



# Atlas Downtime

CLIENT:

1224 N. Berkeley Ave  
Peoria, IL 61603 • (309) 655-2336  
1-800-533-6730 FAX (309) 624-9152

**1 BILL TO INSURANCE**  
(Bill to Patient or Patient's Insurance) **If Insurance Bill, please attach a copy (front and back) of insurance card.**

**1 CLIENT BILL**  
(Bill to Submitter's office account)

V.006

## 2 Patient Information - Please Print

**PATIENT'S LAST NAME (PLEASE PRINT)**

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**PATIENT'S FIRST NAME**      **MI**      **DATE OF BIRTH**      **SEX**

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**4 AUTHORIZING PROVIDER (FIRST & LAST NAME)**

**5 DUPLICATE REPORT TO:**

**ADDRESS**      **CITY**      **STATE**      **ZIP**

**PHONE NUMBER**      **SOCIAL SECURITY NUMBER**

**6 COLLECTOR INITIALS**      **7 FASTING?**      **8 COLLECTED DATE**      **8 TIME**

*MANDATORY*       YES       NO      / /      AM  
PM

**3 Advanced Beneficiary Notice Attached:**       YES       NO

You **MUST** issue an ABN when there is any possibility to expect that Medicare may deny payment if the test is not deemed reasonable and necessary under Medicare Program standards. \*If you believe that a test subject to a **frequency limitation** (printed in red font with \*) exceeds the Medicare Program frequency limits for test ordering, you **MUST** issue an ABN before you draw and order the test. With this requirement, you must evaluate test frequency limits and look up how many times the test was ordered during the specific timeframe for that patient. **Failure to submit an ABN to OSF in these cases, resulting in claim denial, will result in a service charge to your office.**

**9 ICD Diagnosis Code:** All requests must be accompanied by a valid alpha-numeric diagnosis code as to establish medical necessity for tests ordered. If the ICD code is not provided and/or does not meet coverage requirements, this can result in test delays and/or reimbursement delays.

**STAT?**       **PHONE RESULTS**       **FAX RESULTS**

( )      -      ( )      -

1)       2)

3)       4)

OSF Requisition Number

10 PANELS			Electrolyte Panel	LYTE	LAB964	OSF USE ONLY PLACE EPIC STICKER HERE			
Na, K, Cl, CO2									
Acute Hepatitis Panel	AHP	LAB1170	Hepatic Function Panel	HF	LAB1152				
Hep C Ab, Hep B surf Ag, Hep A IgM Ab, Hep B Core IgM Ab			TP, Alb, AST, ALT, ALP, Tbil, Dbil						
Basic Metabolic Panel	PR8	LAB765	Lipid Panel*	LIPD	LAB1258				
Na, K, Cl, CO2, Ca, Gluc, BUN, Creatinine			LDL, Cholesterol, Triglycerides, calc VLDL, HDL Cholesterol						
Comp Metabolic Panel	CMET	LAB858	Obstetric Panel	OBSPAN	LAB1313	Renal Function Panel	RFP	LAB1407	
Na, K, Cl, CO2, Ca, Gluc, BUN, Creat, TP, Alb, AST, ALT, ALP, Tbil			CBC, Hep B Surf Ag, Syphilis IgG, ABO & Rh, Rubella IgG Ab, Antibody Screen		Na, K, Cl, CO2, Ca, Gluc, BUN, Creat, Alb, PO4				

