



Laboratory Services
 200 High Park Avenue
 Goshen, Indiana 46526
 (574) 364-2609 or (574) 364-2710
 Appointment Date and Time: _____

Hours of Operation Monday - Friday 7 a.m. – 8 p.m.
 To Schedule Please Call (574) 364-2400
 Fax Order To (574) 364-2410

Request for Service

Patient Name _____ Date of Birth _____ Social Security # _____ Address _____ City _____ State _____ Zip _____ Telephone # _____ Primary Insurance _____ Primary Policy # _____ Group # _____ Secondary Insurance _____ Secondary Policy # _____ Group # _____	Ordering Physician Signature _____ Ordering Physician _____ <p style="text-align: center;">PHYSICIAN SIGNATURE IS REQUIRED</p> Primary Care Physician _____ Send Copy To _____ Fax Results To _____ Diagnosis #1 _____ ICD-10 Code _____ Diagnosis #2 _____ ICD-10 Code _____ Diagnosis #3 _____ ICD-10 Code _____ Diagnosis #4 _____ ICD-10 Code _____
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CHEMISTRY TEST PANELS		CHEMISTRY DRUG MONITORING		COAGULATION		FECES	
FASTING		CARBAMAZEPINE		PROTHROMBIN TIME		OCCULT BLOOD X _____	
NONFASTING		DIGOXIN *6 HRS AFTER MEDS		APTT		OVA & PARASITES X _____	
BASIC METABOLIC		LITHIUM		BLEEDING TIME		C DIFFICILE TOXIN	
COMPREHENSIVE METABOLIC		PHENOBARBITAL		OTHER _____		GIARDIA CRYPTO	
ELECTROLYTE		PHENYTOIN				STOOL CULTURE	
LIPID (HDL)		VALPROIC ACID				OTHER _____	
HEPATIC FUNCTION							
		CHEMISTRY MISCELLANEOUS		HEMATOLOGY		MICROBIOLOGY	
MAGNESIUM		A1C HGB		CBC W/DIFFERENTIAL		AFB CULTURE & SMEAR X _____	
OBSTETRIC PANEL		B12		CBC W/O DIFF		BLOOD CULTURE X _____	
VITAMIN D 25 HYDROXY		CA 125		HEMOGLOBIN		BODY FLUID CULTURE	
CHEMISTRY ROUTINE TESTS		CA 19-9		HEMATOCRIT		FUNGUS CULTURE	
AMYLASE		CA 27-29		SEDRATE		GENITAL CULTURE	
DIRECT BILIRUBIN		CEA		RETIC		G.C. CULTURE	
TOTAL BILIRUBIN		CHLAMYDIA ANTIGEN		SPERM COUNT		GRAM STAIN	
BUN		ESTRIOL		____ FERTILITY		HERPES CULTURE	
CALCIUM		FOLATE ____SERUM ____ RBC		____ STERILITY		MRSA CULTURE	
CARBON DIOXIDE		FSH		OTHER _____		PERTUSSIS	
CHLORIDE		HCG QUALITATIVE				CULTURE ____ PCR ____	
CHOLESTEROL, TOTAL		HCG QUANTITATIVE		SEROLOGY / BLOOD BANK		RSV ANTIGEN	
CREATININE		HEPBSAG		BLOOD TYPE		SOURCE _____	
CPK		HEPBSAG QUANTITATIVE		ANTIBODY SCREEN		SPUTUM CULTURE & GRAM STAIN	
GLUCOSE		HIV		MONO		STREP A CULTURE	
GLUCOSE TOLERANCE ____ HRS ____ OB		LH		RPR		STREP A ANTIGEN (FASTREP)	
2 HOUR INSULIN RESISTANCE		ALPHA-FETA PROTEIN		OTHER _____		STREP B CULTURE	
POTASSIUM		____ maternal ____ tumor marker		URINE		STREP B ANTIGEN (FASTB)	
SODIUM		PROLACTIN		CATH		THROAT CULTURE	
TRIGLYCERIDES		PSA ____screening ____diagnostic		CCMS		WOUND CULTURE	
____ AST ____ ALT		TESTOSTERONE		OTHER _____		SITE _____	
HEPATITIS ACUTE PANEL		____ TOT ____ FR & TOT		URINALYSIS		OTHER _____	
____ IRON ____ IRON/TIBC PANEL		FREE T3		____ run culture if WBC is >5			
LIPASE		T4		URINALYSIS w/o Micro			
OTHER _____		FREE T4		URINE CULTURE			
		TSH		24 HOUR URINE			
		OTHER _____		TEST _____			
				OTHER _____			

If an elevated total Bilirubin is obtained, a direct Bilirubin will be performed as a reflex test.