**Legacy Laboratory Services**

503-413-1234
877-270-5566
360-487-1234
503-413-5048 fx

SPECIMEN COLLECTED
DATE:
TIME:
BY:
(Red Indicates Required)

Last ____ Last ____ Last ____
First ____ First ____ First ____
Last ____ Last ____ Last ____
First ____ First ____ First ____

**ICD-9 / DX CODE (REQUIRED)**
1._____ 2._____ 3._____ 4._____

**SEND BILL TO (REQUIRED)**
( ___ CLINIC) ( ___ PATIENT/INS.)

DUPLICATE REPORT TO: (PROVIDER'S FULL NAME & ADDRESS)

PATIENT'S LEGAL NAME (LAST, FIRST, MI) | PREVIOUS NAME

PATIENT'S SOCIAL SECURITY NUMBER ___ ___ ___ - ___ ___ - ___ ___ ___ ___ | SEX | DATE OF BIRTH

MAILING ADDRESS (REQUIRED FOR INSURANCE & PATIENT BILLING)

CITY/STATE | ZIP | PATIENT PHONE NO. ( )

INSURANCE CO. NAME & ADDRESS (OR ATTACH COPY OF CARD):

INSURANCE ID NO. | GROUP NO.

MEDICAID / OMAP I.D. NO. | MEDICARE NO. & LETTER
☐ ABN SIGNED (PLEASE ATTACH) ☐ MSP (PLEASE ATTACH)

☐ FAX RESULTS (To comply with HIPAA, results will only be faxed to the designated number on file at Legacy Laboratory).
☐ STAT (IF STAT, PLACE STICKER ON OUTSIDE OF SPECIMEN BAG)
☐ PHONE RESULTS ( _____ ) _____

| SS SST TUBE | L LAVENDER | U URINE | B BLUE | R RED | GY GRAY | GN GREEN | S SERUM | P PLASMA | ROYAL BLUE |
|---|---|---|---|---|---|---|---|---|---|
| C CULTURE | Y YELLOW | F FROZEN | LCX | MISC | | | | | |

☐ COPIED INS CARD ☐ PAYMENT REC'D
LEGACY LABORATORY USE ONLY
REC'D BY | ROE | AUDIT | EDIT

LAST DOSE: DATE _____ TIME _____
FASTING HRS _____
URINE ☐ RANDOM ☐ TIMED HRS _____ MLS _____

CHARTABLE COMMENT/CHART#:

## GYNECOLOGIC CYTOLOGY

☐ Conventional Smear ☐ Liquid-based Thin Prep ☐ Liquid-based SurePath
Reason: ☐ Diagnostic ☐ Routine ☐ Cervical ☐ Vaginal

LMP or #Yrs PMP: _____
☐ Hx Abn Pap (date & dx:) _____
☐ Hx Positive HPV test (date:)_____
☐ Hysterectomy (☐ cervix intact) ☐ HRT
☐ Pregnant ___ wks ☐ BCP ☐ IUD
☐ Post partum ___ wks ☐ Abn bleeding
Other Info:

**HPV Test Options:**
☐ HPV High Risk & Liquid-based Pap (ASCUS Dx only)
☐ HPV High Risk & Liquid-based Pap (Any Dx)
☐ HPV High Risk only (No Pap)

## ☐ SURGICAL PATHOLOGY ☐ NON GYN CYTOLOGY ☐ FINE NEEDLE ASPIRATE

SPECIMEN SOURCE:
1. _____ 2. _____
3. _____ 4. _____
CLINICAL INFORMATION:

