

Lake Forest Hospital

Laboratory Services  
1000 North Westmoreland Road  
Main Entrance  
Lake Forest, Illinois 60045

QUESTIONS:  
847.535.6119

REGISTRATION:  
847.535.6853

nm.org

Thank you for referring your Northwestern Home Health patient for Laboratory Services at Northwestern Medicine Lake Forest Hospital.

**In order to provide the best possible services to you and your patients, we request the following information. Please complete all fields to expedite your request. Note: for optimal test turn around time, urgent/stat specimens should be delivered to the Lake Forest Hospital lab.**

STAT **CALL STAT ONLY RESULTS TO:** \_\_\_\_\_  
**FAX RESULTS TO:** \_\_\_\_\_

## PATIENT INFORMATION

|                   |                        |
|-------------------|------------------------|
| Last Name         | First Name             |
| Date of Birth     | Gender                 |
| Home Phone Number | Work/Cell Phone Number |
| MR#               | LAB#                   |

## PHYSICIAN/HOME HEALTH INFORMATION

|                                  |                |
|----------------------------------|----------------|
| Referring Practitioner Last Name | First Name     |
| NPI #                            | Date of Test   |
| Agency Name                      | Nurse          |
| Today's Date                     | Time Collected |

## SIGNS AND SYMPTOMS/DIAGNOSIS/ICD CODE(S)

When ordering multiple tests on the same order form, please indicate a sign, symptom, diagnosis or ICD Code(s) for each test/treatment. Do not include a "rule-out" diagnosis.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

| TEST NAME  | TUBE       | TEST NAME   | TUBE       |
|--|------------|---|------------|
| <input type="checkbox"/> <b>Amikacin</b><br>Dose date/time: RED NO GEL |            | <input type="checkbox"/> <b>Magnesium</b>   | GRN        |
| <input type="checkbox"/> Amylase                                       | GRN        | <input type="checkbox"/> Culture, Stool   |            |
| <input type="checkbox"/> Basic Metabolic Panel                         | GRN        | <input type="checkbox"/> <b>Stool, CDT PCR</b>  |            |
| <input type="checkbox"/> Bili, Neonatal Total                          | MICRO GRN  | <input type="checkbox"/> <b>Stool, Occult Blood Diag</b>  |            |
| <input type="checkbox"/> Bili, Neo., Direct/Total                      | MICRO GRN  | <input type="checkbox"/> <b>Stool, Occult Blood Screen</b>  |            |
| <input type="checkbox"/> Blood Culture X1 X2                           | BLC        | <input type="checkbox"/> Stool, Ova & Parasite  |            |
| <input type="checkbox"/> <b>BNP</b>                                    | LAV        | <input type="checkbox"/> Stool, Rotavirus   |            |
| <input type="checkbox"/> Carbamazepine                                 | RED NO GEL | <input type="checkbox"/> Culture, Sputum  |            |
| <input type="checkbox"/> <b>Cardio hsCRP</b>                           | GRN        | <input type="checkbox"/> <b>Culture, Urine</b><br><input type="checkbox"/> Cath <input type="checkbox"/> Void |            |
| <input type="checkbox"/> <b>CRP (C-Reactive prot.)</b>                 | GRN        | <input type="checkbox"/> Culture, Wound <b>Site:</b>  |            |
| <input type="checkbox"/> <b>CBC w/diff</b>                             | LAV        | <input type="checkbox"/> Phosphorus   | GRN        |
| <input type="checkbox"/> <b>CBC manual diff</b>                        | LAV        | <input type="checkbox"/> Protein Elec. (serum)  | GOLD       |
| <input type="checkbox"/> <b>CEA</b>                                    | GRN        | <input type="checkbox"/> <b>PT (venipuncture)</b>   | BLU        |
| <input type="checkbox"/> CK, MB  | GRN        | <input type="checkbox"/> <b>PTT</b>   | BLU        |
| <input type="checkbox"/> Comp. Metabolic                               | GRN        | <input type="checkbox"/> Reticulocyte count   | LAV        |
| <input type="checkbox"/> <b>Coronary Risk Lipids (fasting)</b>         | GRN        | <input type="checkbox"/> <b>Sed Rate, ESR</b>   | LAV        |
| <input type="checkbox"/> <b>Digoxin</b>                                | RED NO GEL | <input type="checkbox"/> SGPT (ALT)   | GRN        |
| <input type="checkbox"/> <b>Dilantin</b>                               | RED NO GEL | <input type="checkbox"/> SGOT (AST)   | GRN        |
| <input type="checkbox"/> Electrolytes                                  | GRN        | <input type="checkbox"/> <b>T3 Total</b>  | GRN        |
| <input type="checkbox"/> <b>Ferritin</b>                               | GRN        | <input type="checkbox"/> <b>T4, Free</b>  | GRN        |
| <input type="checkbox"/> <b>Folate</b>                                 | GRN        | <input type="checkbox"/> <b>TSH</b>   | GRN        |
| <input type="checkbox"/> <b>GGTP</b>                                   | GRN        | <input type="checkbox"/> Theophylline   | RED NO GEL |
| <input type="checkbox"/> <b>GENT</b><br>Dose date/time: RED NO GEL     |            | <input type="checkbox"/> <b>Tobra</b><br>Dose date/time: RED NO GEL   |            |
| <input type="checkbox"/> <b>Glycohemoglobin, A1C</b>                   | LAV        | <input type="checkbox"/> <b>Transferrin</b>   | GRN        |
| <input type="checkbox"/> H&H   | LAV        | <input type="checkbox"/> <b>Urinalysis, Routine</b>   |            |
| <input type="checkbox"/> <b>Hepatic Function</b>                       | GRN        | <input type="checkbox"/> Urinalysis w/microscopic exam  |            |
| <input type="checkbox"/> <b>Hepatitis Profile (A,B,C)</b>              | GOLD       | <input type="checkbox"/> Valproic   | RED NO GEL |
| <input type="checkbox"/> Homocysteine* (fasting)                       | GRN        | <input type="checkbox"/> <b>Vancomycin</b><br>Dose date/time: RED NO GEL                                      |            |
| <input type="checkbox"/> <b>Iron</b>                                   | GRN        | <input type="checkbox"/> Vitamin B12  | GRN        |
| <input type="checkbox"/> <b>Iron &amp; TIBC</b>                        | GRN        | <input type="checkbox"/> Uric Acid  | GRN        |
| <input type="checkbox"/> LDH   | GRN        | Other: _____<br>_____<br>_____  |            |

NOTE: Tests in **bold** require medical necessity verification and supporting diagnosis