

Patient Demographics			Physician Information		
PATIENT NAME	(Last)	(First)	(Middle)	Ordering Provider Name & Credentials (Printed)	
ADDRESS					
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			Frequency	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Other _____
			M                  F	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"/> Estradiol <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</b> <i>(Cholesterol, HDL, LDL, Trig)</i> <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>PSA, Progressive</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"/> Phenobarbital <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 <input type="checkbox"/> Giardia/Cryptosporidium antigen <input type="checkbox"/> Neisseria gonorrhoeae <input type="checkbox"/> MRSA DNA PCR <input type="checkbox"/> MRSA/MSSA PCR Screen (Pre-Op) <input type="checkbox"/> Mycoplasma genitalium <input type="checkbox"/> Ova and Parasite (stool)* <input type="checkbox"/> Sputum Culture <input type="checkbox"/> Stool Culture <input type="checkbox"/> Trichomonas vaginalis <input type="checkbox"/> Group A Strep DNA <input type="checkbox"/> Group B Strep DNA Source: _____ Body Site: _____ <small>* Travel history, past/present resident of a developing country, past exposure to hook worms.</small>	
		URINE	
		<input type="checkbox"/> Creatinine, 24 Hour <input type="checkbox"/> Creatinine Clearance <input type="checkbox"/> Albumin/Creatinine ratio <input type="checkbox"/> Protein, 24 Hour <input type="checkbox"/> Protein/Creatinine Urine ratio <input type="checkbox"/> Urinalysis <input type="checkbox"/> Urinalysis, culture if indicated <input type="checkbox"/> <b>Urine Culture</b>	
		RESPIRATORY VIRUS TESTING	
		<input type="checkbox"/> Influenza A, B, RSV <input type="checkbox"/> Respiratory Viral Panel <small>Incl: Adenovirus, B. paraptussis, B. pertussis, Coronavirus, C. pneumoniae, Flu A, Flu B, Metapneumovirus, M. pneumoniae, Para influ 1-4, Rhinovirus/Enterovirus, RSV, SARS CoV-2</small> <input type="checkbox"/> SARS CoV-2** (See Instructions) <input type="checkbox"/> Other Respiratory Virus: _____ <small>(will be sent to reference lab)</small>	
		BLOOD BANK	
		<input type="checkbox"/> ABO/Rh <input type="checkbox"/> Antenatal RhIG Work Up <input type="checkbox"/> Blood Bank Pre-Admission <input type="checkbox"/> Direct Antiglobulin Test (DAT) <input type="checkbox"/> Type & Screen  <small>* For a Type &amp; Screen, please put a blood bank wristband on the patient and transfer a blood bank ID sticker to the sample.</small>	
OTHER TESTS/SPECIAL INSTRUCTIONS:			
		**SARS CoV-2 Testing: <input type="checkbox"/> First Responder <input type="checkbox"/> Pre-procedural <input type="checkbox"/> Symptomatic	



# LABORATORY REQUISITION

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

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**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 Lab	Address	Phone Number	Fax Number	Hours of Operation
Adams	Gettysburg Hospital	147 Gettys St., Gettysburg	(717) 337-4120	(717) 337-4194	M-F 7a-8p; Sat 7a-12p; Sun Closed
	Adams Health Center	40 V-Twin Dr., Suite 109, Gettysburg	(717) 339-2605	(717) 339-2609	M-F 7a-4p; Sat-Sun Closed
	Aspers Health Center	2060 Carlisle Rd., Aspers	(717) 339-2577	(717) 677-4015	M-Th 7a-4:30p; Fri 7a-3:30p; Sat-Sun Closed
	East Berlin Health Center	105 Fourth St., East Berlin	(717) 812-7350	(717) 259-6057	M-F 7a - 3p; Sat-Sun Closed
	Fairfield Lab Services	4901A Fairfield Rd; Fairfield	(717) 642-8229	(717) 642-9632	M-F 7:30a-11:30a; Sat-Sun Closed
Franklin	Chambersburg Hospital	112 North 7 <sup>th</sup> Street, Chambersburg	(717) 267-7153	(717) 267-7574	M-F 6:30a-5p; Sat 6:30a-1230p; Sun Closed
	Greencastle Health Ctr.	24 Antrim Commons Dr, Greencastle	(717) 765-3403	(717) 765-3415	M-W-F 6:30a-2p; Sat-Sun Closed
	John L. Grove Med Ctr.	50 Eastern Ave, Greencastle	(717) 597-5537	(717) 597-5537	M-F 6a-2p; Sat-Sun Closed
	Mercersburg Health Ctr.	2 Keefer Dr., Mercersburg	(717) 328-2626	(717) 328-4322	M-F 6a-2p; Sat-Sun Closed
	Mont Alto Health Ctr.	6155 Anthony Highway, Waynesboro	(717) 765-3403	(717) 765-3415	M-F 6:30a-12p; Sat-Sun Closed
	Park Fifth Ave. Prof. Ctr.	761 5 <sup>th</sup> Ave., Chambersburg	(717) 267-0969	(717) 267-2378	M-F 6a-12:30p; Sat-Sun Closed
	Waynesboro Hospital	501 East Main St., Waynesboro	(717) 765-3403	(717) 765-3415	M-F 6a-6p; Sat 7a-2:30p; Sun Closed
	Walnut Bottom Road Health Ctr.	46 Walnut Bottom Rd., Shippensburg	(717) 530-5333	(717) 262-4563	M-F 6a-2p; Sat-Sun Closed
	WellSpan Hlth Ctr. Bldg. 2	12 St. Paul Drive, Chambersburg	(717) 217-6745	(717) 217-6920	M-F 6:30a-5p; Sat-Sun Closed
Lancaster	Community Health & Diagnostic Center	30 W. Swartzville Rd.; Reinholds	(717) 484-0526	(717) 484-1698	M-F 7a-3p; Sat - Sun Closed
	Community Svc. of Georgetown	1135 Georgetown Rd., Christiana	(717) 466-2460	(717) 806-3794	M-F 7a-3p; Sat-Sun Closed
	Cornerstone Center	6 W. Newport Rd. Lititz	(717) 625-4761	(717) 625-1441	M-F 7a-12p; Sat-Sun Closed
	Crossroads Ctr. for Health	4131 Oregon Pike Brownstown	(717) 859-9925	(717) 859-8785	M-F 7a-3p; Sat 7a-11a; Sun Closed
	Ephrata Diagnostic Ctr.	446 N. Reading Rd. Ephrata	(717)721-4303	(717) 738-6343	M-F 6a-7p; Sat 7a-12p; Sun Closed
	Garden Spot Village	435 S. Kinzer Ave., New Holland	(717) 721-4774	(717) 355-5375	M-F 7a-3p; Sat 7a-11a; Sun Closed
	Granite Run	268 Granite Run Dr., Lancaster	(717) 738-5635	(717) 721-5982	M-F 7a-12p; Sat-Sun Closed
Meadowbrook Ctr. for Health	337 W. Main St., Leola	(717) 656-7707	(717) 656-7747	M-F 7a-3p; Sat-Sun Closed	
Lebanon	Good Samaritan Hospital	Fourth & Walnut St. 1st Flr, Lebanon	(717) 270-7550	(717) 270-7954	M-F 7:30a-4p; Sat 7:30-12p; Sun Closed
	Lebanon Valley Med Plaza	1400 S. Forge Rd, Ste 2 Palmyra	(717) 832-0960	(717) 832-0971	M-F 7a-4:30p; Sat 8a-12p; Sun Closed
	Myerstown Lab Services	297 West Lincoln Ave. (Rt 422), Myerstown	(717) 866-9542	(717) 866-9454	M-F 8am-4pm, Sat-Sun closed
	Outpatient Radiology Ctr.	805 Helen Drive, Lebanon	(717) 273-9345	(717) 274-7518	M-F 6:30-6p; Sat-Sun closed
York	Apple Hill Lab Services	25 Monument Rd, Suite 198, York	(717) 741-8190	(717) 741-8059	M-F 6a-6p; Sat 7a-12p; Sun Closed
	Dover Health Center	4020 Carlisle Rd, Dover	(717) 851-6490	(717)812-5174	M,Tu,Th,F 6a-2p; W 6a-6p; Sat- Sun Closed
	Hanover Lab Services	1150 Carlisle St, Hanover	(877) 935-8430	(717) 633-7770	M-W,F 6a-2p; Th 6a- 6p; Sat - Sun Closed
	Hayshire Health Center	2775 N. George St., York	(717) 812-7300	(717) 846-5346	M,W,Th,F 6a-2p; Tu 6a-6p; Sat- Sun Closed
	Queensgate Lab Services	2015 Springwood Rd., York	(717) 851-2500	(717) 848-8767	M-F 6a-2p; Sat-Sun Closed
	Stonebridge Health Center	13515 Wolfe Rd. New Freedom	(717) 812-2520	(717) 812-2529	M,W,Th,F 6a-2p; Tu 6a-6p; Sat 7a-12p; Sun Closed
	Stony Brook Lab Services	4222 Lincoln Hwy., York	(717) 812-2900	(717) 812-2905	M,Tu,Th,F 6a-2p; W 6a-6p; Sat 7a-12p; Sun Closed
	Valley Green Lab Services	1790 Old Trail Rd., Suite E, Etters	(717) 938-3382	(717) 932-3441	M-F 6a-2p; Sat - Sun Closed
	WellSpan Health Surgery Center	1227 Baltimore St., Hanover	(717) 646-4206	(717) 646-4212	M,W,F 7a-5:30p, T,Th 7a-7:30p, Sat. 7a-1p
	WellSpan on Market	46 W. Market St., York	(717) 356-4440	(717) 356-4441	M-F 7a-3p; Sat-Sun closed
	Westgate Plaza	1550 Kenneth Rd., York	(717) 851-7020	(717) 764-2587	Tu-F 6a-2p, M 6a-6p; Sat 7a-12p; Sun Closed
	Windsor Health Center	3065 Windsor Rd., Red Lion	(717) 851-1765	(717) 851-1770	M,Tu,W,F 6a-2p; Th 6a-6p Sat 7a-12p; Sun Closed
	York Hospital	1001 S. George St. York	(717) 851-2547	(717) 851-2707	M-F 7:30a-4p; Sat - Sun Closed