Acne, NOS	995.20	Adverse Effect, Medicine/ Biological Substance, NOS	626.0	Amenorrhea	280.9	Anemia, Iron Deficiency	285.9	Anemia, NOS	281.0	Anemia, Pernicious	V28.8	Antenatal Screening, Specified	440.9	Arteriosclerosis, Unspecified	716.90	Arthritis (Unspecified)	493.90	Asthma	427.31	Atrial Fibrillation	724.5	Backache, NOS	401.1	Benign Hypertension	216.5	Benign Neoplasm, Skin of Trunk	600.01	BPH with Urinary Retention	600.01	Bronchitis, NOS	162.9	Cancer, Bronchus & Lung, NOS	174.9	Cancer, Breast	180.9	Cancer, Cervix	153.9	Cancer, Colon	185	Cancer, Prostate	199.1	Cancer, Site Unspecified	427.9	Cardiac Dysrhythmic, Unspecified	429.2	Cardiovascular System Symptoms Unspecified	785.9	Cardiovascular System Symptoms Unspecified	259.9	Hormone Imbalance	599.7	Hematuria	784.0	Headache	780.79	Generalized Weakness	780.02	Nausea	278.00	Obesity, Unspecified	433.10	Occlusion and Stenosis, Carotid Artery	729.5	Pain in Limb	272.0	Hypertension, NOS	272.4	Hypertension, NOS (Classified)	786.59	Chest Pain (Not Elsewhere Classified)	786.50	Chest Pain (Unspecified)	786.6	Chest, Swelling/Mass/Lump	779.98	Chlamydia Infection	496	Chronic Airway Obstruction	414.9	Chronic Ischemic Heart Disease, NOS	459.9	Circulatory System Disorder (Unspecified)	669.93	Complications of Labor, NOS, Antepartum	428.0	Congestive Heart Failure	780.39	Convulsions	414.00	Coronary Arteriosclerosis	782.2	Cough	351.1	Depression, NOS	250.00	Diabetes Mellitus W/o Mention of Complication, Type 1	648.83	Diabetes Mellitus, Type 2	787.91	Diarrhea	780.4	Dizziness and Giddiness	995.20	Drug Effect (Adverse), NOS	787.2	Dysphagia	622.10	Dysplasia of Cervix NOS	602.3	Dysplasia of Prostate	780.79	Fatigue & Malaise	625.9	Female Genital Symptoms, NOS	780.6	Fever	535.40	Gastritis	558.9	Gastroenteritis & Colitis, NOS	780.02	Multiple Myeloma W/o Remission (Unspecified)	787.03	Vomiting	459.9	Vascular Diseases, NOS	616.10	Vaginitis, NOS	627.2	Menopausal Syndrome	626.4	Menstrual Irregularities	277.9	Metabolic Disorder	479.99	Metabolic Diseases, NOS	479.99	Viral Infection, NOS	787.03	Weight Gain, Abnormal	783.21	Weight Loss, Abnormal	462	Sore Throat	786.05	SOB (Shortness of Breath)	709.9	Skin Disorder, NOS	473.9	Sinusitis, Chronic, NOS (Uncomplicated)	702.19	Seborrheic Keratosis, Other	290.0	Senile Dementia	714.0	Rheumatoid Arthritis	702.19	Seronegative Keratosis, Other	453.9	Thrombosis (Vein)	536.8	Stomach Pain	453.9	Thrombosis (Vein)	246.9	Thyroid Disorder, NOS	463	Tonsillitis, Acute	465.9	URI (Upper Respiratory Infection)	599.0	Urinary Tract Infection, NOS	623.5	Vaginal Leukorrhea, Noninfectious	599.0	Urinary Tract Infection, NOS	623.5	Vaginal Leukorrhea, Noninfectious	616.10	Vaginitis, NOS	479.99	Vascular Diseases, NOS	479.99	Viral Infection, NOS	787.03	Weight Gain, Abnormal	783.21	Weight Loss, Abnormal
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While this list may be a useful reference tool depending upon the nature of your practice, **it is not complete. Please refer to the ICD-9 manual for a complete listing. The ultimate responsibility for correct coding lies with the ordering physician.**

REFLEX TESTS

Reflex testing is the next progression in a sequence of events responding to an abnormal result on the primary test ordered (i.e., the abnormal result generates, or "reflexes", a need for further testing). Saint Agnes Medical Center's policy provides that the tests listed below will have automatic reflex testing, given the criteria noted. There will be an additional fee billed for all reflex tests.

