

Lake Forest Hospital

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

QUESTIONS:  
847.535.6119

SCHEDULING:  
847.535.8000 office  
847.535.8001 fax

nm.org

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

**To schedule an appointment call 847.535.8000.**

For questions or any further information, please call Laboratory Services at 847.535.6119.

**In order to provide the best possible services to you and your patients, we request the following information. To expedite your request, please complete all fields below and fax the order to 847.535.8001.**

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 \_\_\_\_\_

Patient must fast 10-12 hours

## PHYSICIAN INFORMATION

Referring Practitioner Last Name \_\_\_\_\_ First Name \_\_\_\_\_

NPI # \_\_\_\_\_ Practitioner's Fax Number \_\_\_\_\_

Practitioner's Signature \_\_\_\_\_ Date \_\_\_\_\_

## 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

- |   |  |
|---|--|
| <input type="checkbox"/> ANA Panel                                | <input type="checkbox"/> Hepatitis B surface AB                |
| <input type="checkbox"/> SSA/SSB Ab                               | <input type="checkbox"/> Hepatitis B surface AG                |
| <input type="checkbox"/> SM Ab                                    | <input type="checkbox"/> Hepatitis C AB                        |
| <input type="checkbox"/> RNP Ab                                   | <input type="checkbox"/> Hepatic Function                      |
| <input type="checkbox"/> SCL 70 Ab                                | <input type="checkbox"/> <b>Hepatitis Profile (A, B, C)</b>    |
| <input type="checkbox"/> J01 Ab                                   | <input type="checkbox"/> <b>HIV Antibody</b>                   |
| <input type="checkbox"/> DNA Ab(DS)                               | <input type="checkbox"/> Homocysteine                          |
| <input type="checkbox"/> Centromere B Ab                          | <input type="checkbox"/> Immunoglobulin, quant                 |
| <input type="checkbox"/> Histone Ab                               | <input type="checkbox"/> Immunofixation Serum Profile          |
| <input type="checkbox"/> ANA Screen                               | <input type="checkbox"/> Immunofixation Urine qual             |
| <input type="checkbox"/> ANA Screen w/reflex to markers           | <input type="checkbox"/> 24 hr <input type="checkbox"/> Random |
| <input type="checkbox"/> ANA Screen w/reflex to titer and pattern | <input type="checkbox"/> <b>Iron &amp; TIBC</b>                |
| <input type="checkbox"/> Alkaline Phosphatase                     | <input type="checkbox"/> LDH                                   |
| <input type="checkbox"/> Amylase                                  | <input type="checkbox"/> Lipase                                |
| <input type="checkbox"/> Basic Metabolic Prof.                    | <input type="checkbox"/> <b>Magnesium</b>                      |
| <input type="checkbox"/> Bili, Neonatal Total                     | <input type="checkbox"/> Mono Screen/Heterophile               |
| <input type="checkbox"/> Bili, Neo. Direct/Total                  | <input type="checkbox"/> Phosphorus                            |
| <input type="checkbox"/> <b>BNP</b>                               | <input type="checkbox"/> Platlet Function, Screen              |
| <input type="checkbox"/> <b>Cardio CRP (High Sen)</b>             | <input type="checkbox"/> Potassium                             |
| <input type="checkbox"/> <b>CRP (C-Reactive prot.)</b>            | <input type="checkbox"/> <b>PSA Screen (1x per year)</b>       |
| <input type="checkbox"/> <b>Calcium</b>                           | <input type="checkbox"/> <b>PSA, Free (elevated total)</b>     |
| <input type="checkbox"/> <b>CBC w/diff</b>                        | <input type="checkbox"/> <b>PSA Total (diagnostic)</b>         |
| <input type="checkbox"/> <b>CBC w/manual diff</b>                 | <input type="checkbox"/> Protein Electrophoresis (serum)       |
| <input type="checkbox"/> <b>CEA</b>                               | <input type="checkbox"/> <b>PT (venipuncture)</b>              |
| <input type="checkbox"/> Celiac profile                           | <input type="checkbox"/> <b>PT (capillary/finger)</b>          |
| <input type="checkbox"/> CK, MB                                   | <input type="checkbox"/> <b>PTT</b>                            |
| <input type="checkbox"/> Comprehensive Metabol.                   | <input type="checkbox"/> Reticulocyte count                    |
| <input type="checkbox"/> <b>Coronary Risk Lipids (fasting)</b>    | <input type="checkbox"/> <b>Sed Rate, ESR</b>                  |
| <input type="checkbox"/> <b>Ferritin, Serum</b>                   | <input type="checkbox"/> <b>T3 Total</b>                       |
| <input type="checkbox"/> Folate, Serum                            | <input type="checkbox"/> <b>T4, Free</b>                       |
| <input type="checkbox"/> <b>GGTP</b>                              | <input type="checkbox"/> <b>TSH</b>                            |
| <input type="checkbox"/> Culture, Throat                          | <input type="checkbox"/> <b>Transferrin</b>                    |
| <input type="checkbox"/> Culture, Throat Screen                   | <input type="checkbox"/> Urine Microalbumin                    |
| <input type="checkbox"/> Culture, Stool                           | <input type="checkbox"/> Urinalysis, Routine                   |
| <input type="checkbox"/> <b>Stool, Clostridium difficile PCR</b>  | <input type="checkbox"/> Urinalysis w/microscopic exam         |
| <input type="checkbox"/> <b>Stool, Occult Blood Diag</b>          | <input type="checkbox"/> <b>Vitamin B12</b>                    |
| <input type="checkbox"/> <b>Stool, Occult Blood Screen</b>        | <input type="checkbox"/> <b>Vitamin D, 1 25 Dihydroxy</b>      |
| <input type="checkbox"/> Stool, Ova & Parasite                    | <input type="checkbox"/> <b>Vitamin D, 25 hydroxy</b>          |
| <input type="checkbox"/> Stool, Rotavirus                         | <input type="checkbox"/> Uric Acid                             |
| <input type="checkbox"/> Culture, AFB                             | <input type="checkbox"/> 24-Hr. Urine CRE CLR                  |
| <input type="checkbox"/> <b>Culture, Urine</b>                    | <input type="checkbox"/> 24-Hr. Urine Total Prot.              |
| <input type="checkbox"/> Culture, Wound <b>Site:</b>              | <input type="checkbox"/> 24-Hr. Urine 5-HIAA                   |
| <input type="checkbox"/> Glucose Serum, 1 Hr. GTT                 | <input type="checkbox"/> 24-Hour VMA                           |
| <input type="checkbox"/> 2 Hr. GTT (Standard)                     | <input type="checkbox"/> *Semen, Post Vas.                     |
| <input type="checkbox"/> 3 Hr. GTT (Pregnancy)                    | <input type="checkbox"/> Other:                                |
| <input type="checkbox"/> <b>Glycohemoglobin, A1C</b>              | _____  |
| <input type="checkbox"/> <b>HCG Beta Quant.</b>                   | _____  |

