



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 _____