## INDIVIDUAL TESTS

| | | |
|---|---|---|
| ___ABC (HEMOGRAM)** | L | ABC |
| ___ABO*RH* | 2L | ABORH |
| ___ALBUMIN | SS | ALB |
| ___ALT (SGPT) | SS | SGPT |
| ___ANA SCREEN W/REFLEX | SS | ANA |
| ___ANTIBODY SCREEN* | 2L | AB SC |
| ___AST (SGOT) | SS | SGOT |
| ___B12___FOLATE | SS | B12,FOL |
| ___BILIRUBIN, TOTAL | SS | BILT |
| ___BNP (B-TYPE NATRIURETIC PEPTIDE) | L | BNP |
| ___BUN | SS | BUN |
| ___CA125** | SS | CA125 |
| ___CALCIUM | SS | CA |
| ___CBC (WITH DIFF) W/REFLEX** | L | CBC |
| ___CEA** | SS | CEA |
| ___CHOLESTEROL** | SS | CHOL |
| ___CK, TOTAL | SS | CK |
| ___CREATININE | SS | CR |
| ___CREATININE CLEARANCE | U,SS | CRC |
| HT_____ WT_____ | | |
| ___DHEA-SERUM (ARUP LAB) | SS | DHEA-S |
| ___DHEA-SULFATE (LEGACY) | SS | DHEA S |
| ___DIGOXIN** | SS | DIG |
| ___ESR (SED RATE) | L | ESR |
| ___ESTRADIOL | SS | ESTRA |
| ___FERRITIN** | SS | FTN |
| ___FSH ___ LH | SS | FSH,LH |
| ___GAMMA GT** | SS | GGT |
| ___GLUCOSE** | SS | GLU |
| ___GLUCOSE OB SCREEN 1 HR | GY | GLUS |
| ___GLUCOSE TOLERANCE_____(HRS) | GY | |
| ___GLUCOSE OB TOLERANCE 3 HR | SS | GTT OB |
| ___HCG, QUALITATIVE (PREG) | SS | HCGP |
| ___HCG, QUANTITATIVE** | SS | HCGQ |
| ___HEMOGLOBIN A1C (GLYCO)** | L | HGBA |
| ___HEPATITIS B SURFACE ANTIBODY | SS | HBSB |
| ___HEPATITIS B SURFACE ANTIGEN W/REFLEX | SS | HBSG |
| ___HEPATITIS C ANTIBODY SCREEN | SS | HCVAB |
| _____ REFLEX RIBA CONF IF HEP C IS LOW | | |
| ___HIV AB SCREEN** | SS | HIV |
| ___HIV AB SCREEN-PRENATAL | SS | HIV PN |
| ___IRON** ____ IRON BINDING CAPACITY** | SS | FE,IBC |
| ___LITHIUM | SS | LI |
| ___MAGNESIUM | SS | MG |
| ___MONONUCLEOSIS ANTIBODY SCREEN | SS | MONO |
| ___PHENOBARBITAL | SS | PHENO |
| ___PHENYTOIN (DILANTIN) | SS | DIL |
| ___PHOSPHORUS | SS | PHOS |
| ___POTASSIUM | SS | K |
| ___PREALBUMIN | SS | PREALB |
| ___PROGESTERONE | SS | PROG |
| ___PROLACTIN | SS | PROL |
| ___PROTEIN, TOTAL | SS | TP |
| ___PROTEIN ELECTROPHORESIS, SERUM | SS | PELP |
| ___PROTIME W/INR** | B | PT-INR |
| ___PSA** | SS | PSA |
| ___PSA ANNUAL SCREEN** | SS | PSA ANN |
| ___RHEUMATOID FACTOR | SS | RA QNT |
| ___RPR W/REFLEX | SS | RPR |
| ___RUBELLA ANTIBODY IGG | SS | RUBG |
| ___TEGRETOL | SS | TEG |
| ___TESTOSTERONE, TOTAL | SS | TEST |
| ___TRIGLYCERIDES** | SS | TRIG |
| ___TSH** | SS | TSH |
| ___TSH W/REFLEX** | SS | TSHR |
| ___T4, FREE** | SS | T4F |
| ___URIC ACID | SS | URIC |
| ___URINALYSIS W/MICROSCOPIC (UA) | U | U UA |
| ___UA W/C&S IF INDICATED** | U | U UA |
| ___VALPROIC ACID | SS | VALP |

