

STANDARD

STAT CALL REPORT _____ (AFTER HOURS NEED REPORT BY: PHONE) _____
 FAX REPORT _____ DATE _____ TIME _____



**PeaceHealth
Laboratories**

541-687-2134
800-826-3616
www.peacehealthlabs.org

PATIENT SERVICE CENTERS ON REVERSE

Place label here →
 PROBLEM
 INITIALS
 SOLVED
 RECEIVE
 PHLE
 SST
 RED
 LAV
 BLUE
 YELLO
 GREEN
 GREY
 SERUM
 PLASMA
 SLIDE
 URINE
 CULT
 MISC
 FZN
 (S)

LAST NAME	FIRST	MI
SEX	DOB	SSN
PATIENT PHONE	CHART # / PID #	<input type="checkbox"/> GENETIC OPT OUT
LAST NAME	FIRST	MI
MAILING ADDRESS	CITY	STATE
INSURANCE CO	CITY	STATE
MAILING ADDRESS	CITY	STATE
ID NO.	GROUP NO.	

Bill to: Insurance Medicare/Medicaid Patient Client/Office

LAB USE ONLY

104 121	<input type="checkbox"/> ABN no
106 123	<input type="checkbox"/> ABN encl
107 125	<input type="checkbox"/> Billing ckd
109 126	
111 129	
112 130	
113 131	<input type="checkbox"/> 95730 Venipuncture
115 132	<input type="checkbox"/> 95250 Handling
120 601	<input type="checkbox"/> 95170 Heel/Finger Stick <input type="checkbox"/> 95290 Handling/Venipuncture (study pts only)

SEND DUPLICATE REPORT TO: FULL NAME & ADDRESS _____

DUPLICATE REPORT TO PATIENT

DATE AND TIME COLLECTED _____

FASTING	HRS PP	URINE CATH/RAND	24HR VOL	START/END
MEDICATION		LAST DOSE		DATE AND TIME

Patient Instructions:

If this box is checked, you will need to fast for 8-12 hours prior to your blood draw. Avoid eating or drinking anything except water, including gum, hard candy and all other beverages.

Name Name Name Name

Additional Tests Area:

ICD-9	1.	2.	3.	4.
	Required			
	PANELS AND PROFILES (see reverse for components)		MICROBIOLOGY/VIROLOGY, cont.	
	<input type="radio"/> 59163 Allergy Profile, Respiratory		<input type="radio"/> 60845** MRSA Only, Culture	
	<input type="radio"/> 59166 Allergy Profile, Pediatric Progression		<input type="radio"/> 60850 Nasal Culture	
	<input type="radio"/> 10750 Arthritis Panel		<input type="radio"/> 67000 Ova & Parasites	
	<input type="radio"/> 31300 Basic Metabolic Panel		<input type="radio"/> 58466 Pertussis, Real-time PCR	
	<input type="radio"/> 41310 B12 & Folate (Protect From Light)		<input type="radio"/> 60870** Staph Screen (MSSA/MRSA)	
	<input type="radio"/> 57920 Celiac Disease Panel		<input type="radio"/> 61150 Stool Culture (Salm, Shig, Campy, & E.Coli O157)	
	<input type="radio"/> 30000 Comp Metabolic Panel		<input type="radio"/> 61350 Throat Culture	
	<input type="radio"/> 12500 Diabetes Wellness Assessment		<input type="radio"/> 61500 Urine Cult (☐ CCMS ☐ Cath)	
	<input type="radio"/> 31306 Hepatic Function Panel		<input type="radio"/> 60800** Vaginal/Cervical Culture	
	<input type="radio"/> 40780 Hepatitis Acute Panel		<input type="radio"/> 61652** Wound-Deep/Smear & Cult (Aerobic & Anaerobic)	
	<input type="radio"/> 40933* Hepatitis Acute Panel with Reflex		<input type="radio"/> 61650** Wound-Superficial/Smear & Cult (Aerobic Only)	
	<input type="radio"/> 40785 Hepatitis Comp A, B & C with Reflex			
	<input type="radio"/> 11550 Iron Deficiency Panel		ALPHABETICAL TEST LISTING	
	<input type="radio"/> 43540 Lipid Panel		<input type="radio"/> 50100 ABO Group (SSN)	
	<input type="radio"/> 43542* Lipid Panel (LDL, Direct If Ind.)		<input type="radio"/> 41150 AFP (tumor marker) (SSN)	
	<input type="radio"/> 43546* Lipid Panel, Advanced (LDL, Direct If Ind.)		<input type="radio"/> 30680 ALT (SGPT)	
	<input type="radio"/> 10901 Obstetric Panel with HIV		<input type="radio"/> 31710 Amylase	
	<input type="radio"/> 40580 Testosterone, Total and Free		<input type="radio"/> 69100 ANA (Antinuclear Ab)	
	<input type="radio"/> 40060 Thyroid Function Panel		<input type="radio"/> 50500 Antibody Screen (SSN)	
			<input type="radio"/> 30700 AST (SGOT)	
			<input type="radio"/> 41250 B12 (Protect From Light)	
			<input type="radio"/> 30650 Bilirubin, Direct (Protect From Light)	
			<input type="radio"/> 31379 BNP	
			<input type="radio"/> 30560 BUN	
			<input type="radio"/> 41050 CA 125 (SSN)	
			<input type="radio"/> 41060 CA 15.3 (SSN)	
			<input type="radio"/> 20150 CBC no Diff	
			<input type="radio"/> 20000 CBC with Auto Diff	
			<input type="radio"/> 20019 CBC with Manual Diff	
			<input type="radio"/> 41000 CEA (SSN)	
			<input type="radio"/> 30740 Cholesterol	
			<input type="radio"/> 43020 CK, Total	
			<input type="radio"/> 58200 C-Reactive Protein	
			<input type="radio"/> 43575 C-Reactive Protein, High Sensitivity	
			<input type="radio"/> 40350 Cortisol	
			<input type="radio"/> 30570 Creatinine	

