



LABORATORY REQUISITION

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 _____			
				ICD-10 (Required) _____, _____, _____, _____			
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 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.			
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-Type Natriuretic Peptide (B-NP) <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"/> CBC <input type="checkbox"/> CBC w/diff ® <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"/> Ferritin <input type="checkbox"/> Folate Level <input type="checkbox"/> Follicle Stim Hormone (FSH) <input type="checkbox"/> GGT		<input type="checkbox"/> Glucose <input type="checkbox"/> Glucose, 1 hour (PGS) <input type="checkbox"/> Glucose, 2 hour <input type="checkbox"/> Glucose, 3 hour <input type="checkbox"/> HCG Quant <input type="checkbox"/> HCG Quant, Oncology <input type="checkbox"/> Hemoglobin A1C <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"/> HIV 1 RNA <input type="checkbox"/> HIV Ag/Ab Progressive <input type="checkbox"/> Immunoglobulin IgA, IgG, IgM <input type="checkbox"/> Iron <input type="checkbox"/> LDH <input type="checkbox"/> Lead <input type="checkbox"/> Lipase <input type="checkbox"/> Lipid <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"/> Parathyroid Hormone, Intact (PTH) <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"/> PSA, Annual Screen <input type="checkbox"/> PSA, Diagnostic <input type="checkbox"/> PSA, Free & Total <input type="checkbox"/> PT/INR		<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"/> TSH <input type="checkbox"/> TSH progressive ® <input type="checkbox"/> Uric Acid <input type="checkbox"/> Varicella zoster <input type="checkbox"/> Vitamin B12 <input type="checkbox"/> Vitamin D-25, total		Dose Amount: _____ Dose Date/Time: _____ <input type="checkbox"/> Carbamazepine <input type="checkbox"/> Digoxin <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 <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"/> 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"/> Urine Culture			
OTHER TESTS/SPECIAL INSTRUCTIONS:				RESPIRATORY VIRUS TESTING			
_____ _____ _____				<input type="checkbox"/> Influenza A, B, RSV <input type="checkbox"/> Respiratory Viral Panel <small>Incl: Adenovirus, B. parapertussis, B. pertussis, Coronavirus, C. pneumoniae, Flu A, Flu B, Metapneumovirus, M. pneumoniae, Para influ 1-4, Rhinovirus/ Enterovirus, RSV</small> <input type="checkbox"/> Other Respiratory Virus: _____ _____ (will be sent to reference lab)			
				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 <small>* For a Type & Screen, please put a blood bank wristband on the patient and transfer a blood bank ID sticker to the sample.</small>			



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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 for specific details on reflex tests.

WellSpan Laboratory Services Locations

ADAMS	Adams Health Center 40 V-Twin Dr., Suite 109 Gettysburg (717) 339-2605 M-F 7am-4pm; Sat-Sun Closed Fax: (717) 339-2609	Aspers Health Center 2060 Carlisle Rd. Aspers (717) 339-2577; M-Th 7am-4:30pm; Fri 7am-3:30pm; Sat-Sun Closed Fax: (717) 677-4015	East Berlin Health Center 105 Fourth St. East Berlin (717)812-7350; M-F 6am - 12pm; Sat-Sun Closed Fax: (717) 259-6057	Fairfield Lab Services 4901A Fairfield Rd; Fairfield; (717)642-8229; M-F 7:30am-11:30am; Sat-Sun Closed Fax: (717) 642-9632
	Gettysburg Hospital 147 Gettys St. Gettysburg (717) 337-4483; M-F 7am-8pm; Sat 7am-12pm; Sun Closed Fax: (717) 337-4194	Thurmont Lab Services 52 Water St. Thurmont MD (301)271-3535; M-F 7:30am- 11:30am; Sat-Sun Closed Fax: (301) 271-2650		
YORK	Apple Hill Lab Services 25 Monument Rd., Suite 198, York (717) 741-8190 M-F 6am-6pm; Sat 7am – 11am; Sun Closed Fax: (717) 741-8059	Hanover Lab Services 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	Hayshire Health Center 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	WellSpan on Market 46 W. Market St., York (717) 356-4440 Monday-Friday 7 am – 4pm; Sat 7am -11am; Sun closed Fax: (717) 356-4441
	Queensgate Lab Services 2015 Springwood Rd. York; (717) 851-2500 M-F 6am-2pm; Sat-Sun Closed Fax: (717) 848-8767	Stonebridge Health Center 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	Stony Brook Lab Services 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	Lab Services Valley Green 1790 Old Trail Rd., Suite E Etters, (717) 938-3382 Monday - Friday 6 am - 1 pm; Sat - Sun Closed Fax: (717) 932-3441
	WellSpan Health Surgery Center 1227 Baltimore St., Hanover (717) 646-4206; M,W,F 7:30am- 5:30pm, T,Th 7:30am-7:30pm, Sat. 7am-1pm Fax: (717) 646-4212	Lab Services Westgate Plaza 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	Windsor Health Center 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	York Hospital 1001 S. George St. York (717) 851-2547 M-F 7:30am-4pm Sat - Sun Closed Fax: (717) 851-2707
LANCASTER	Garden Spot Village 435 S. Kinzer Ave. New Holland (717) 721-4774 M-F 7am-3pm; Sat-Sun Closed Fax: (717) 355-5375	Granite Run 268 Granite Run Dr. Lancaster (717) 738-5635 M-F 7am-12pm; Sat-Sun Closed Fax: (717) 721-5982	Cornerstone Center 6 W. Newport Rd. Lititz (717) 625-4761 M-F 7am-12pm; Sat-Sun Closed Fax: (717) 625-1441	Crossroads Center for Health 4131 Oregon Pike Brownstown (717) 859-9925 M-F 7am-5pm; Sat 7am-11am; Sun Closed Fax: (717) 859-8785
	Community Health & Diagnostic Center 30 W. Swartzville Rd; Reinholds (717) 484-0526 M-F 7am-4pm; Sat 7am-11am; Sun Closed Fax: (717) 484-1698	Ephrata Diagnostic Center 446 N. Reading Rd. Ephrata (717)721-4303 M-F 6am-7pm; Sat 7am-12pm; Sun Closed Fax: (717) 738-6343	Community Svc of Georgetown 1135 Georgetown Rd. Christiana (717) 466-2460 M-F 7am-3pm; Sat-Sun Closed Fax: (717) 806-3794	Meadowbrook Ctr for Health 337 W. Main St. Leola, (717) 656-7707 M-F 7am-3pm; Sat 7 am - 11 am Sun Closed Fax: (717) 656-7747
LEBANON	Good Samaritan Hospital Fourth and Walnut St. 1st Floor (717) 270-7550 M-F 7:30a-4p; Sat 7:30-12p; Sun Closed Fax: (717) 270-7954	Lebanon Valley Medical Plaza 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	Myerstown Lab Services 297 West Lincoln Ave. (Rt 422), Myerstown (717) 866-9542 M-F 7am-5pm, Sat-Sun closed Fax: (717) 866-9454	Outpatient Radiology Center 805 Helen Drive Lebanon (717) 273-9345 M-F 6:30-6p; Sat-Sun Closed Fax: (717) 274-7518