



# LABORATORY REQUISITION

[www.wellspanlabs.org](http://www.wellspanlabs.org)

Patient Demographics			Physician Information				
PATIENT NAME (Last) (First) (Middle)			Ordering Provider Name & Credentials (Printed)				
ADDRESS			Copy Results to				
CITY STATE ZIP		Call Results to		Fax Results to			
HOME PHONE		SOCIAL SECURITY #		Priority <input type="checkbox"/> Stat <input type="checkbox"/> Routine <input type="checkbox"/> Standing Order			
DATE OF BIRTH		GENDER M F		Frequency <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Other _____ Duration <input type="checkbox"/> 3 mos <input type="checkbox"/> 6 mos <input type="checkbox"/> 1 yr <input type="checkbox"/> Other _____			
INSURANCE INFORMATION (Please attach secondary information)			Description				
Insurance Co. (primary)			COLLECTION INFORMATION:				
Subscriber Name		Subscriber's Date of Birth		Collection Date _____ Time _____ Collector Name _____			
ID#	Group #	Plan Code		*Medicare generally does not cover routine screening tests. Please order organ/disease related panels only when all components are medically necessary. Tests listed in <b>BOLD</b> have limited coverage. Provide appropriate medical necessity documentation. The patient may be responsible for payment. Medicare patients may be required to sign an ABN for non-covered services.			
GENERAL			THERAPEUTIC DRUG				
<input type="checkbox"/> Albumin <input type="checkbox"/> Alkaline Phosphatase (ALP) <input type="checkbox"/> Alpha Fetoprotein (AFP) <input type="checkbox"/> ALT <input type="checkbox"/> Amylase <input type="checkbox"/> ANA ® reflex to titer <input type="checkbox"/> aPTT <input type="checkbox"/> AST <input type="checkbox"/> <b>B-Type Natriuretic Peptide (B-NP)</b> <input type="checkbox"/> Basic Metabolic Panel (BMP) <i>(BUN, Calcium, Creatinine, Lytes, Glucose)</i> <input type="checkbox"/> Bilirubin, Direct <input type="checkbox"/> Bilirubin, Total <input type="checkbox"/> Blood Urea Nitrogen (BUN) <input type="checkbox"/> C-Reactive Protein (CRP) <input type="checkbox"/> C-Reactive Protein, high-sensitivity (hsCRP) <input type="checkbox"/> CA-19.9 <input type="checkbox"/> CA-27.29 <input type="checkbox"/> CA-125 <input type="checkbox"/> Calcium, Total <input type="checkbox"/> <b>CBC</b> <input type="checkbox"/> <b>CBC w/diff ®</b> <input type="checkbox"/> CEA <input type="checkbox"/> Complement C3 <input type="checkbox"/> Complement C4 <input type="checkbox"/> Comp Metabolic Panel <i>(BMP+, Albumin, ALP, ALT, AST, T Bil, TP)</i> <input type="checkbox"/> Cortisol <input type="checkbox"/> CK <input type="checkbox"/> Creatinine <input type="checkbox"/> <b>Ferritin</b> <input type="checkbox"/> Folate Level <input type="checkbox"/> Follicle Stim Hormone (FSH) <input type="checkbox"/> <b>GGT</b>			<input type="checkbox"/> <b>Glucose</b> <input type="checkbox"/> <b>Glucose, 1 hour (PGS)</b> <input type="checkbox"/> <b>Glucose, 2 hour</b> <input type="checkbox"/> <b>Glucose, 3 hour</b> <input type="checkbox"/> <b>HCG Quant</b> <input type="checkbox"/> <b>HCG Quant, Oncology</b> <input type="checkbox"/> <b>Hemoglobin A1C</b> <input type="checkbox"/> Hep B Core Ab <input type="checkbox"/> Hep B Surface Ab <input type="checkbox"/> Hep B Surface Ag <input type="checkbox"/> Hep C Ab <input type="checkbox"/> Hep C Quant by PCR <input type="checkbox"/> Hepatic Function Panel <input type="checkbox"/> <b>HIV 1 RNA</b> <input type="checkbox"/> <b>HIV Ag/Ab Progressive</b> <input type="checkbox"/> Immunoglobulin IgA, IgG, IgM <input type="checkbox"/> <b>Iron</b> <input type="checkbox"/> LDH <input type="checkbox"/> Lead <input type="checkbox"/> Lipase <input type="checkbox"/> <b>Lipid (Cholesterol, HDL, LDL, Trig)</b> <input type="checkbox"/> Lutenizing Hormone (LH) <input type="checkbox"/> Lyme Disease EIA reflex/Western Blot <input type="checkbox"/> Magnesium <input type="checkbox"/> <b>Parathyroid Hormone, Intact (PTH)</b> <input type="checkbox"/> Phosphorus <input type="checkbox"/> Potassium <input type="checkbox"/> Prealbumin <input type="checkbox"/> Prolactin <input type="checkbox"/> Protein, Electrophoresis progressive <input type="checkbox"/> Protein, Total <input type="checkbox"/> <b>PSA, Annual Screen</b> <input type="checkbox"/> <b>PSA, Diagnostic</b> <input type="checkbox"/> <b>PSA, Free &amp; Total</b> <input type="checkbox"/> <b>PT/INR</b>		<input type="checkbox"/> Quantiferon Gold, TB Screen <input type="checkbox"/> Renal Panel <input type="checkbox"/> Rheumatoid Factor <input type="checkbox"/> RPR ® <input type="checkbox"/> Rubella <input type="checkbox"/> Sed Rate (ESR) <input type="checkbox"/> Sodium <input type="checkbox"/> T4, Free <input type="checkbox"/> T4, Total <input type="checkbox"/> Tacrolimus <input type="checkbox"/> Testosterone <input type="checkbox"/> Testosterone, Free <input type="checkbox"/> Thyroglobulin <input type="checkbox"/> Thyroglobulin Ab <input type="checkbox"/> Thyroid Peroxidase Ab <input type="checkbox"/> Transferrin <input type="checkbox"/> <b>TSH</b> <input type="checkbox"/> <b>TSH progressive ®</b> <input type="checkbox"/> Uric Acid <input type="checkbox"/> Varicella zoster <input type="checkbox"/> <b>Vitamin B12</b> <input type="checkbox"/> <b>Vitamin D-25, total</b>		Dose Amount: _____ Dose Date/Time: _____ <input type="checkbox"/> Carbamazepine <input type="checkbox"/> <b>Digoxin</b> <input type="checkbox"/> Lithium <input type="checkbox"/> Phenobarbitol <input type="checkbox"/> Phenytoin (Dilantin) <input type="checkbox"/> Theophylline <input type="checkbox"/> Valproic <input type="checkbox"/> Vancomycin (Check one) <input type="checkbox"/> Random <input type="checkbox"/> Trough
			MICROBIOLOGY				
			<input type="checkbox"/> Bacterial Vaginosis Panel <input type="checkbox"/> Blood Culture <input type="checkbox"/> C. difficile PCR <input type="checkbox"/> Chlamydia trachomatis PCR <input type="checkbox"/> Giardia/Cryptosporidium antigen <input type="checkbox"/> Neisseria gonorrhoeae PCR <input type="checkbox"/> MRSA DNA PCR <input type="checkbox"/> MRSA/MSSA PCR Screen (Pre-Op) <input type="checkbox"/> Ova and Parasite (stool)* <input type="checkbox"/> Sputum Culture <input type="checkbox"/> Stool Culture <input type="checkbox"/> Group A Strep DNA <input type="checkbox"/> Group B Strep DNA Source: _____ Body Site: _____ * Travel history, past/present resident of a developing country, past exposure to hook worms.				
			BLOOD BANK				
			<input type="checkbox"/> ABO/Rh <input type="checkbox"/> Antenatal RhIG Work Up <input type="checkbox"/> Blood Bank Hold tube <input type="checkbox"/> Blood Bank Pre-Admission <input type="checkbox"/> Direct Antiglobulin Test (DAT) <input type="checkbox"/> Type & Screen  * For a Type & Screen, please put a blood bank wristband on the patient and transfer a blood bank ID sticker to the sample.				
OTHER TESTS/SPECIAL INSTRUCTIONS:			RESPIRATORY VIRUS TESTING				
			<input type="checkbox"/> Influenza A, B, RSV <input type="checkbox"/> Respiratory Viral Panel Incl: Adenovirus, B. paraptussis, B. pertussis, Coronavirus, C. pneumoniae, Flu A, Flu B, Metapneumovirus, M. pneumoniae, Para influ 1-4, Rhinovirus/Enterovirus, RSV <input type="checkbox"/> Other Respiratory Virus: _____ _____ (will be sent to reference lab)				



