



Garden City Hospital

CLINICAL LABORATORIES

(734) 458-4451

6245 N. INKSTER RD.
GARDEN CITY, MI 48135

PATIENT'S NAME LAST		FIRST	
SEX	BIRTHDATE	PHONE	SOCIAL SECURITY #
M	F		
ADDRESS			INIT.
CITY		STATE	ZIP
INSURANCE NAME			
INSURANCE ADDRESS (IF COMMERCIAL CARRIER)			
CONTRACT # / CLAIM #		GROUP #	
SUBSCRIBER OR RESPONSIBLE PARTY IF NOT SELF		RELATIONSHIP CODE SUBS. SPOUSE DEP	

SPECIMEN OBTAINED:		
Date:	Time:	Collector's Name:
ACCT #	DATE	PHYS./LOCATION
MED REC #	CALL	FAX
FAX	FAX	

ICD-10-CM DIAGNOSIS CODES ARE REQUIRED FOR BILLING

R10.9 <input type="checkbox"/> Abdominal Pain	I50.9 <input type="checkbox"/> CHF	E87.8 <input type="checkbox"/> Electrolyte Imbal.	B02.9 <input type="checkbox"/> Herpes Zoster	R17 <input type="checkbox"/> Jaundice	K85.9 <input type="checkbox"/> Pancreatitis Acute	J02.9 <input type="checkbox"/> Sore Throat
N91.2 <input type="checkbox"/> Amenorrhea	K74.69 <input type="checkbox"/> Cirrhosis	N80.9 <input type="checkbox"/> Endometriosis	E34.9 <input type="checkbox"/> Hormone Imbal.	M25.50 <input type="checkbox"/> Joint Pain	K27.9 <input type="checkbox"/> Peptic Ulcer Disease	I67.89 <input type="checkbox"/> Stroke
D64.9 <input type="checkbox"/> Anemia	H10.0 <input type="checkbox"/> Conjunctivitis	R53.83 <input type="checkbox"/> Fatigue	E78.0 <input type="checkbox"/> Hypercholesterolemia	N15.9 <input type="checkbox"/> Kidney Infection	N73.9 <input type="checkbox"/> PID	J06.9 <input type="checkbox"/> URI
D57.1 <input type="checkbox"/> Anemia-Sickle Cell	K59.00 <input type="checkbox"/> Constipation	R50.9 <input type="checkbox"/> Fever	E78.5 <input type="checkbox"/> Hyperlipidemia	E83.81 <input type="checkbox"/> Lipoprotein Deficiency	J18.9 <input type="checkbox"/> Pneumonia	N39.0 <input type="checkbox"/> Urinary Tract Infect.
I49.9 <input type="checkbox"/> Arrhythmia. Cardiac	J44.9 <input type="checkbox"/> COPD	K52.9 <input type="checkbox"/> Gastroenteritis	E21.3 <input type="checkbox"/> Hyperthyroidism	M32.10 <input type="checkbox"/> Lupus	O75.9 <input type="checkbox"/> Pregnancy	N76.0 <input type="checkbox"/> Vaginitis
M12.9 <input type="checkbox"/> Arthritis	N30.91 <input type="checkbox"/> Cystitis	E04.0 <input type="checkbox"/> Goiter	I10 <input type="checkbox"/> Hypertension	R59.9 <input type="checkbox"/> Lymphadenopathy	C61 <input type="checkbox"/> Prostate Ca. Confirm	A64 <input type="checkbox"/> Venereal Disease
I25.10 <input type="checkbox"/> ASCVD	L25.9 <input type="checkbox"/> Dermatitis	M10.9 <input type="checkbox"/> Gout	E05.90 <input type="checkbox"/> Hypertension	N95.9 <input type="checkbox"/> Menopausal Disorder	K62.5 <input type="checkbox"/> Rectal Bleeding	R42 <input type="checkbox"/> Vertigo
I25.10 <input type="checkbox"/> ASHD	E11.9 <input type="checkbox"/> Diabetes	R51 <input type="checkbox"/> Headache	E16.2 <input type="checkbox"/> Hypoglycemia	B27.90 <input type="checkbox"/> Mononucleosis	N28.9 <input type="checkbox"/> Renal Disease	R14.1 <input type="checkbox"/> Vomiting
C50.919 <input type="checkbox"/> Breast Ca.	R19.7 <input type="checkbox"/> Diarrhea	I50.9 <input type="checkbox"/> Heart Failure	E03.9 <input type="checkbox"/> Hypothyroidism	I21.3 <input type="checkbox"/> Myocardial Infarction	M06.9 <input type="checkbox"/> Rheumatoid Arthritis	
N72 <input type="checkbox"/> Cervicitis	R42 <input type="checkbox"/> Dizziness	K71.6 <input type="checkbox"/> Hepatitis	J11.1 <input type="checkbox"/> Influenza	H66.90 <input type="checkbox"/> Otitis Media	R56.9 <input type="checkbox"/> Seizure	
R07.9 <input type="checkbox"/> Chest Pain	R60.1 <input type="checkbox"/> Edema	B00.9 <input type="checkbox"/> Herpes Simplex	D50.9 <input type="checkbox"/> Iron Deficiency	C56.9 <input type="checkbox"/> Ovarian Ca.	J32.9 <input type="checkbox"/> Sinusitis	

