Cayuga HEALTH
A Member of Centralus Health

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PERMIT # 33D0010445
DEPARTMENT OF LABORATORIES

Date: _____

GENERAL REQUISITION

Provider:		Send Copy of Report to Dr.:	
Provider's Signature: (Mandatory for Medicaid Patients)			
Patient Name: (Last)	(First)	(MI)	DOB:
Sex: ☐ Male ☐ Female	Social Security No.:	Guarantor's Name:	
Address: (Number, Street)	(City)	(State)	(Zip)
Specific Diagnosis / ICD 10 Code:			
Comments:			
SPECIMEN INFORMATION: Date Drawn:	Time Drawn:	Collected By:	☐ Fasting ☐ Non-Fasting
INSURANCE INFORMATION: ☐ Medicare ☐ Medicaid ☐ Other:		Policy No.: Group No.:	
		Subscriber Name / Relation to Patient:	
		Employer / Company Name:	

HEMATOLOGY		HEPATITIS/HIV		CHEMISTRY		MICROBIOLOGY	
LAB2521	CBC w/ Electronic Diff	LAB471	Hepatitis B Surface AG	LAB48	Amylase	LAB13003	Bacterial/Viral Gastro Panel
LAB294	Hemogram/CBC no diff	LAB472	Hepatitis B Surface AB	LAB67	B12	LAB13004	Bacterial Gastro Panel
LAB753	Hemoglobin / Hematocrit	LAB549	Hepatitis B Core IgM	LAB106	B-Type Natriuretic Peptide	LAB13005	Bact/Viral/Parasite Panel
LAB301	Platelet Count	LAB797	Hepatitis A AB(Total)	LAB677	Basic Urine Drug Screen	LAB20084	Covid/Flu/RSV RT-PCR
LAB296	Reticulocyte Count	LAB798	Hepatitis A AB (IGM)	LAB140	BUN	LAB253	C. Difficile PCR
LAB2520	Sedimentation Rate (ESR)	LAB868	Hepatitis C AB W/ Reflex	LAB57	CEA	LAB3358	GC/Chlamydia
COAGULATION		LAB551	Hepatitis Panel, Acute	LAB383	Creatinine	**Source: Vaginal Rectal Throat**	
LAB320	Prothrombin Time	LAB1834	HCV RNA Quantitative	LAB62	Creatinine Kinase (CK)	**Specimen: Urine Aptima swab**	
LAB325	Partial Thromboplastin Time	LAB2502	HIV 1&2 Ab	LAB61	Cortisol	LAB1727	iFOB/FIT Fecal Occult Blood
URINALYSIS		**CHEMISTRY PANELS**		LAB149	C-Reactive Protein	LAB258	O&P, Giardia/Crypto Antigen
LAB3195	UA w/ Micro, No Culture	**See back for included tests**		LAB52	Direct Bilirubin	LAB955	Ova and Parasite, Microscopy-travel / immunocompromised
LAB3094	UA w/ Micro & Culture, if indicated	LAB15	Basic Metabolic Panel	LAB68	Ferritin		
		LAB17	Comprehensive Metabolic Panel	LAB69	Folate	LAB900	Sputum Culture
DRUG MONITORING		LAB16	Electrolyte Panel	LAB85	Gamma GT	LAB223	Stool Culture w/Shiga Toxin
LAB43	Acetaminophen	LAB18	Lipid Panel	LAB82	Glucose	LAB885	Strep A, Rapid Molecular
LAB21	Carbamazepine(Tegretol)	LAB20	Liver Function Panel	LAB90	Hemoglobin A1C	LAB239	Urine Culture & Sens
LAB23	Digoxin	LAB19	Renal Panel	LAB527	Insulin		
LAB28	Gentamicin, Peak	**THYROID / ENDOCRINOLOGY**		LAB94	Iron	**ADDITIONAL TESTS NOT LISTED**	
LAB27	Gentamicin, Random	LAB523	Estradiol, Sensitive	LAB96	LDH		
LAB26	Gentamicin, Trough	LAB86	FSH	LAB99	Lipase		
LAB29	Lithium	LAB87	LH	LAB788	Lyme Screen		
LAB30	Phenobarbital	LAB531	Prolactin	LAB103	Magnesium		
LAB31	Phenytoin (Dilantin)	LAB529	Progesterone	LAB546	Microalbumin, Urine		
LAB34	Salicylate	LAB124	Testosterone	LAB482	Mononucleosis Screen		
LAB24	Valproic Acid	LAB129	TSH	LAB113	Phosphorus		
LAB41	Vancomycin, Peak	LAB127	T4, Free (FT4)	LAB114	Potassium (K)		
LAB40	Vancomycin, Random	LAB126	T4 (Total Thyroxine)	LAB115	Prealbumin		
LAB39	Vancomycin, Trough	LAB136	T3 (Triiodothyroxine)	LAB743	Protein/Creat Ratio, Urine		
BLOOD BANK		LAB137	T3, Free (FT3)	LAB578	PSA, Diagnostic		
LAB895	ABO/RH	**PREGNANCY**		LAB116	PSA, Screening		
LAB276	Type & Screen	LAB143	Beta HCG, Serum	LAB813	PTH Intact and Calcium		
CORD BLOOD / MATERNAL		**PRENATAL**		LAB206	Rheumatoid Factor		
LAB10406	ABO/RH Type & DAT	LAB1773	One Hour PP Glucose	LAB496	Rubella IgG		
LAB892	Cord Blood Evaluation		Prenatal Profile w/ HIV*	LAB494	Syphilis (RPR)		
LAB762	Fetal Hemoglobin Stain		Prenatal Profile NO HIV*	LAB829	TIBC (includes Iron)		
24 HOUR URINE		***See back for included tests**		LAB133	Transferrin		
LAB1765	Creatinine Clearance			LAB141	Uric Acid		
LAB441	Total Protein			LAB535	Vitamin D, 25 Hydroxy		