# LABORATORY REQUISITION

[www.wellspanlabs.org](http://www.wellspanlabs.org)

\*Medicare generally does not cover routine screening tests. Please order organ/disease related panels only when all components are medically necessary. Tests listed in BOLD have limited coverage. Provide appropriate medical necessity documentation. The patient may be responsible for payment. Medicare patients may be required to sign an ABN for non-covered services.

**Reflex Testing:** The Laboratory will perform and bill for reflex tests automatically when the reflex criteria have been met. Reflex tests have been approved by all WellSpan Medical Executive Committees and are noted with an ® on the lab requisition. Refer to [www.wellspanlabs.org](http://www.wellspanlabs.org) for specific details on reflex tests.

## WellSpan Laboratory Services Locations

WellSpan Laboratory Services Locations				
ADAMS	<b><u>Adams Health Center</u></b> 40 V-Twin Dr., Suite 109 Gettysburg (717) 339-2605 M-F 7am-4pm; Sat-Sun Closed Fax: (717) 339-2609	<b><u>Aspers Health Center</u></b> 2060 Carlisle Rd. Aspers (717) 339-2577; M-Th 7am-4:30pm; Fri 7am-3:30pm; Sat-Sun Closed Fax: (717) 677-4015	<b><u>East Berlin Health Center</u></b> 105 Fourth St. East Berlin (717)812-7350; M-F 6am - 12pm; Sat-Sun Closed Fax: (717) 259-6057	<b><u>Fairfield Lab Services</u></b> 4901A Fairfield Rd; Fairfield; (717)642-8229; M-F 7:30am-11:30am; Sat-Sun Closed Fax: (717) 642-9632
	<b><u>Gettysburg Hospital</u></b> 147 Gettys St. Gettysburg (717) 337- 4483; M-F 7am-8pm; Sat 7am-12pm; Sun Closed Fax: (717) 337-4194	<b><u>Thurmont Lab Services</u></b> 52 Water St. Thurmont MD (301)271-3535; M-F 7:30am- 11:30am; Sat-Sun Closed Fax: (301) 271-2650		
YORK	<b><u>Apple Hill Lab Services</u></b> 25 Monument Rd. Suite 198, York (717) 741-8190 M-F 6am-6pm; Sat 7am – 11am; Sun Closed Fax: (717) 741-8059	<b><u>Hanover Lab Services</u></b> 1150 Carlisle St. Hanover (877)935-8430; M,Tu,W,F 6am- 1pm; Th 6am - 6pm; Sat 7am- 11am; Sun Closed Fax: (717) 633-7770	<b><u>Hayshire Health Center</u></b> 2775 N. George St. York (717) 812-7300; M,Tu,W,F 6am- 2pm; Th 6am-6pm; Sat 7 am - 11 am; Sun Closed Fax: (717) 846-5346	<b><u>WellSpan on Market</u></b> 46 W. Market St. York (717) 356-4440 Monday-Friday 7 am – 4pm; Sat 7am -11am; Sun closed Fax: (717) 356-4441
