CONWAY REGIONAL LABORATORY SERVICES
2302 College, Ave Conway, AR 72034
Phone: 501-513-5752 Fax: 501-513-5535

PATIENT INFORMATION

LAST NAME | FIRST NAME | MI

DATE OF BIRTH | AGE | SEX

ADDRESS

CITY | STATE | ZIP | PHONE NUMBER

REFERRING INSTITUTION NAME AND ADDRESS

REFERRING PROVIDER

SPECIMEN

COLLECTED BY:

DATE: | **TIME:**

SPECIMEN TYPE:

DIAGNOSIS

Do any of the tests ordered require an ABN? _____

BILLING INFORMATION

Please include a copy of the patient's insurance card

☐ CLIENT BILL ☐ INSURANCE ☐ MEDICARE ☐ MEDICAID

MEDICARE NUMBER

MEDICAID NUMBER | STATE | PCP

GROUP NUMBER | MEMBER NUMBER

INSURANCE NAME

INSURANCE ADDRESS | CITY | STATE | ZIP

GROUP NUMBER | MEMBER NUMBER

PRIMARY SUBSCRIBER | RELATIONSHIP TO INSURED

☐ DEPENDANT ☐ SPOUSE ☐ SELF

When ordering clinical laboratory tests, the provider is required to make an independent medical necessity decision with regard to each test the laboratory will bill. Specific ICD-10 codes are required in order to be approved for payment. The ICD-10(s) listed by the provider must be supported in the patient's medical record. Medicare and other insurers may not pay for screening tests. If a specific test is not supported by documentation in the medical record or is clearly for screening purposes, the test must be designated as a screening test and must be accompanied by a signed ABN.

CHEMISTRY

____	Albumin	ALB
____	Alkaline Phos	ALKPH
____	ALT	ALT
____	Amylase	AMY
____	AST	AST
____	Bilirubin, Direct	BILIDIRECT
____	Bilirubin, Total	BILITOTAL
____	Pro-BNP	BNP
____	BUN	BUN
____	CA 125	CA125
____	CA 19.9	CA19 9
____	Calcium	CA
____	Carbon Dioxide	CO2
____	CEA	CEA
____	Chloride	CL
____	Cholesterol	CHOL
____	CK	CK
____	hsCRP	CRPHS
____	Creatinine	CREA OUTREACH
____	Digoxin	DIGOX
____	Ferritin	FER
____	Folic Acid	FOLBA
____	Free T3	T3
____	Free T4	T4
____	GGT	GGT
____	Glucose	GLU
____	HDL Cholesterol	HDLD
____	Hgb A1C	A1C
____	Ionized Calcium	ICA
____	Iron	FE
____	LDH	LDH
____	Lipase	LIPA
____	Lithium	LI

CHEMISTRY

____	Magnesium	MG
____	Microalbumin	UR MICROALB
____	Phosphorus	PHOS
____	Potassium	K
____	Prealbumin	PREALB
____	PSA (Diagnostic)	PSA
____	PSA (Screen)	PSASCREEN
____	PTH Intact	IPTH
____	Quantitative hCG	HCGQ
____	Sodium	NA
____	Total T4	T4
____	Testosterone, Total	TEST
____	Total Protein	TP
____	Total T3	T3
____	Transferrin	TRF
____	Triglyceride	TRIG
____	Troponin	TNT
____	TSH	TSH
____	Uric Acid	URIC
____	Valproic Acid	VAL
____	Vancomycin	VANR
____	Vit D 25 Hydroxy	VITD
____	Vitamin B-12	B12

CHEMISTRY PANELS

____	Basic Panel	BMP.OUTREACH
____	Comp Panel	CMPOUTREACH
____	Electrolytes	LYT
____	Hepatic Panel	LIVER
____	Hepatitis Panel	HEP PROF
____	Lipid Panel	LIPIDOUTREACH
____	Renal Panel	RENAL
____	TIBC Profile	FETIBC