ADDITIONAL TESTS / COMMENTS:

## PANELS

SEE REVERSE OF REQUISITION FOR PANEL COMPONENTS

| | | |
|---|---|---|
| ___BASIC METABOLIC (CHEM 7) | SS | BASIC |
| ___BASIC METAB (CHEM 7)W/GFR | SS | BASICGFR |
| ___COMPREHENSIVE METABOLIC | SS | COMP |
| ___COMPREHENSIVE METAB W/GFR | SS | COMPGFR |
| ___HEPATIC FUNCTION PANEL | SS | HEPFUNC |
| ___LIPID PROFILE** | SS | LIPR |
| ___LUPUS ANTICOAGULANT PANEL (INC. CARDIOLIPIN AB IGA,IGG,IGM) | B,SS | LUPUS ANTI |
| ___HEP ABC ACUTE SCRN** W/REFLEX | SS | HEPABA |
| ___HEPATITIS B IMMUNITY REFLEX | SS | HEP BI |
| ___PRENATAL 1* W/REFLEX | SS,U,3L | PREC-1 |
| ___PRENATAL 2* W/REFLEX | SS,3L | PREE-2 |
| ___PRENATAL 1* W/REFLEX W/HIV | SS,U,3L | PRE1HIV |
| ___PRENATAL 2* W/REFLEX W/HIV | SS,3L | PRE2HIV |
| ___RENAL FUNCTION PANEL | SS | RENAL |

*PROPER LABELING INCLUDES FULL NAME, SSN, DOB, DATE/TIME DRAWN, AND PHLEBOTOMIST INITIALS
**INDICATES ABN FORM REQUIRED WHEN DIAGNOSIS CODE PROVIDED DOES NOT MEET MEDICARE MEDICAL NECESSITY.

## MICROBIOLOGY

(SOURCE): _____

| | |
|---|---|
| **ROUTINE BACTERIAL CULTURES** | |
| ___CULTURE, SPUTUM | C RES |
| ___CULTURE, URINE** | C U |
| ___CULTURE, SKIN/WOUND | C SKIN SUP |
| ___CULTURE_____ | |
| **GENITAL CULTURES** | |
| ___CULTURE, ROUTINE | C GEN |
| ___CULTURE FOR BETA STREP | C BS |
| PENICILLIN ALLERGIC?_____YES _____NO | |
| **THROAT TESTS** | |
| ___CULTURE FOR BETA STREP | C BS |
| ___CULTURE, ROUTINE | C TH |
| **STOOL TESTS** | |
| ___CULTURE, STOOL | C ST |
| ___GIARDIA/CRYPTOSPORIDIUM SCRN | O P SCR |
| ___PARASITE EXPANDED EXAM | PARA COMP |
| ___CLOSTRIDIUM DIFFICILE | CD TOXIN |
| ___FECAL LEUKOCYTE SMEAR | SM FL |
| ___FECAL BLOOD (GUAIAC)** | FE B |
| **VIROLOGY TESTS/AFB/FUNGUS CULTURES** | |
| ___CULT, HERPES (SIMPLEX/VARICELLA) | C HSV/VZ |
| ___CULT, VIRUS (INCLUDES CMV) | C V |
| ___CULT, AFB | C AFB |
| ___CULT, FUNGUS | C F |
| **MOLECULAR TESTING** | |
| ___PERTUSSIS PCR | PERTUS DNA |
| ___HERPES SIMPLEX DNA | HSV DNA |
| ___GC/CHLAMYDIA DNA PROBE | GC/CHL AMD |

OREGON GENETICS PRIVACY ACT: ☐ OPT OUT



LABORATORY/BILLING COPY

**Legacy Laboratory Services Central Laboratory**
1225 N.E. 2nd Ave. Portland, OR 97232
Ph: 503-413-1234 or 877-270-5566 (toll free) or 360-487-1234 (Vanc WA)
Fx: 503-413-5048 or 800-494-0252 (toll free)