	<b><u>Queensgate Lab Services</u></b> 2015 Springwood Rd. York; (717) 851-2500 M-F 6am-2pm; Sat-Sun Closed Fax: (717) 848-8767	<b><u>Stonebridge Health Center</u></b> 13515 Wolfe Rd. New Freedom; (717) 812-2520 M,W-F 6am-2pm; Tu 6a-6p; Sat 7am-11am; Sun Closed Fax: (717) 812-2529	<b><u>Stony Brook Lab Services</u></b> 4222 Lincoln Hwy. York; (717) 812-2900; M,Tu,Th,F 6am- 2pm; W 6am-6pm Sat 7 am - 11 am; Sun Closed Fax: (717) 812-2905	<b><u>Lab Services Valley Green</u></b> 1790 Old Trail Rd., Suite E Etters, (717) 938-3382 Monday - Friday 6 am - 1 pm; Sat - Sun Closed Fax: (717) 932-3441
	<b><u>Lab Services Westgate Plaza</u></b> 1550 Kenneth Rd. York; (717) 851-7020; M-Tu 6am-6pm; W- F 6am -2pm; Sat 7 am - 11 am; Sun Closed Fax: (717) 764-2587	<b><u>Windsor Health Center</u></b> 3065 Windsor Rd. Red Lion (717) 851-1765; M&Th 6a-6p; Tu,W,F 6a-2p; Sat 7am - 11 am; Sun Closed Fax: (717)851-1770	<b><u>York Hospital</u></b> 1001 S. George St. York (717) 851-2547 M-F 7:30am-4pm Sat - Sun Closed Fax: (717) 851-2707	
LANCASTER	<b><u>Garden Spot Village</u></b> 435 S. Kinzer Ave. New Holland (717) 721-4774 M-F 7am-3pm; Sat-Sun Closed Fax: (717) 355-5375	<b><u>Granite Run</u></b> 268 Granite Run Dr. Lancaster (717) 738-5635 M-F 7am-12pm; Sat-Sun Closed Fax: (717) 721-5982	<b><u>Cornerstone Center</u></b> 6 W. Newport Rd. Lititz (717) 625-4761 M-F 7am-12pm; Sat-Sun Closed Fax: (717) 625-1441	<b><u>Crossroads Center for Health</u></b> 4131 Oregon Pike Brownstown (717) 859-9925 M-F 7am-5pm; Sat 7am-11am; Sun Closed Fax: (717) 859-8785
	<b><u>Community Health &amp; Diagnostic Center</u></b> 30 W. Swartzville Rd; Reinholds (717) 484-0526 M-F 7am-4pm; Sat 7am-11am; Sun Closed Fax: (717) 484-1698	<b><u>Ephrata Diagnostic Center</u></b> 446 N. Reading Rd. Ephrata (717)721-4303 M-F 6am-7pm; Sat 7am-12pm; Sun Closed Fax: (717) 738-6343	<b><u>Community Svc of Georgetown</u></b> 1135 Georgetown Rd. Christiana (717) 466-2460 M-F 7am-3pm; Sat-Sun Closed Fax: (717) 806-3794	<b><u>Meadowbrook Ctr for Health</u></b> 337 W. Main St. Leola, (717) 656-7707 M-F 7am-3pm; Sat 7 am - 11 am Sun Closed Fax: (717) 656-7747
LEBANON	<b><u>Good Samaritan Hospital</u></b> Fourth and Walnut St. 1st Floor (717) 270-7550 M-F 7:30a-4p; Sat 7:30-12p; Sun Closed Fax: (717) 270-7954	<b><u>Jonestown Center</u></b> 100 E Queen St. Jonestown (717) 865-0739 7:30a-3:30p; Sat-Sun Closed Fax: (717) 865-0428	<b><u>Lebanon Valley Medical Plaza</u></b> 1400 S. Forge Rd, Ste 2 Palmyra (717) 832-0960 M-Th 7:30a-6p; F 7:30a-4p; Sat 8a-12p; Sun Closed Fax: (717) 832-0971	<b><u>Myerstown Lab Services</u></b> 297 West Lincoln Ave. (Rt 422), Myerstown (717) 866-9542 M-F 7am-5pm, Sat-Sun closed Fax: (717) 866-9454
	<b><u>Outpatient Radiology Center</u></b> 805 Helen Drive Lebanon (717) 273-9345 M-F 6:30-6p; Sat- Sun Closed Fax: (717) 274-7518			