



PATHOLOGY / LABORATORY
100 WOMAN'S WAY · Baton Rouge, LA 70817

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ACCREDITED WITH CAP, JCAHO

CLIA#1900463036

Pathologists: Drs Robert Kosick, Beverly Ogden



PATIENT DATA: NAME, LAST, FIRST, INITIAL, SEX, DOB, AGE, SOCIAL SECURITY #
MARITAL STATUS (CIRCLE ONE)
PREGNANCY STATUS
DATE COLLECTED, TIME COLLECTED, PHYSICIAN
BILL TO: PATIENT (RESPONSIBLE PARTY MUST BE COMPLETED FOR OUR RECORDS)
CLIENT ACCOUNT CLIENT:
RESPONSIBLE PARTY NAME, RELATIONSHIP, HOME PHONE:
PATIENT ADDRESS
CITY, STATE, ZIP CODE
Insurance/Medicare/Medicaid billing, attach a legible copy of both sides of the patient's insurance card(s).
ASSIGNMENT OF INSURANCE BENEFITS AND AUTHORIZATION TO PAY INSURANCE BENEFITS
I hereby assign to Woman's Hospital the insurance benefits herein specified.

A DIAGNOSIS CODE MUST BE SUBMITTED FOR EACH TEST
PROFILE-PANEL-SURVEYS
DIAG CHEMISTRY
DIAG CHEMISTRY CONTINUED
DIAG
ANEMIA WORKUP (ANEMIA)
Choose from following tests: Occult Blood Stool
CBC/Retic P Hgb Profile P DAT P
B12/Folate R Ferritin 2R Haptoglobin 2S
BMP- Basic Metabolic R
CMP- Comprehensive Metabolic R
ELECTROLYTES (LYTES) R
GHP - General Health (CBC, CMP, TSH) R
HELLP Panel (includes CBC) P, B, R
HELLPCHEM (Chemistry Only) P, B, R
LIPID (CHOL/HDL/LIPID/LDL) DR
LIVER (Hepatic) R
MENOPAUSE (FSH, E2, TSH) R
OBSTETRIC PANEL (ZZPN, PNBB) 2P, 2R, S
Includes: Type&Screen, CBC, RPR, RUB-G, HepBSag, HIV
Cystic Fibrosis Screen (CYSTIC) P
TAY-SACH'S / Pregnant (TAY) 1ACD
RENAL PANEL R
STATIN PANEL (Lipid, AST, ALT) R
THYROID PANEL (T7, T3U, T4, TSH) R
THROMBOPHILIA PANELS
THROMBO PANEL (THROMBO) P
Factor V Leiden, Prothrombin, MTHFR
THROMBO A (THROMBOA) P, 2BL, S
(Cardiolin, Lupus Anticoagulant, Protein C Activity, Anti-thrombin III, Total & Free Protein S, Protein S Activity, Fac 5 Leiden, Prothrombin, MTHFR)
HEMATOLOGY / COAGULATION
CBC (incl differential & PLT Ct) P
HEMOGLOBIN/HEMATOCRIT (HH) P
HEMOGLOBIN PROFILE (HGBEA) P
HEMOGRAM (incl PLT Ct) (HGRAM) P
LUPUS ANTICOAG (LUPUS) 3BL
PLATELET Function Assay (PFA) BL
PLATELET COUNT (PLTO) P
PT PTT FIBRINOGEN BL
REQUIRED: Anticoagulant Therapy: Yes No
If Yes which one:
D DIMER BL
RETICULOCTYE COUNT (RETIC) P
SEDIMENTATION RATE (ESR) P
SICKLE PREP (SPREP)
URINALYSIS CLEAN CATCH CATH DIAG
OB PATIENT: YES PP NO
PT ALLERGIC TO PENICILLIN: YES NO
URINALYSIS, ONLY (UA) U
URINALYSIS, C&S IF INDICATED (12 yrs or older only) (UA) U
URINALYSIS AND CULTURE (UA) (CSUR) U
URINE CULTURE ONLY (CSUR) U
PREGNANCY TEST URINE (UPT) U
STD DNA-Urine (CHD/GC/Trich) U
ONLY: Chlamydia GC Trichomonas
