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Children's Hospital LOS ANGELES
DEPARTMENT OF PATHOLOGY AND LABORATORY MEDICINE

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California: State License CLF260
CAP Number: 9277593

HEALTH NETWORK CLINICAL LABORATORY REQUISITION

☐ STAT ☐ CALL RESULTS ☐ FAX RESULTS *RED TEXT REQUIRED FIELDS

Patient's Legal Name (Last, First, MI) AND CHLA MRN # (if applicable)	Physician Name (Last, First, MI) / Practice Name
Date of Birth (Mo/Day/Year) | Gender ☐ Male ☐ Female | Phone Number	Physician Address
Address	City State Zip
City State Zip	Physician Office Number: _____
	Physician Fax Number (REQUIRED FOR RESULTS): _____
Bill To: ☐ INSURANCE ☐ PATIENT ☐ PHY OFFICE ☐ CONTRACT | Insurance Co. Name & Network Info (HMO NOT ACCEPTED)	Requesting Physician Name: Diagnosis Code(s):
Responsible Party Name (Last, First) | Uninsured ☐ Yes ☐ No	Contact for Results: ☐ Phone Number: _____ ☐ Fax Number: _____
Insured/Subscriber Name- HMO NOT ACCEPTED | Date of Birth (Mo/Day/Year)	Anti-SARS-CoV-2 Antibody IgG Testing: Viral Symptoms: Yes, No, Unknown
	If YES, Date of Onset of symptoms: (MM/DD/YYYY) _____
Member/Policy/ID# | Group # | Authorization #	Physician Signature

INDICATE REQUESTED TESTS WITH ✓ Tube color: L-lavender G-green R-red LB-light blue U-urine RB-royal blue Y-yellow ACD NPW-NP wash only

NPS-NP swab in UTM O-Other GLD-Gold MG-mint green ES-E-Swab * - alternate specimen types acceptable, please call 877.543.9522 for details

		Panels (see back)	CPT
☐	GLD	Electrolyte Panel	80051
☐	GLD	Basic Metabolic Panel	80048
☐	GLD	Comprehensive Metabolic Panel	80053
☐	GLD	Lipid Panel	80061
☐	GLD	Hepatic Function Panel	80076
☐	R	Celiac Diagnostic Panel	82784(x1),83516(x4)
☐	R	Celiac Screening Panel	82784, 83516(x1)
☐	O	Respiratory Viral Panel 1 – PCR	87631
☐	O	HSV1/2 and VZV PCR*	87798, 87529(x3)
		Hematology	
☐	L	Hemoglobin	85018
☐	L	Hematocrit	85014
☐	L	CBC	85027
☐	L	CBC with Auto	85027,85025
☐	L	Sed Rate (auto)	85652
☐	L	Reticulocyte Count	85045
☐		Sickle Screen	85660
		Coagulation	
☐	LB	PT (INR)	85610
☐	LB	PTT	85730
		Urinalysis	
☐	U	Urinalysis, Routine (w/reflex)	81003
☐	U	Urine, Microscopic	81015
		Immunology	
☐	R	ANA	86039
☐	R	ASO	86060
☐	GLD	Hep B Surface Ab	86706
☐	GLD	Hep B Surface Ag	87340
☐	R	Hepatitis A Ab Total reflex HAVAB IgM	86708
☐	R	Hepatitis C Ab	86803
☐	L	Hgb A1C	83036
☐	L	Hgb Electrophoresis	83020
☐	L & R	HIV 1/2 Antibodies and Antigen (w/reflex)	87389
☐	R	IgA	82784
☐	R	IgE	82785
☐	R	IgG	82784
☐	R	IgM	82784
☐	O	Calprotectin	83993 (x1)

		Immunology (cont.)	CPT
☐	R	Mononucleosis Screen	86308
☐	R	Prealbumin	84134
		Chemistry	
☐	GLD	Albumin	82040
☐	GLD	Alkaline Phos	84075
☐	GLD	ALT (SGPT)	84460
☐	GLD	AST (SGOT)	84450
☐	GLD	Amylase	82150
☐	GLD	Bilirubin, Fractionated	82248
☐	GLD	Bilirubin, Neonate	82251
☐	GLD	Bilirubin, Total	82247
☐	GLD	BUN	84520
☐	GLD	LH (Luteinizing hormone)	83002
☐	GLD	Calcium, Total	82310
☐	GLD	Cholesterol, Total	82465
☐	GLD	C-Reactive Protein (CRP)	86140
☐	GLD	Creatinine	82565
☐	GLD	Ferritin	82728
☐	GLD	FSH	83001
☐	GLD	Glucose	82947
☐	GLD	Iron	83540
☐	GLD	TIBC (Iron Included)	83550
☐	GLD	LDH	83615
☐	RB	Lead	83655
☐	GLD	Magnesium	83735
☐	GLD	Phosphorus	84100
☐	GLD	Potassium	84132
☐	U	Pregnancy Test (HCG) Qual Urine	84703
☐	R	Pregnancy Test (HCG) Quant Blood	84703
☐	GLD	TSH	84443
☐	GLD	Total Protein	84155
☐	GLD	Triglyceride	84478
☐	R	Triiodothyronine (T3) Total	84480
☐	GLD	Uric Acid	84550
☐	U	VMA (urine)	84585
☐	U	HVA (urine)	83150
☐	U	5-HIAA (urine)	83497
☐	GLD	T4, Free	84439
		Drug Monitor	
☐	U	Toxicology Drug Screen Urine	80101
☐	MG	Valproic Acid	80164

		Microbiology	CPT
☐	O	Blood Culture	87040
☐	O	Throat Culture	87070
☐	O	Urine Culture	87086
☐	O	Culture, Stool (does not include shiga-toxin producing *E.coli*)	87045
☐		Susceptibility Testing (specify)	87184
☐	O	Stool Bacterial Molecular Panel	87505
☐	O	Extended Stool Culture (for other bacterial pathogens not included in "Culture, Stool")	87046 (x3)
☐	O	Stool Parasite Molecular Panel	87505
☐	O	O&P Exam*(for other parasites)*	87177;87209
☐	NPS	Culture Beta Strep Screen (C BSS)	87081
☐	U	Fungus Culture Urine	87102
☐	Y	Fungus Culture Blood	87103
☐	O	*C. difficile* PCR	87493
☐	O	Wound Culture (specify body site)	87070
☐	U	CT/GC PCR, Urine	87491, 87590
		Clinical Virology	
☐	NPS	**SARS-Co-V-2 RT PCR Viral**	**87635**
☐	R	**Anti-SARS-CoV-2 Antibody IgG**	**86769**
☐	NPW	*Bordetella pertussis/parapertussis* PCR	87798 (x2)
☐	Y	CMV PCR*	87496
☐	Y/L	CMV QT PCR	87497
☐	Y/L	EBV PCR*	87798
☐	Y/L	EBV QT PCR	87799
☐	Y/L	HHV6 PCR*	87532
☐	Y/L	HHV6 QT PCR	87533
☐	O	HSV 1/2 PCR	87529 (x 2)
☐	O	Norovirus PCR	87798 (x 2)
		Clinical Immunology	
☐	R	EBNA IgG (Epstein barr virus nuclear antigen)	86664
☐	R	EBV VCA IgG (Viral Capsid Antigen)	86665
☐	R	EBV VCA IgM (Viral Capsid Antigen)	86665
		Molecular Pathology	
☐	L	Chromosome Microarray Analysis	81229

Other Tests:

Source	Collected Date	Collected Time	Collector's Name

PANEL DEFINITIONS

ANY COMPONENTS OF LISTED PANELS MAY BE ORDERED INDIVIDUALLY

Comprehensive Metabolic Panel

Sodium, Potassium, Chloride, CO2, BUN, Creatinine, Calcium, Albumin, Total Protein, Total Bilirubin, AST (SGOT), ALT (SGPT), Glucose, ALKP

Basic Metabolic Panel

Sodium, Potassium, Chloride, CO2, Glucose, BUN, Creatinine, Calcium

Electrolyte Panel

Sodium, Potassium, Chloride, CO2

Hepatic Function Panel (Liver Panel)

Alk Phos, AST (SGOT), ALT (SGPT), Total Bilirubin, Fractionated Bilirubin, Total Protein, Albumin

Stool Bacterial Molecular Panel

Salmonella spp.
Campylobacter jejuni/coli
Shigella spp./Enteroinvasive *E. coli*(EIEC)
Shiga toxin 1 (stx 1)/Shiga toxin(stx2)

Stool Parasite Molecular Panel

Giardia lamblia
Cryptosporidium hominis/C. parvum
Entamoeba histolytica

Lipid Panel

Cholesterol, Triglyceride, HDL Cholesterol

Celiac Diagnostic Panel

Total Serum IgA
Tissue Transglutaminase IgA
Tissue Transglutaminase
Deamidated Gliadin Peptide IgA
Deamidated Gliadin Peptide IgG

Celiac Screening Panel

Total Serum IgA
Tissue Transglutaminase IgA
Deamidated Gliadin Peptide IgA

Epstein Barr Virus Panel

EBV VCA IgM
EBV VCA IgG
EBV EBNA-1 IgG

Hepatitis Panel, Acute (Hepatitis A, B, C, Panel)

Hep A Virus Antibody, (Total Reflex IgM)
Hep B Surface Antigen (HBsAg)
Hep B Core Antibody, IgM (Anti-HBc, IgM)
Hep C Virus Antibody (Anti-HCV)
Hep B Surface Antibody (HBsAB)

Film Array Respiratory Panel

Adenovirus, Coronavirus 229E, Coronavirus HKU1, Coronavirus NL63, Coronavirus OC43, Human Metapneumovirus, Influenza A, Influenza B, Parainfluenza 1, Parainfluenza 2, Parainfluenza 3, Parainfluenza 4, Respiratory Syncytial Virus and Rhinovirus/Enterovirus

REFLEX/CONFIRMATORY TESTING NOTICE

The Laboratory of Children's Hospital Los Angeles will perform reflex or confirmatory tests on certain tests due to clinical reasons. It is important to note that the subsequent tests may generate additional charges. If one desires, the tests that are not required are available without reflex/confirmation. Please specify if you do not want reflex/confirmatory testing.

Test Name	CPT Code		Test Desc/Notes	Reflex CPT Code
Hep A Antibody Total	86708	**If positive, reflex:**	Hep A Antibody IgM	86709
HIV-1 Antigen with HIV-1 and HIV-2 Antibodies	87389	**If positive for Antigen reflex** **If positive for Antibody reflex**	HIV-1 RNA HIV - 1/2 Antibody differentiation	87535 86701/86702
RPR:	86592	**If positive, reflex**	RPR Titer Fluorescent Treponemal Antibody	86593 86780
Urinalysis	81003	**If blood, protein, leukocyte, or nitrate positive reflex**	Urine Microscopic Exam	81001
Urine Drug of Abuse Screen	80300	**If positive for Cocaine reflex** **If positive for PCP reflex**	Cocaine (confirmation) PCP (confirmation)	80353 83992

MEDICARE INFORMATION

NATIONAL COVERAGE DETERMINATION (NCD) FOR PHYSICIANS

Medicare has issued Frequency Limitations for many of the NCD policies. The Frequency Limitations state that Medicare will cover the cost of certain tests under specific conditions at specific intervals. An ABN should be collected for Frequency Limitation tests since it is difficult to determine when and if a specific test was performed in the past. The Frequency Limitation tests are listed below.

FREQUENCY LIMITATIONS

Alpha-fetoprotein	HCG, Qual (Preg)	HGB	PT (Prothrombin Time)
Carcinembryonic antigen	HCG Quant	HIV Testing	PTT
CBC w/Platelets + Diff	HDL Cholesterol	Lipid Panel	T4, Free
Collagen crosslinks (any method)	Hemoglobin A1C	Iron	TSH
Digoxin	Hemogram	TIBC	Tumor Antigen by immunoassay/ CA125
Fecal occult blood	Hemogram w/Platelets (ABC)	LDL, Direct	Tumor Antigen by immunoassay/ CA 15-3/CA 27.29
Gamma glytamyl transferase	Hematocrit	PSA, Free & Total	Tumor Antigen by immunoassay/ CA 19-9
Glucose fasting	Hep B Surface Antigen	PSA, total (diagnostic)	Urine Culture
Glucose random	Hepatitis Panel A, B, C Acute	PSA, Reflexive	

Medicare will only reimburse tests that are deemed to be medically necessary for the diagnosis and treatment of the patient, rather than for screening purposes. ICD-10 diagnosis code (s) must be provided for each test ordered. Attach separate ABN form when ordering any investigational tests on Medicare patients. For more information and a complete list of investigation/experimental tests please visit the CMS website: www.CMS.gov

Children's Connect-Laboratory is a physician portal providing 24/7 access to laboratory test results.
For more information on the Children's Connect or other laboratory services, please visit
http://www.chla.org/family-lab or contact us at (877) 543-9522