Please fill in "Other" line with appropriate ICD-10 code and description if not listed above.
Other

SPECIMEN/TUBE	B - Blue	G - Gray	L - Lavender	SST - Serum Separator	U - Urine	F - Frozen	*Separate Serum from Cells. Send both.
LG - Light Green	GR - Green	DB - Dark Blue	DBE - Dark Blue(EDTA)	R - Plain Red	STL - Stool	PI - Pink	**Separate Plasma into Plastic Vial-Submit Within 4 Hours

INDIVIDUAL TESTS

O - Do not open N - Do not spin

✓ CHEMISTRY	Tubes	✓ CHEMISTRY	Tubes	✓ CHEMISTRY	Tubes	✓ HEMATOLOGY	Tubes	✓ PROFILE	Tubes
Albumin	1SST	GGT	1SST	Pros. Spec. Ag. Screen (REFRIG)	1SST	CBC	1L	Basic Metabolic Panel (CO ₂ , Cl, CREAT, GLUC, K+, Na, BUN, CA)	1 SST
Alcohol	1GR	Globulin	1SST	Protein Electrophoresis	1SSTR	CBC & DIFF.	1L	Comprehensive Metabolic Panel (Alb, Bilirubin Total, Ca, Cl, Creat, Gluc, Alk Phos, K, Protein, Na, AST, BUN, CO ₂ , ALT)	1 SST
Aldosterone	1SSTR	Glucose Fasting	1SST	Protein, Total	1SST	Eosinophil Count	1L		
Alkaline Phos.	1SST	Glucose 2hr.	1G	RA	1SSTR	Prothrombin Time**	1B	Electrolytes (Na, K, Chloride, CO ₂ , A GAP)	1 SST
Alk. Phos. Isoenzymes	1SSTR	Glucose Random	1SST	Sodium	1SST	PTT**	1B		
Alpha-1-Antitrypsin	1SSTR	Glucose Tol. ____ hr.	1G ea.	Smooth Muscle Antibody	1SSTR	Reticulocytes	1L	Lipid Panel (Chol, Trig, HDL, LDL)	1 SST
Alpha-Feto Protein	1SSTR	Haptoglobin	1SSTR	AST (SGOT)	1SST	Sed. Rate (ESR)	1L		
Amylase	1SST	HCG-Serum	1SST	ALT (SGPT)	1SST	Sickle Cell	1L	Renal Function Panel (Na, K, Cl, CO ₂ , BUN, Creat, Alb, Phos, CA, GLU)	1 SST
Anti-Mitochondrial Ab.	1SST	HgbA1C (glycohemoglobin)	1L	TBG	1SSTR	Synovial Fluid	1L, 1SST		
Bilirubin, Total	1SST	Hemoglob. Electrophoresis	1LN	T3, U.	1SST	Post Vas. only	contact lab	Torch Panel (Toxo IgG, RubTiter, CMV IGG, Hep AB Ig)	1 SSTR
Bilirubin, Direct	1SST	Hepatitis A Antibody	1SSTR	T4	1SST				
BNP	1LG	Hep B SUR AB	1SST	T4, Free	1SST			Hepatic Function Panel (Bili T, Bili D, AST, ALT, ALB, Alk Phos, Protein)	1 SST