URINE DRUG SCREEN (UDRUGA) U
GLUCOSE / INSULIN TESTING
\*\*2HR FAST- MUST ARRIVE BEFORE 10:00 AM\*\*
\*\*3HR FAST-MUST ARRIVE BEFORE 9:00 AM\*\*
GLU / FBS (GLU) S
GLU 1HR (1PPS) S
GEST- 50gms NONGEST- 75gms
GLU 2HR GEST -75gms (GEST2HRTOL) DS
GLU 3HR GEST- 100gms (TOLGEST) DS
GLU 2HR w/INS-75gms -GTTINS DS
INSULIN (INS) S
GLYCOSYLATED HGB A1C (GLY) P
ALBUMIN (ALB) S
ALKALINE PHOS (ALPHOS) S
ALT (SGPT) AST (SGOT) S
AMYLASE (AML) S
B12 / FOLATE (B12) S
BILIRUBIN
TOTAL (TBIL) DIRECT (BC)
TOTAL & DIRECT (NBILTD) NEWBORN <14 days
BUN (BUN) S
CALCIUM (CA) S
CARBON DIOXIDE (CO2) S
CHLORIDE (CL) S
CHOLESTEROL (CHOL) S
CORTISOL (CORTP) S
CREATININE (CREA) S
CRP (C-Reactive Protein) S
FERRITIN (FER) S
G GLUTAMYL TRANSFERASE (GGT) S
IRON (FE) % IRON SAT (%SAT) S
TIBC- Includes Iron FE (TIB) S
LDH (LDH) S
MAGNESIUM (MG) S
PHOSPHORUS (PHOS) S
POTASSIUM (K) S
PROTEIN, TOTAL (TP) S
SODIUM (NA) S
TRIGLYCERIDES (TRIG) S
URIC ACID (URCA) S
SPECIAL CHEMISTRY
DHEA-S (DHEAS) S
Estradiol (E2) S
FETAL FIBRONECTIN (FFN) SCT
FSH (FSH) S
HCG TITER (HCG) S
LH Luteinizing Hormone (LH) S
HOMOCYSTEINE (HOMO) S
17 HYDROXY PROGEST (17HP) 2S
PREGNANCY TEST SERUM (RIAP) S
PROGESTERONE (PROG) S
PROLACTIN (PROL) S
VITAMIN D, 25-Hydroxy (VITD25H) S
NEWBORN SCREEN TESTING
NB Screen Repeat NBS Preterm NBS
THYROID TESTING
T4-THYROXINE T4 FREE S
T3 TOTAL T3 FREE T3 UPTAKE S
T7 (T3 Uptake & T4) (T7) S
TSH (TSH) S
TESTOSTERONE (TESTO) S
TESTOSTERONE Free & Total S
ONCOLOGY TESTING
CA-125 CA15-3 CA27.29 CEA S
CHEMISTRY URINE
RANDOM URINE TESTS:
Calcium (ucar) Creatinine (ucra) Protein (upr) U
24 HOUR URINE TESTS:
REQUIRED: Height: Weight:
24HR UR CREA CLEAR (CRECL) 24U
24HR UR PROTEIN-QUANT (UPQ) 24U
SEROLOGY
ANA S
ANA reflex- titer (ANAIU) S
HIV (1,2 Screen) S
HEPATITIS TESTING
A PANEL B PANEL C PANEL 2S
HEP B Surface AB (HBSAB) AG (HAA)
HEP B CORE AB (HBCORE) S
HERPES SELECT (HSV SELECT) S
Herpes IGM-I & II (HERPM) S
Herpes PCR (HSV DNA1&2) MT or P
MONO TEST (MONO) S
RPR S
RUBELLA IgG (RUBZ) S
BLOOD BANK
ANTIBODY SCREEN ID (ABSCRID) P,R
ANTEPARTUM (RH) IMMUNE P,R
EDC/LMP: (ANTERHO) / (RHIG)
ANTIBODY TITER Antibody: P,R
GROUP & RH (GRPRH) P,R
MICROBIOLOGY / MOLECULAR
SOURCE:
OB PATIENT: YES PP NO
PT ALLERGIC TO PENICILLIN: YES NO
BETA STREP D
CULTURE, ROUTINE D
CUL ANAEROBIC (CSANAER) D
Throat Cult/Strep (CSSTREPTRH) D
MRSA DNA / PCR (MRSADNA) SCT
STD DNA-Swab (CHD/GC/Trich) APT
ONLY: Chlamydia GC Trichomonas
VIROLOGY/PARASITOLOGY
OCCULT BLOOD (OB) STOOL
GI PANEL (Bacteria/Parasite) STOOL
Coronavirus 19 Screen SCT
RESPIRATORY PANEL SCT
OTHER TEST(S) DIAG

PHYSICIAN'S SIGNATURE (NO STAMPS) DATE: