



Laboratory Requisition

CLINICAL LABORATORY
 Phone: 530-626-2607
 www.marshallmedical.org/services/
 laboratory-services

Practice Name: _____

Address: _____

PATIENT INFORMATION

Patient Name (Last, First): _____ Date of Birth: ____/____/____

Address: _____ Phone: (____) _____ Gender: Male Female

Medical Record Number: _____ Collection Date: ____/____/____ Collection Time: _____ Priority: Stat Routine

Dx Description or ICD - Code (REQUIRED): _____ Bill To: Pt Self Pay Insurance Client (Client code: _____)

BILLING INFORMATION

Insurance: _____

Subscriber ID: _____ Group No.: _____

Address: _____

City/State/ZIP: _____

Phone: (____) _____ Subscriber DOB: _____

Subscriber Name/Rel.: _____

ORDERING PROVIDER

Ordering Provider Name & Credentials or NPI: _____

Phone: (____) _____

Fax: (____) _____

Clinician Signature (REQUIRED) _____ Date _____ Time _____

MEDICAL NECESSITY REGULATIONS: At the government's request, the Clinical Laboratories would like to remind all physicians that when ordering tests expected to be paid under federal health care programs, such as Medicare and Medicaid, the tests must meet the following conditions: (1) included as covered services, (2) reasonable, (3) medically necessary for the treatment and diagnosis of the patient and (4) not for screening purposes.

GENERAL

Albumin	Glucose, Gestational Screen (50g)
Albumin, 24-hour Urine	Glucose, Tolerance (75g)
Microalbumin/Creatinine, Random Urine	hCG, Serum Quantitative
ALP	Hepatic Function Panel
ALT	Insulin
Ammonia	Iron
Amylase	Iron Studies (Fe, TIBC, Transferrin, Ferritin, % Saturation)
Amylase/Creatinine Ratio	Lactic Acid
AST	LD
Basic Metabolic Panel	LH
Beta-HCG	Lipase
Bilirubin, Direct	Lipid Panel
Bilirubin, Total	Lithium
CA 125	Liver Panel
CA 15-3	Magnesium
CA 19-9	Magnesium, 24-hour Urine
Calcium	Microalbumin, 24-hour Urine
Calcium, 24-hour Urine	Phenobarbital
Calcium, Random Urine	Phosphorus
Carboxyhemoglobin (CO)	Phosphorus, 24-hour Urine
CEA	Potassium
Chem 14 Comprehensive Metabolic	Potassium, Random Urine
Chem 8 Basic Metabolic	Prealbumin
Cholesterol	Pro-BNP
HDL Cholesterol, Total	Progesterone
CK, Total	Prolactin
CK-MB	Protein
Complete Metabolic Panel	Protein, 24-hour Urine
Cortisol	Protein/Creatinine, Random Urine
Creatinine	PSA (Diagnosis Required)
Creatinine Clearance	PSA (Screening)
Creatinine, Random Urine	PSA Panel (Total/Free)
CRP (inflammation)	PTH, Intact w/Calcium
CRP, High Sensitivity	Renal Function Panel
Direct Bilirubin	Rheumatoid Factor
Electrolyte Panel	Rubella IgG (Immune Status)
Electrolytes, 24-Hr Urine (Na+, K+, Cl-)	Salicylate Sodium
Estradiol	Sodium, 24-hour Urine
Ethanol	Sodium, Random Urine
Ferritin	T3, Free
Folate	T3, Total
Folic Acid	T4, Free
Free T-4	Testosterone
FSH	Thyroid Panel
Gentamicin	Thyroid Panel (Free T4/TSH)
GGT	Peroxidase Antibody (TPO)
Glucose	
Glucose, Gestational Screen (100g)	

Transferrin
Triglyceride
Troponin
TSH
Urea Nitrogen (BUN)
Urea Nitrogen, Random Urine
Uric Acid
Uric Acid, 24-hour Urine
Uric Acid, Random Urine
Vitamin B12

HEMATOLOGY

A-PTT
CBC with Differential
CBC no Differential (Hemoglobin and Hematocrit)
D-Dimer
Fibrinogen
HGB A1C
Platelet Function Test
PT/INR
Reticulocyte Count
SED Rate (Westergren)

BLOOD BANK

ABO/RH Blood Type
Antibody Titer Alloantibody
Cord Blood Test
Direct Coombs Test (Poly)
Fetal Bleed Screen
Kleihauer-Betke Stain
Type and Screen

IMMUNOLOGY

ANA	Rapid Strep A Vaginitis Panel
Chlamydia DNA Probe	
Hepatitis A Antibody IgM	
Hepatitis B Surface AG	
Hepatitis Panel	
HIV	
HIV Screening	
H Pylori Breath Test Lyme	
IgM & IgG QuantiFERON	

THERAPEUTIC DRUG MONITORING

Dose Amount: _____	
Dose Date/Time: _____	
Carbamazepine (Tegretol)	Salicylates
Depakane (Valporic Acid)	Lithium
Digoxin	
Dilantin	

MICROBIOLOGY

C. Difficile Toxin
Coronavirus by PCR
Culture, Urine
Culture, Aerobic
Culture, Anaerobic
Culture, Blood
Culture, Group B Strep - OB
Culture, MRSA
Culture, Sputum
Culture, Stool
Culture, Strep Only (Throat)
Fat, Fecal Qual
FIT
Gastric Occult Blood
Giardia/Cryptosporidium by Immunoassay
Gram Stain
KOH Preparation
MRSA by PCR
Norovirus by PCR
Ova/Parasite Examination
Respiratory Virus Panel
Stool Occult Blood
Stool WBC (Lactoferrin)

Source: _____

URINE

Urinalysis w/ Culture, if indicated
Urinalysis, Complete (No Reflex Culture)
hCG, Urine Qual
24 Hr. Protein
Semen, Eval - Post Vasectomy
Source: _____
Catheterization
Clean Catch

OTHER TESTS/SPECIAL INSTRUCTIONS:



Outpatient Laboratory Hours

(as of 08/2023)

Location	Sunday	Monday - Friday	Saturday
Midtown Mall 530-622-1441	Closed	6 a.m. - 5 p.m.	Closed
Cameron Park 530-672-7071	Closed	6 a.m. - 5 p.m.	Closed
El Dorado Hills 530-344-5400	Closed	7 a.m. - 3 p.m.	Closed
Georgetown 530-333-2548	Closed	7:30 a.m. - 11:30 a.m.	Closed