**Billing**
Legacy Laboratory (503)413-4420
(800)233-3570 (toll free nationwide)
Cascade Pathology (503)274-2486
(800)649-8730 (toll free nationwide)

**Legacy Laboratory Locations - Please call our central laboratory for information / additional service locations**

Eugene-Chase Gardens
360 Garden Way
Eugene, OR 97401
(Opening Spring 2007)

Eugene-Cresent Avenue
2832 Cresent Ave
Eugene, OR 97408
541-683-6003
Mon-Fri 6am-10pm
Sat, Sun & Hol 8am-5pm

Gleneden Beach
6615 Gleneden Beach Loop
Gleneden Beach, OR 97388
541-764-3131
Mon, Tue, Thur, Fri 8am-12pm
1pm-4:30pm
Wed 8am-12pm

Gresham-Mt Hood Med Ctr
24800 SE Stark
Gresham, OR 97030
Mon-Fri 7am-7pm
Sat 7am-1:30pm

Newport
1010 SW Coast Hwy #104
Newport, OR 97365
541-265-8810
Mon-Fri 7am-6pm

Oregon City-Plaza II
1508 Division St #215
Oregon City, OR 97045
Mon-Fri 8:30am-6pm

Portland-Emanuel Hosp Medical Office
501 N Graham Room 1203
Portland, OR 97227
Mon-Fri 7am-6pm
Sat 9am-4pm

Portland-Emanuel Professional Office Building
2800 N. Vancouver Ave., Suite 230
Portland, OR 97227
Mon-Fri 8:30am-5pm

Portland-Good Samaritan Hosp Med Office
1130 NW 22nd Ave, Suite #360
Portland, OR 97210
Mon-Fri 7am-6pm

Portland-Central Laboratory
1225 NE 2nd Ave
Portland, OR 97232
Mon-Fri 7am-7pm

Tigard-Legacy Clinic King City
15298 SW Royalty Parkway
Tigard, OR 97224
Mon-Fri 8:30am-12:30pm
1:30pm-5pm

Tigard-Hall Blvd
9900 SW Hall Blvd #200
Tigard, OR 97224
Mon-Fri 8:30am-12:15pm
1:30pm-5pm

Tualatin-Meridian Park Hosp
19300 SW 65th
Tualatin, OR 97062
Mon-Fri 7am-7pm
Sat 7am-3pm

Tualatin-Meridian Park MOB
Medical Plaza 3, Suite 120
19260 SW 65th Ave
Tualatin, OR 97062
Mon-Fri 7am-6pm

Tualatin-Legacy Clinic Tualatin
19875 SW 65th Ave
Tualatin, OR 97062
Mon-Fri 8am-5:30pm

St Helens
500 N Columbia River Hwy
St Helens, OR 97051
Mon-Fri 8:30am-6pm

Vancouver-Salmon Cr Hosp Medical Office Bldg B
2101 NE 139th Suite 150
Vancouver, WA 98686
Mon-Fri 7:30am-5:30pm

Waldport
385 Alsea Highway (Hwy 34), Suite 2
Waldport, OR 97394
541-563-6107
Mon-Thur 7:30am-12pm
1pm-4:30pm
Fri 7:30am-12pm

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**The following *reflex* tests will be performed at an additional charge.**

ANA Screen w/reflex
*If positive, a titer will be performed.
CBC (with differential) w/reflex
*Automated differential included, Manual differential performed when indicated.
Hepatitis ABC Acute Panel w/reflex
*If HBsAg is positive, a confirmatory neutralization test will be performed.
Hepatitis B Immunity panel w/reflex
*If HBsAg is positive, a confirmatory neutralization test will be performed.
*If HBcAb is positive, a HBcAb IgM will be performed.
Hepatitis B Surface Antigen w/reflex
*If positive, a confirmatory neutralization test will be performed.

