



# WILLIS-KNIGHTON COMMUNITY REFERENCE LAB

Willis-Knighton Community Reference Laboratory  
2600 Greenwood Road, Shreveport, LA 71103  
Client Services 318-212-4400

### Patient Information

Name \_\_\_\_\_  
Last First MI  
SS# \_\_\_\_\_ DOB \_\_\_\_\_ Sex \_\_\_\_\_  
Race \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### Physician Information

Physician \_\_\_\_\_  
Address \_\_\_\_\_  
Phone # \_\_\_\_\_  
Home Health Agency \_\_\_\_\_  
Fax results to \_\_\_\_\_  
ICD 10 Codes \_\_\_\_\_

#### Medicare Secondary Payor (MSP)

Read the following questions and circle the correct responses.

Is the patient or patient's spouse currently employed? Yes No  
If NO, retirement date of Patient \_\_\_\_\_ Spouse \_\_\_\_\_  
Is the patient being treated for ESRD? Yes No  
Is patient being treated for Black Lung Disease? Yes No  
Was the injury due to a non work-related accident? Yes No  
Was the illness/injury due to a work-related accident/condition? Yes No  
Has the Department of Veterans Affairs (DVA) authorized and agreed to pay for care at this facility? Yes No

**Bill To:** CLIENT PATIENT INSURANCE

Insurance Company \_\_\_\_\_  
Policy/Group # \_\_\_\_\_  
Secondary Insurance \_\_\_\_\_  
Policy/Group # \_\_\_\_\_

STAT Routine Fasting Non-fasting

Collection Date \_\_\_\_\_ Time \_\_\_\_\_

#### Approved AMA Panels

- Comp Metabolic Panel  
(Alb,ALP,ALT,AST,TBil,BUN,Ca,Cl,CO2,Crea,Glu,K,Na,TP)
- Basic Metabolic Panel  
(BUN,Ca,CL,CO2,Crea,Glu,K,Na)
- Hepatic Function Panel  
(Alb,ALP,ALT,AST, T&DBil,TP)
- Lipid Panel  
(Chol, HDL, Trig, LDL calc)
- Renal Function Panel  
(Alb,BUN,Ca,Cl,CO2,Crea,Glu,K,Na,Phos)
- Acute Hepatitis Panel  
(HBsAg, HBcAb IgM, HAAb IgM,HCAb)

#### Microbiology Source: \_\_\_\_\_

- AFB Smear/Cult
- Blood Culture
- Chlamydia/GC
- C. Difficile
- Fungal Mount/Cult
- General C&S
- Giardia/Cryptosporidium Antigen
- Occult Blood:  OCP
- Rapid Influenza A&B
- Strep A Screen
- Urine C&S: (CIRCLE ONE)  
CCMS or Catheter or Pedibag

#### 24 Hour Urine:

- 5HIAA
- Catecholamine Fract.
- Creatinine
- Creatinine Clearance

#### Patient's HT: \_\_\_\_\_ WT: \_\_\_\_\_

- Metanephrines Fract.
- Protein
- Sodium
- Urea Clearance

#### Individual Tests

- |   |                                      |   |  |   |
|---|--------------------------------------|---|--|---|
| <input type="checkbox"/> AFP Tumor Marker | <input type="checkbox"/> CBC no diff | <input type="checkbox"/> GGT            | <input type="checkbox"/> Potassium         | <input type="checkbox"/> T4 Free                  |
| <input type="checkbox"/> ALP              | <input type="checkbox"/> CBC w/ diff | <input type="checkbox"/> Glucose        | <input type="checkbox"/> PSA Diagnostic    | <input type="checkbox"/> TIBC (includes iron)     |
| <input type="checkbox"/> ALT              | <input type="checkbox"/> CEA         | <input type="checkbox"/> HgbA1C         | <input type="checkbox"/> PSA Screen        | <input type="checkbox"/> Troponin                 |
| <input type="checkbox"/> Ammonia          | <input type="checkbox"/> Cholesterol | <input type="checkbox"/> HCG Qual.      | <input type="checkbox"/> PTH intact        | <input type="checkbox"/> TSH                      |
| <input type="checkbox"/> Amylase          | <input type="checkbox"/> CKMB        | <input type="checkbox"/> HCG Quant.     | <input type="checkbox"/> PT/INR            | <input type="checkbox"/> UA Screen (dip only)     |
| <input type="checkbox"/> ANA              | <input type="checkbox"/> Creatinine  | <input type="checkbox"/> Hgb/Hct        | <input type="checkbox"/> PTT               | <input type="checkbox"/> UA w/ micro if indicated |
| <input type="checkbox"/> AST              | <input type="checkbox"/> CRP         | <input type="checkbox"/> HIV 1&2 Screen | <input type="checkbox"/> Reticulocyte      | <input type="checkbox"/> UA w/micro w/ reflex URC |
| <input type="checkbox"/> B12              | <input type="checkbox"/> D-Dimer     | <input type="checkbox"/> Iron           | <input type="checkbox"/> Rheumatoid Factor | <input type="checkbox"/> UPT (HCG Qual.)          |
| <input type="checkbox"/> BNP              | <input type="checkbox"/> Digoxin     | <input type="checkbox"/> LH             | <input type="checkbox"/> RPR               | <input type="checkbox"/> Uric Acid                |
| <input type="checkbox"/> BUN              | <input type="checkbox"/> Drug Screen | <input type="checkbox"/> Lipase         | <input type="checkbox"/> Sed Rate (ESR)    | <input type="checkbox"/> Urine Creatinine, random |
| <input type="checkbox"/> CA 19-9          | <input type="checkbox"/> Ferritin    | <input type="checkbox"/> Magnesium      | <input type="checkbox"/> SIEP (IEPS)       | <input type="checkbox"/> Urine Protein, random    |
| <input type="checkbox"/> CA 125           | <input type="checkbox"/> Folate      | <input type="checkbox"/> Mono           | <input type="checkbox"/> T3 Free           | <input type="checkbox"/> Vitamin D, 25 hydroxy    |
| <input type="checkbox"/> Calcium          | <input type="checkbox"/> FSH         | <input type="checkbox"/> Phosphorus     | <input type="checkbox"/> T4                |   |

Extra Tests or comments: \_\_\_\_\_

**\*Physician's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**For Office Use Only:** \_\_\_\_\_ RED \_\_\_\_\_ SST \_\_\_\_\_ GREEN (DARK) \_\_\_\_\_ GREEN (LIGHT) \_\_\_\_\_ PURPLE \_\_\_\_\_ LIGHT BLUE \_\_\_\_\_ GOLD  
\_\_\_\_\_ YELLOW (ACD) \_\_\_\_\_ ROYAL BLUE \_\_\_\_\_ PINK \_\_\_\_\_ MICRO PURPLE \_\_\_\_\_ MICRO GREEN \_\_\_\_\_ MICRO RED \_\_\_\_\_ OTHER: \_\_\_\_\_  
\_\_\_\_\_ URINE (GREY) \_\_\_\_\_ URINE CUP \_\_\_\_\_ 24HR URINE \_\_\_\_\_ STOOL \_\_\_\_\_ BODY FLUID \_\_\_\_\_ M4 \_\_\_\_\_ SWAB: TYPE \_\_\_\_\_