## CHEMISTRY TESTS

Albumin	ALB	LAB666	Folate	FOLAT	LAB1033	Phosphorus	PO4	LAB1347
Allergy Respiratory Panel	RSPALG	LAB1409	Ferritin*	FER	LAB1001	Potassium	K	LAB1367
Allergy, Food Profile	FDALLPRO	LAB4790	FSH	FSH	LAB1035	Progesterone	PROG	LAB1375
Alpha Fetoprotein, Maternal (Include Mayo form)	MAFP1	LAB4935	Glucose Tolerance, Gestational 2 HR	GGTT	LAB1117	Prolactin	PROL	LAB1376
ALT/SGPT	SGPT	LAB1494	Glucose*	GLUC	LAB1096	Pregnancy Serum, Qualitative	PREG	LAB1369
AST/SGOT	SGOT	LAB1493	Glucose Tolerance, 2 HR	2GTT	LAB1115	PSA Screen*	PSASCR	LAB1390
Amylase	AMYL	LAB694	Hemoglobin A1c w/ est Gluc*	A1CGLU	LAB1805	PSA Diagnostic*	PSA	LAB1389
Bilirubin, Direct (Conjugated)	CBIL	LAB753	HCG-Beta Subunit Quant	HCGQ	LAB1139	Quad Screen (Include Mayo form)	QUAD1	LAB4934
Bilirubin, Total	TBIL	LAB752	HDL (Cholesterol)*	HDL	LAB1140	Tacrolimus (FK506)	FK506	LAB1020
BUN (Blood Urea Nitrogen)	BUN	LAB789	Hepatitis A IgM Ab	HEPA	LAB1154	T3, Free*	FRET3	LAB1530
B-Type Natriuretic Peptide	BNP	LAB735	Hepatitis B Core IgM Ab	HBAB	LAB1156	T4, Free*	FT4	LAB1556
CA-125*	C125	LAB800	Hepatitis B Surf Antibody	HBSAB	LAB1158	T3, Total*	T3	LAB1533
Cortisol	CORT	LAB862	Hepatitis B Surf Antigen	HBSAG	LAB1157	T4, Total*	T4	LAB1557
SARS-COV-2-IgG (Antibody)	SCOV2G	LAB7078	Hepatitis C Antibody	HEPC	LAB1163	Testosterone (Total)	TEST	LAB1538
C-Reactive Protein	CRP	LAB792	Homocysteine	HCY	LAB1782	Testosterone, Free & Total	FTTST	LAB4707
C-Reactive Protein, High Sensitivity	HSCRIP	LAB793	Iron Transferrin w/ Calc TIBC % Sat*	FEPNL	LAB3221	Triglycerides	TRG	LAB1583
Creatinine Serum W/ GFR	CREGFR	LAB865	Lead, Blood	LEAD6	LAB1249	Thyroid Screen*	THYSCR	LAB4692
CPK-Creatine Kinase, Total	CPK	LAB866	LH	LH	LAB1256	TSH*	TSH	LAB1554
Dehydroepiandrosterone Sulfate	DHEAS	LAB943	Lipase	LIPA	LAB1257	Uric Acid	URIC	LAB1691
Digoxin	DIG	LAB1247	Magnesium	MG	LAB1269	Valproic Acid (Depakene)	VAL	LAB1697
Electrophoresis, Serum Protein	SPE	LAB965	Methylmalonic Acid	MMAS	LAB2023	Vitamin B12	B12	LAB1716
Estradiol	ESTDL	LAB976	Parathyroid Hormone	PARAT	LAB1331	Vitamin D, 25 Hydroxy Total	VTMD	LAB1866

Patient Name and DOB: \_\_\_\_\_

Documentation is needed so that a copy of this page has patient identifiers.

SEROLOGY TESTS									
ANA Screen with reflex	ANAO	LAB695	HCV RNA Quant PCR	HCVRT	LAB1807	Phospholipid Ab Panel	ANTIPHOS	LAB4656	
ANCA, Titer and Reflex if Pos	ANCAMP	LAB1894	HIV I/II Ab/Ag Screen	HIVCS	LAB1858	Quantiferon TB Gold PLUS	QFTP	LAB4907	
Celiac Panel with reflex	CELAC	LAB1850	HIV I/II Ab/Ag Diagnostic	HIVCD	LAB1857	Rheumatoid Factor Qt	RFQT	LAB1415	
Chlamydia & GC Probe	CGPRB	LAB826	HIV 1 RNA Quant PCR	HIVRT	LAB1808	Rubella Immunity IgG Ab	RUBIM	LAB1426	
Site:			Lyme IgG and IgM Ab	LYME	LAB1264	Rubeola/Measels IgG Ab	RUG	LAB1428	
			Measels IgG, Mumps IgG, Rubella, Varicella Zoster IgG	MMRV	LAB4819	Syphilis IgG w/ reflex RPR	SYPIGG	LAB4611	
CMV IgG and IgM Ab	ECMV	LAB934	Mono Test	MSPOT	LAB1293	TORCH Panel	ETOR	LAB1563	
EBV Comprehensive	EBVAB	LAB974	Mumps Virus IgG Ab	MUMG	LAB1755	Varicella Zoster IgG Ab	VZOST	LAB1703	

HEMATOLOGY/COAG TESTS									
Antithrombin III	ANT3	LAB726	Erythrocyte Sedimentation Rate	SRATE	LAB1434	Lupus Anticoagulant	LUPAP	LAB5035	
CBC With Differential	CBC	LAB817	Factor V Leiden Screen	APCR	LAB985	Prothrombin Time w/ INR	PT	LAB1387	
CBC Without Differential	HGRAM	LAB1151	Factor VIII Activity	F8	LAB991	PTT	PTT	LAB1397	
D Dimer	DIMERS	LAB937	Hemoglobin and Hematocrit	HH1	LAB1175				