AMNIOTIC FLUID/FETAL MATURITY SCREEN:

1. Screen is performed with AmnioSTAT. If screen results are positive there is no further testing.
2. If AmnioSTAT screen results are negative - a Fetal Maturity Panel, which includes L/S, PG and Creatinine, is performed.

ANA REFLEX:

* If ANA is positive, reflexes to include dsDNA, mRNP/Sm IgG, SS-A, SS-B, Sm, Scl-70, Scl-70, Ribosomal P Protein, Thyroid Peroxidase Autoantibodies, C3, C4, and Rheumatoid Factor

CBC AUTO DIFFERENTIAL: A manual differential will be ordered when any of the following criteria are met: cell counter indicates that the sample may have atypical, unusual, or suspicious cells and/or cell counter values are outside the following limits:

WBC	2.5 - 30.0
NE%	30.0 - 90.0
LY%	0 - 60.0
MO%	0 - 15.0
E0%	0 - 11.0
BA%	0 - 2.0
NE #	0 - 20.0

RBC	2.00 - 7.00
HGB	7.0 - 18.0
HCT	21.0 - 54.0
MCV	65.0 - 110.0
RDW	0 - 20.0
PLT	20 - 800

CULTURES: Positive cultures will be identified & sensitivities performed if appropriate.

HIV ANTIBODY TESTING (WITH CONFIRMATION): Positive HIV antibody screening will be confirmed with HIV antibody by Western Blot Assay.

LIPID PANEL: When Triglyceride \geq 400 mg/dl, a Direct LDL will be added.

RFB: When RFB is positive, then FTA is added.

THYROID CASCADE TESTING, TSH (mcu/ml): When TSH is $<$ 0.1, then FT4 is added; if FT4 is normal, then T3 is added. When TSH is 0.1 - 0.34 or $>$ 7.0, then FT4 is added. When TSH is 5.6 - 7.0, then FT4 and Peroxidase Ab are added.

TRIGLYCERIDE: When Triglyceride \geq 400 mg/dl, a Direct LDL will be added.

URINALYSIS, CULTURE IF INDICATED: Urine Culture is performed when specimen is positive for any or all of the following: Nitrite, Leukocyte, Esterase, and/or Microscope analysis shows 5+ WBCs.

URINALYSIS: A urine microscopic exam is performed when protein, blood, nitrite and/or Leukocyte Esterase are positive, only at the SAMC Laboratories indicated by a "U" symbol.

SAINT AGNES LABORATORY LOCATIONS

NORTHWEST FRESNO

Saint Agnes Northwest Laboratory
4770 W. Herndon Ave., Suite 111, Fresno
(559) 271-6318
Facility Hours: 7:30 AM - 6 PM, M-F;
9 AM - 1 PM, Sat.

CLOVIS

Saint Agnes Peachwood Laboratory
275 W. Herndon Ave., Clovis
(559) 324-6271
Facility Hours: 7:30 AM - 6 PM, M-F

KEISHO PLAZA LAB

568 E. Herndon Ave., Fresno
(559) 435-3046
Facility Hours: 8 AM - 5 PM, M-F

MAIN HOSPITAL

Saint Agnes Outpatient Center Laboratory
1303 E. Herndon Ave., Fresno
(559) 450-5115
Laboratory Hours: 6 AM - 7 PM, M-F; 6 AM - 12 Noon, Sat.
Appointments are optional and may be scheduled by calling 450-5656

CENTRAL FRESNO

Saint Agnes Family Care Providers Laboratory
1300 N. Fresno St., Fresno
(559) 495-6724
Facility Hours: 7:30 AM - 12 Noon &
12:30 PM - 4:30 PM, M-F

OKAHURST

Saint Agnes Oakhurst Laboratory
40232 Junction Drive, Oakhurst
(559) 658-6432
Facility Hours: 7:30 AM - 12 Noon &
1:30 PM - 4:30 PM, M-F