HEMATOLOGY

____	CBC	CBC
____	CBC with Diff	CBCD
____	Hemoglobin	HGB
____	Hematocrit	HCT
____	ESR	ESR
____	Platelet	PLT
____	Retic	RETIC
____	Path Slide Review	PATH SLIDE

MOLECULAR

____	Strep A	STRPA
____	C.Diff*	CDIFFM
____	BioFire GI Panel	GIPANEL
____	BioFire Resp Panel	RVP
____	Covid	SARSCOV2F
____	Flu/RSV/Covid	FRVP
____	Chlamydia/Gonorrh	CTNG
____	Trichomonas	TV

MICROBIOLOGY

____ Culture, Aerobic*

Source: _____

____ Culture, Anaerobic*

Source: _____

____	Culture, Fungal*	FUNGAL
____	Culture, Stool*	CULTSTOUTREACH
____	Culture, Urine*	CULTU
____	Culture, Blood*	CULTBLD
____	Ova & Parasite*	OP

SEROLOGY

____	HIV Ab/Ag*	HIV DUO
____	H. Pylori, Serum	HPYLORI
____	H. Pylori, Stool	HPYLORI AG
____	Pregnancy Serum	PREGS
____	Pregnancy Urine	PREGU
____	RA Factor	RF
____	Treponemal Ab*	TPPA

URINALYSIS

____	UA w/ Microscopic	UAMICRO
____	Urine Protein	UTPC
____	Urine Creatinine	UCREA
____	24H Creat Clearance	CRCL24
	Requires a serum specimen	
____	Urine Drug Screen	DS10
	For medical purposes only	
____	Prot/Creat Ratio	PROTCREAT

COAGULATION

____	PT/INR	PT INR
____	APTT	PTT
____	D-DIMER	DDIMER
____	Fibrinogen	FIB

MISCELLANEOUS

See reverse for panel components and information regarding reflex and confirmation testing.

Ordering Provider Signature

Order Date

PANEL COMPONENTS

COMP PANEL
- Albumin
- Alkaline Phos
- ALT
- AST
- BUN
- Bili, Total
- Calcium
- Chloride
- Carbon Dioxide
- Creatinine
- Glucose
- Potassium
- Sodium
- Total Protein

BASIC PANEL
- BUN
- Calcium
- Chloride
- Carbon Dioxide
- Creatinine
- Glucose
- Potassium
- Sodium

LIPID PANEL
- Cholesterol
- Triglyceride
- LDL
- HDL

ELECTROLYTES
- Potassium
- Sodium
- Chloride

HEPATITIS PANEL
- Hep A Ab
- Heb B core Ab
- Heb B surface Ab
- Heb B Surface Ag
- Hep C Ab

TIBC PANEL
- Iron
- TIBC
- UIBC
- Iron Saturation

HEPATIC PANEL
- Albumin
- Alkaline Phos
- ALT
- AST
- Bili, Total

RENAL PANEL
- BUN
- Creatinine
- Sodium
- Potassium
- Calcium
- Albumin
- Phosphorus

Tests noted with an asterisk may include reflex or confirmation testing. Reflexed tests will incur an additional charge. If reflex testing is not desired, please note when ordering tests.

- Microbiology Cultures: ID and sensitivity will be ordered by reflex if a microbiology culture meets positive criteria.
- HIV Ab/Ag: Positive HIV screen will be sent to our reference lab for confirmation
- Molecular C. diff: A C.diff toxin will be ordered by reflex on all molecular C.diff positive tests
- Treponemal Ab: Positive tests will reflex to RPR for confirmation

Conway Regional Patient Portal

The Conway Regional Patient Portal allows you to be actively involved in your health care by providing a confidential, web-based tool and mobile app for accessing information regarding your appointments and health records with Conway Regional.

Download the mobile app:
MEDITECH MHealth

Download on the App Store | GET IT ON Google Play

Scan the QR code or visit crhs.healthcare/patientportallogin to create your profile