REPORT COMMENTS	
<input type="radio"/> 32240 Creatinine Clearance (SSN) (ht _____ wt _____)	<input type="radio"/> 31740 Lipase
<input type="radio"/> 33060 Digoxin (Lanoxin)	<input type="radio"/> 33320 Lithium
<input type="radio"/> 33360 Dilantin (Phenytoin)	<input type="radio"/> 36327 MMA (Methylmalonic Acid)
<input type="radio"/> 50710 Direct Coombs (DAT)	<input type="radio"/> 31280 Magnesium
<input type="radio"/> 48011 Electrophoresis Serum	<input type="radio"/> 58550 Mononucleosis
<input type="radio"/> 48019* Electrophoresis Serum: Reflex to IFE	<input type="radio"/> 30620 Phosphorus
<input type="radio"/> 48311 Electrophoresis Urine	<input type="radio"/> 30520 Potassium
<input type="radio"/> 48319* Electrophoresis Urine: Reflex to IFE	<input type="radio"/> 41750 Progesterone
<input type="radio"/> 41600 Estradiol	<input type="radio"/> 40450 Prolactin
<input type="radio"/> 27282 Factor V Leiden	<input type="radio"/> 42150 PSA Diagnostic (SSN)
<input type="radio"/> 41350 Ferritin	<input type="radio"/> 41954 PSA Screening (SSN)
<input type="radio"/> 41300 Folate (Protect From Light)	<input type="radio"/> 42147 PSA, Free & Total (SSN)
<input type="radio"/> 40400 FSH	<input type="radio"/> 25000 Protifeme
<input type="radio"/> 30690 GGT	<input type="radio"/> 40570 PTH
<input type="radio"/> 31841 Glucose Tolerance, 2hr (ADA)	<input type="radio"/> 25100 PTT (Activated)
<input type="radio"/> 30820 Glucose, Fasting	<input type="radio"/> 21150 Reticulocyte Count
<input type="radio"/> 30830 Glucose, Gest DM Scr 1 hr	<input type="radio"/> 50200 Rh Type (SSN)
<input type="radio"/> 42550 Glycohemoglobin (A1C)	<input type="radio"/> 44480 Rheumatoid Factor
<input type="radio"/> 58320 H. Pylori IgG & IgA	<input type="radio"/> 58670 Rubella Ab Screen
<input type="radio"/> 58350 HCG, Qual, Serum (Pregnancy)	<input type="radio"/> 21050 Sed Rate, Westergren
<input type="radio"/> 41100 HCG Beta, Quant	<input type="radio"/> 29150 T Helper Cells (CD4)(SSN)
<input type="radio"/> 41110 HCG Beta Tumor Marker	<input type="radio"/> 40070 T3, Free (Triiodothyronine)
<input type="radio"/> 40738 HCV RNA, PCR Ultrasens	<input type="radio"/> 40000 T4 (Thyroxine)
<input type="radio"/> 40770 Hepatitis B Surface Ab	<input type="radio"/> 40050 T4, Free (Thyroxine, Free)
<input type="radio"/> 42120 Hepatitis B Surface Ag	<input type="radio"/> 33050 Tegretol (Carbamazepine)
<input type="radio"/> 40740 Hepatitis C Genotype	<input type="radio"/> 40550 Testosterone, Free
<input type="radio"/> 40710 Hepatitis C Virus Ab	<input type="radio"/> 58790 Treponema Ab, IgG
<input type="radio"/> 42000* HIV Ab Reflex to Western Blot)	<input type="radio"/> 30730 Triglycerides
<input type="radio"/> 42040 HIV-1 RNA PCR, Ultrasensitive	<input type="radio"/> 31370 Troponin I
<input type="radio"/> 43600 Homocysteine, Total	<input type="radio"/> 40250 TSH
<input type="radio"/> 30720 Iron	<input type="radio"/> 40249* TSH: Reflex to FT4
<input type="radio"/> 44210 Iron Binding Capacity, Total	<input type="radio"/> 24000* UA: Reflex to Microscopic
<input type="radio"/> 30710 LDH	<input type="radio"/> 11850* UA: Reflex to Microscopic & Culture
<input type="radio"/> 43572 LDL, Direct	<input type="radio"/> 24080 UA with Microscopic
<input type="radio"/> 43630 Lead, Quantitative	<input type="radio"/> 11800* UA with Microscopic: Reflex to Culture
<input type="radio"/> 40500 LH	<input type="radio"/> 30630 Uric Acid
	<input type="radio"/> 33460 Valproic Acid
	<input type="radio"/> 43370 Vitamin D,25-Hydroxy