BUN	1SST	Hepatitis B SUR Ag	1SSTR	T3, Free	1SST				
C3 Complement	1SSTR	Hepatitis C Ab	1SSTR	T7	1SST	MICRO/SEROLOGY		Acute Hepatitis Panel (Hep A IgM, HBSAG, Hep B CoreM, Hep C AB)	2 SST
C4 Complement	1SSTR	Hum. Grw. Horm.	1SSTR	Tegretol	1SST	ANA	1SST		
Complement Total (Freeze Serum)	1SSTF	IgA	1SSTR	Testosterone	1SST	ASOT	1SSTR	BLOOD BANK	1PI
CEA	1SST	IgD	1SSTR	Theophylline	1SST	ASO Titer	1SSTR		
Calcium	1SST	IgE	1SSTR	Transferrin	1SSTR	CMV	1SSTR	ABO Group & Rh	1PI
Chloride	1SST	IgG	1SSTR	Triglycerides	1SST	Epstein Barr	1SSTR		
Cholesterol, Total	1SST	IgM	1SSTR	TSH	1SST	Strep A Culture	contact lab	Antibody Screen	1PI
Cortisol	1SST	Insulin	1SSTR	Uric Acid	1SST	Strep B Culture	contact lab		
CO ₂	1SST	Iron Studies (FE, TIBC, UBC, % SAT)	1SST	Valproic Acid	1SST	MONO	1SST	Coombs, Direct	1PI
CPK, TOTAL	1SST	LDH, Total (Room Temp.)	1SST	Vitamin B-12	1SST	RPR (Syphilis)	1SST		
CPK Isoenzymes (Freeze Serum)	1R	LDH Iso. (Room Temp.)	1SST	Vitamin D Hydroxy	1SST	Culture + Sensitivity		Cold Agglutinin (Room Temp)	1R*
CRP	1SST	LH (Luten. Horm.)	1SST	URINE/STOOL		Urine Culture	U		
HS-CRP	1SST	Lead	1DBEN	Urine Drug Screen 7 panel	30ml U	NOTE SOURCE:		Rhogram	1PI
Creatinine	1SST	Lipase	1SST	Urine Drug Screen 10 panel	30ml U				
Digoxin	1SST	Lipoprot. Electrophoresis	1SSTR	UCG, Urine (Preg.)	U	Currently Taken Antibiotics:		ADDITIONAL TESTS	
Dilantin Free	1R	Lithium	1SST	U MIC AL R	U				
Dilantin (Phenytoin)	1SST	Magnesium	1SST	Urinalysis	U	GC Culture	contact lab	Toxoplasmosis	1SST
Estradiol	1SSTR	Phenobarbital	1SST	CDT	STL	Chlamydia RNA Probe	contact lab		
Estrogen, Total	1SSTR	Phosphorus	1SST	Fecal WBC	STL	GC RNA Probe	contact lab	Trichomonas RNA Probe	contact lab
Ferritin	1SST	Potassium	1SST	Fecal Occult Blood	STL	Rubella-Titer	1SST		
Folic Acid Serum (REFRIG)	1SST	Prolactin	1SSTR	Ova & Parasite	STL	HIV	1SST		
Folic Acid RBC	1L	Pros. Spec. Ag	1SST						
FSH	1SST								