PROFILE MAKEUP

* **Electrolyte Panel (LAB16)**
  Sodium, Potassium, Chloride, Carbon Dioxide

* **Basic Metabolic Panel (LAB15)**
  Sodium, Potassium, Chloride, Carbon Dioxide, Glucose, BUN, Creatinine, Calcium

* **Comprehensive Metabolic Panel (LAB17)**
  * Sodium, Potassium, Chloride, Carbon Dioxide, Glucose, BUN, Creatinine, Calcium, Total Protein, Albumin, Total Bilirubin, Alkaline Phosphatase, AST (SGOT), ALT (SGPT)

* **Liver Function Panel (LAB20)**
  Albumin, Total and Direct Bilirubin, Alkaline Phosphatase, ALT (SGPT), AST (SGOT), Total Protein

* **Lipid Panel (LAB18)**
  Cholesterol, Triglyceride, HDL, Calculated LDL

* **Renal Panel (LAB19)**
  Glucose, BUN, Creatinine, Calcium, Phosphorus, Sodium, Potassium, Chloride, Carbon Dioxide, Albumin

* **Hepatitis Acute (LAB551)**
  Hepatitis B Surface Antigen
  Hepatitis B Core Antibody
  Hepatitis A Antibody IGM
  Hepatitis C Antibody

* Medicare Approved Panel

Prenatal Profile (with HIV) (ORDER TESTS BELOW)
CBC w/ Auto Differential (LAB2521)
Hep B Surface Antigen (LAB471)
HIV1/HIV2/p24 Screen (LAB2502)
Rubella Antibody IgG (LAB496)
Prenatal Type & Screen (LAB10401)
Syphilis (LAB494)

Prenatal Profile (NO HIV) (ORDER TESTS BELOW)
CBC w/ Auto Differential (LAB2521)
Hep B Surface Antigen (LAB471)
Rubella Antibody IgG (LAB496)
Prenatal Type & Screen (LAB10401)
Syphilis (LAB494)