Prenatal Panels w/reflex
*Prenatal panels containing one or more of the following components, RPR w/reflex, Urinalysis w/reflex C&S if indicated or CBC (with differential) w/reflex, will have additional tests performed as described.
RPR w/reflex
*If positive, a confirmatory test (FTA) will be performed.
Urinalysis w/reflex C&S if indicated
*If indicated, a urine culture will be performed

TSH w/reflex
*Any low or high TSH result will automatically reflex to a Free T4.

**A.M.A. Organ / Disease Panels**

| | | |
|---|---|---|
| CPT 80048 | Basic Metabolic | Na, K, Cl, CO2, Glucose, BUN, Creatinine, Calcium |
| CPT 80053 | Comprehensive Metabolic | Na, K, Cl, CO2, Glucose, BUN, Creatinine, Calcium, Protein Total, Albumin, ALT, AST, Alk Phos, Bilirubin Total |
| CPT 80051 | Electrolytes | Na, K, Cl, CO2 |
| CPT 80076 | Hepatic Function | Albumin, AST, ALT, Alk Phos, Bilirubin Total & Direct, Protein Total |
| CPT 80074 | Hepatitis ABC Acute | Hep A IgM, Hep B Surface Ag, Hep B Core IgM, Hep C Ab |
| CPT 80061 | Lipid Profile | Cholesterol, Triglycerides, HDL, LDL Calculated, Chol/HDL ratio |
| CPT 80069 | Renal Function | Albumin, Calcium, CO2, Cl, Creatinine, Glucose, K, Phosphorus, Na, BUN |

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| Prenatal Panels | | 1 | 2 | 4 | 5 | Update |
|---|---|---|---|---|---|---|
| CPT 86900 | ABO/Rh | X | X | X | X | |
| CPT 86850 | Antibody Screen | X | X | X | X | X |
| CPT 86592 | RPR w/reflex | X | X | X | X | |
| CPT 86762 | Rubella IgG | X | X | X | X | |
| CPT 87340 | HBsAg w/reflex | X | X | X | X | |
| CPT 81000 | UA w/reflex | X | | | | |
| CPT 85025 or 85027, 85007 | CBC (w/diff) w/reflex | X | X | X | X | |
| CPT 82947 | Random Glucose | | | X | | |
| CPT 82950 | Glucose OB Screen | | | | | X |
| CPT 86777 | Toxoplasma IgG | | | | X | |

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| Hepatitis Panels | | Acute A,B,C | B Viral | B Viral Carrier | B Viral Immune |
|---|---|---|---|---|---|
| CPT 86709 | HAVAb IgM | X | | | |
| CPT 87340 | HBsAg w/reflex | X | X | X | X |
| CPT 86706 | HBsAb | | | | X |
| CPT 86705 | HBcAb IgM | X | | | |
| CPT 86704 | HBcAb Total | | | | X |
| CPT 86293 | HBeAg | | X | X | |
| CPT 86707 | HBeAb | | X | | |
| CPT 86803 | HCvAb | X | | | |

| Misc. Panels | |
|---|---|
| Arthritis Screen | ANA, Rheumatoid Factor Quant, HS C-Reactive Protein |
| Celiac Disease Panel | Endomysial Ab IgA, Gliadin Ab IgG & IgA, Reticulin Ab IgA, Tissue Transglutaminase Ab IgA |
| ENA Screen | RNP Ab, Smith Ab, SSA (Ro), SSB (La), Scleroderma Ab |
| Iron Deficiency Panel | Iron, Iron Binding Capacity, % Iron Sat, Ferritin |
| Lupus Anticoagulant Panel | Lupus anticoagulant test, Protime, INR, PTT, Cardiolipin IgA, IgG, IgM |
| PIH Panel | Creatinine, BUN, SGOT, Uric Acid |
| Testosterone Panel | Testosterone, Total and Free, Sex Hormone Binding Globulin |