Tests listed in Red may require Advance Beneficiary Notice signature, attached form SSN = Social Security Number Requested * = Reflex criteria on back ** = Source required LW 85069 (01/2010)

Panels and Profiles

- MEDICAL NECESSITY REQUIREMENT.** Each and every test within a panel or profile must be medically necessary for the treatment or diagnosis of the particular patient being tested or Medicare will not cover the tests.
- All test components within each panel or profile are available individually and should be ordered separately if the entire panel is not medically necessary.**

Allergy Profile, Respiratory, Western OR/WA (Age 3+) Unit code 59163 Aspergillus fumigatus Cockroach Nettles Sheep Sorrel Alder Tree (Grey) Cottonwood Tree Oak Tree Timothy Grass Alternaria alternata D. pteronyssinus Penicillium notatum Walnut Tree Ash Tree D. farinae Pigweed (Common) Western Juniper Tree Birch Tree Dog Dander Ragweed (Common) IgE Serum, Total Box Elder-Maple Tree Elm Tree Russian Thistle (Saltwort) Cat Dander Hormodendrum				Allergy Profile, Pediatric Progression (Age 3 mo-3 yrs) Unit code 59166 Alternaria alternata Fish-Cod Wheat Cat Dander Hormodendrum IgE Serum, Total Cockroach Milk (Cow) D. farinae Peanut D. pteronyssinus Shrimp Dog Dander Soybean Egg White Walnut		
Arthritis Panel Unit code 10750 ANA Rheumatoid Factor Sed Rate Uric Acid	Basic Metabolic Panel (AMA approved) Unit code 31300 BUN Glucose Calcium Potassium Chloride Sodium CO2 Creatinine	Celiac Disease Panel Unit code 57920 Endomysial (EMA IgA) Gliadin Peptide IgG and IgA Tissue transglutaminase IgA Total Serum IgA	Comprehensive Metabolic Panel (AMA approved) Unit code 30000 Albumin CO2 Alk Phos Creatinine ALT Glucose AST Globulin Bilirubin, Total Potassium BUN Protein, Total Calcium Sodium Chloride	Diabetes Wellness Assessment Unit code 12500 Comprehensive Metabolic Panel Glycohemoglobin (A1C) Lipid Panel Urine Albumin/Creatinine Ratio	Hepatic Function Panel (AMA approved) Unit code 31306 Albumin Bilirubin, Total Alk Phos Protein, Total ALT AST Bilirubin, Direct	Iron Deficiency Panel Unit code 11550 Ferritin Iron Iron Binding Capacity, Total (TIBC)
Hepatitis Acute Panel (AMA approved) Unit code Unit Code 40780 40933 anti-HAV IgM (tests in left column plus reflex) anti-HBc IgM anti-HBe HBsAg anti-HCV HBeAg	Hepatitis Comp A,B&C Panel Unit code 40785 anti-HAV total (reflex tests if indicated) anti-HBc total anti-HAV IgM anti-HBs anti-HBc IgM anti-HCV anti-HBe, HbsAg HBeAg	Lipid Panel (AMA approved) Unit code Unit code 43540 43542 Cholesterol (tests in left column plus HDL LDL, Direct if indicated) LDL Triglycerides	Lipid Panel, Advanced Unit code 43546 Cholesterol C-Reactive Protein, High Sensitivity HDL LDL Triglycerides LDL, Direct (if indicated) Relative Risk for future Coronary Event	Obstetric Panel w/HIV Unit code 10901 ABO HIV Antibody Rh Screen Rubella CBC with Diff Treponema HBsAg	Thyroid Function Panel Unit code 40060 Free T4 TSH	