URINE TESTS																	
Urine Drug Screen w/out confirm	UDS	LAB1644	24 Hr UR, Protein	UP	LAB1615	Pathology Cytology Non-Gyn	CYTOL	LAB1769									
Urine Microalbumin/Creatinine	MACR	LAB1657	24 Hr UR, Urea Nitrogen	UUN243	LAB1619	Urinalysis Reflex if Indicated	UA	LAB5025									
Urine Pregnancy, Qualitative	UPREG	LAB1670	24 Hr UR, Creatinine	UCREQ	LAB1601	<b>SOURCE:</b> <table border="1"> <tr> <td><input type="checkbox"/></td> <td>RANDOM</td> <td><input type="checkbox"/></td> <td>CATH</td> </tr> <tr> <td><input type="checkbox"/></td> <td>CLEAN CATCH</td> <td></td> <td></td> </tr> </table>				<input type="checkbox"/>	RANDOM	<input type="checkbox"/>	CATH	<input type="checkbox"/>	CLEAN CATCH		
<input type="checkbox"/>	RANDOM	<input type="checkbox"/>	CATH														
<input type="checkbox"/>	CLEAN CATCH																
Urine Protein/Creatinine, Random	UTPCR	LAB1674	24 Hr UR, Uric Acid	UUA	LAB1617												
Creatinine Clearance	CRCL	LAB1602	<b>FOR LAB1602 (CRCL) a serum sample must be submitted with the 24 hr urine sample</b>														
HT:	WT:																

**OSF USE: IS THIS SPECIMEN SHARED WITH CYTOLOGY? Y or N**

BLOOD BANK TESTS									
ABO and Rh Blood Type	ABORH	LAB549	Antibody Screen	ABSCR	LAB718	OPTS (Type and Screen) can no longer be ordered via paper req			

STOOL TESTS									
<b>Occult Blood Immunoassay*</b>	<b>IFOB</b>	LAB1317	Stool For Giardia Ag	GIARG	LAB1514	Stool for WBC Lactoferrin	LEUKO	LAB1513	
C. difficile by PCR	PCRDIF	LAB1829	Stool For Cryptosporidium Ag	CSPR	LAB1517	Helicobacter pylori Ag, Stool	HPSTL	LAB4800	
Gastrointestinal Path. Panel	GIP	LAB5003							

CULTURES/MICRO									
Indicate source for each culture submitted:			Culture, Fungus	FUNG	LAB908	Culture, Group A Beta Strep	THSTR	LAB927	
			Culture, MRSA Screen	MRSAC	LAB912	Culture, Urine	URC	LAB922	
			Culture, Stool	ST	LAB1766	Influenza A and B Ag, Rapid	FLU	LAB1217	
Culture, Aerobic	AE	LAB897	Culture, Group B Strep	GPBST	LAB910	RSV Ag	RESSY	LAB1424	
Culture, Anaerobic (Anaerobic culture order MUST have an Aerobic culture ordered with it)	CULANA	LAB898	Culture TB (AFB)	TBC	LAB920	Respiratory Pathogen Array (18 viruses & 4 bacterial pathogens)	RESPA	LAB2944	
<b>NOTE:</b> OSF System Lab recommends ordering the Gram Stain when ordering the Aerobic Culture.			<b>NOTE:</b> OSF System Lab recommends ordering the AFB Smear when ordering the TB culture.			MRSA, Methicillin Resistant Staph aureus, by PCR	PCRMSA	LAB1294	
Gram Stain	GS	LAB1126	AFB (TB) Smear	TBS	LAB1500	Vaginitis Screen	VAGSCR	LAB1783	
Culture, Blood	ANBL	LAB899	Culture, Lower Respiratory	SP	LAB916	Gardnerella, Trichomonas & Candida			

MOLECULAR/PCR				Additional Comments:					
SARS-COV-2 PRE PROC SCREEN	SARSCOV2B	LAB7069	LAB7069 should be ordered for the screening of an active COVID infection						
Requires a nasopharyngeal or nasal swab in viral transport media									
<b>PLEASE CONTACT LABORATORY OUTREACH BEFORE SENDING MORE THAN 10</b>									
Have you previously been tested for COVID-19?									
Are you employed in a healthcare setting?									
Are you symptomatic for COVID-19 as defined by the CDC?									
Date of symptom onset: _____									
Have you been hospitalized for COVID-19?									
Have you been admitted to the ICU for COVID-19?									
Are you a resident in a congregate (group) care setting?									
Are you pregnant?									
Is this for Pre-Procedural Screening?									
Date of Procedure: _____									