Reflex Testing Criteria

Electrophoresis, serum or urine; Reflex to IFE An IFE is added if electrophoresis results are indicative of the presence of a paraprotein.

Hepatitis Reflex Testing

If an initial test is positive, further testing may be required to obtain a definitive diagnosis. A detailed table describing possible reflex tests may be found in the User Guide or by calling Client Services.

HIV Ab: Reflex to Western Blot. Western Blot confirmation is added if the screening test is repeatedly reactive.

Lipid Panel w/LDL, Direct if indicated. A measured LDL is added if the triglyceride level is 400 mg/dl or greater.

Lipid Panel Advanced includes C-Reactive protein (High Sensitivity) and Relative Risk calculation for future coronary event. A measured LDL is added if the triglyceride level is 400 mg/dl or greater.

TSH: Reflex to FT4. Abnormal TSH (high or low) will reflex to a Free T4.

UA with Microscopic: Reflex to Culture. Microscopic exam is added if turbidity, protein, blood, leukocyte esterase or nitrates present. A culture is added if WBC > 5/HPF and/or leukocyte esterase positive and/or nitrite positive.

Patient Service Centers (Call or visit www.peacehealthlabs.org/locations for hours and maps)

EUGENE

Barger – PeaceHealth Medical Group
 4010 Aerial Way ph. 541-242-8390
 Eugene, OR 97402 fax 541-242-8392

Coburg Road Professional Center
 1755 Coburg Rd. Bldg. 1 ph. 541-484-6215
 Eugene, OR 97401 fax 541-684-8210

Downtown – PeaceHealth Medical Group
 1162 Willamette, 2nd Floor ph. 541-687-6084
 Eugene, OR 97401 fax 541-302-4681

Santa Clara – Medical Clinic
 217 Division Ave., Suite A ph. 541-463-0543
 Eugene, OR 97404 fax 541-463-0545

South – PeaceHealth Medical Group
 3299 Hilyard St. ph. 541-349-7122
 Eugene, OR 97405 fax 541-349-7133

SPRINGFIELD

McKenzie Medical Center
 960 North 16th St., Suite 211 ph. 541-341-8046
 Springfield, OR 97477 fax 541-984-8214

Northwest Specialty Clinics
 3355 RiverBend Dr., Suite 450 ph. 541-222-1810
 Springfield, OR 97477 fax 541-222-7576

RiverBend Pavilion
 3377 RiverBend Dr., First Floor ph. 541-222-8203
 Springfield, OR 97477 fax 541-222-6062

FLORENCE

Peace Harbor Hospital
 396 Ninth Street ph. 541-902-6077
 Florence, OR 97439 fax 541-997-7380

JUNCTION CITY

Junction City Medical Clinic
 355 West Third Avenue ph. 541-222-7570
 Junction City, OR 97448

ROSEBURG

Chapman Centre
 2510 NW Edenbower Blvd., ph. 541-672-1650
 Suite 146 fax 541-672-0395
 Roseburg, OR 97471

SUTHERLIN

Umpqua Regional Medical Center
 123 Ponderosa Drive, Suite 102 ph. 541-459-4005
 Sutherlin, OR 97479 fax 541-459-4106

WEST LINN

The Handris Building
 2008 Willamette Falls Dr 100A ph. 503-557-0115
 West Linn, OR 97068 fax 503-557-0116



Patient Name: _____

Identification Number: _____

ADVANCE BENEFICIARY NOTICE OF NONCOVERAGE (ABN)

NOTE: If Medicare doesn't pay for items checked or listed in the box below, you may have to pay. Medicare does not pay for everything, even some care that you or your health care provider have good reason to think you need. We expect Medicare may not pay for the items listed or checked in the box below.

Laboratory Test(s):	<input type="checkbox"/> AFP (tumor marker)	<input type="checkbox"/> Glucose Testing	<input type="checkbox"/> Glycohemoglobin A1C	_____
	<input type="checkbox"/> Blood Counts (CBC, Hemoglobin, Platelet Ct)	<input type="checkbox"/> HCG (Quant)	<input type="checkbox"/> Glycated Protein	_____
	<input type="checkbox"/> CA 125	<input type="checkbox"/> Hepatitis Panel, Acute	<input type="checkbox"/> Ferritin	_____
	<input type="checkbox"/> CA 15-3 or 27-29	<input type="checkbox"/> HIV, diagnosis and prognosis		_____
	<input type="checkbox"/> CA 19-9	<input type="checkbox"/> Iron, TIBC		
	<input type="checkbox"/> CEA	<input type="checkbox"/> Lipid Testing (Cholesterol, Triglycerides, HDL, LDL, Coronary Risk)		
	<input type="checkbox"/> Collagen Cross Links (Pyridium)	<input type="checkbox"/> Partial Thromboplastin Time (PTT)		
	<input type="checkbox"/> Cytogenetics Testing	<input type="checkbox"/> PSA Testing (free and total)		
	<input type="checkbox"/> Digoxin (Lanoxin)	<input type="checkbox"/> Prothrombin Time (PT)		
	<input type="checkbox"/> GGT	<input type="checkbox"/> Thyroid Testing (T3, T4, TSH, Free T4, T3U)		
		<input type="checkbox"/> Urine Bacterial Culture (Urine Culture, Sensitivities)		
Reason Medicare May Not Pay:	Medicare does not pay for this test for this condition	Medicare does not pay for this test this often	Medicare does not pay for research or investigational tests	
Estimated Cost:	\$ _____	\$ _____	\$ _____	\$ _____

WHAT YOU NEED TO DO NOW:

- Read this notice, so you can make an informed decision about your care.
- Ask us any questions that you may have after you finish reading.
- Choose an option below about whether to receive the checked items listed in the first box above.

Note: If you choose Option 1 or 2, we may help you to use any other insurance that you might have, but Medicare cannot require us to do this.

Options:	Check only one box. We cannot choose a box for you.
<input type="checkbox"/>	OPTION 1. I want the Laboratory Tests listed above. You may ask to be paid now, but I also want Medicare billed for an official decision on payment, which is sent to me on a Medicare Summary Notice (MSN). I understand that if Medicare doesn't pay, I am responsible for payment, but I can appeal to Medicare by following the directions on the MSN. If Medicare does pay, you will refund any payments I made to you, less co-pays or deductibles.
<input type="checkbox"/>	OPTION 2. I want the Laboratory Tests listed above, but do not bill Medicare. You may ask to be paid now as I am responsible for payment. I cannot appeal if Medicare is not billed.
<input type="checkbox"/>	OPTION 3. I do not want the Laboratory Tests listed above. I understand with this choice I am not responsible for payment , and I cannot appeal to see if Medicare would pay.

Additional Information:

This notice gives our opinion, not an official Medicare decision. If you have other questions on this notice or Medicare billing, call **1-800-MEDICARE** (1-800-633-4227/**TTY:** 1-877-486-2048).

Signing below means that you have received and understand this notice. You also receive a copy.

Signature: _____	Date: _____
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According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0566. The time required to complete this information collection is estimated to average 7 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Baltimore, Maryland, 21244-1850