\*Scheduled test can only be performed at Northwestern Medicine Lake Forest Hospital Laboratory.  
**NOTE:** Tests in **bold** require medical necessity verification and supporting diagnosis.

# Laboratory Services Outpatient Order Form

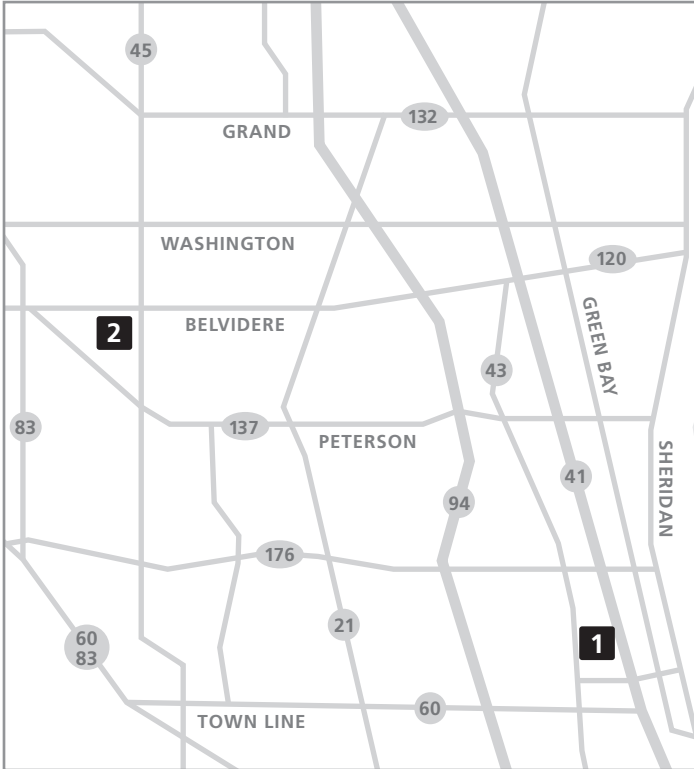
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**1 Lake Forest Hospital**  
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Main Entrance  
Lake Forest, Illinois 60045  
  
Laboratory Services  
847.535.6119 tel  
  
Scheduling  
847.535.8000 tel  
847.535.8001 fax

**2 Grayslake Outpatient Center**  
1475 East Belvidere Road (Route 120)  
Grayslake, Illinois 60030  
  
Laboratory Services  
847.535.6119 tel  
  
Scheduling  
847.535.8000 tel  
847.535.8001 fax

main telephone	847.234.5600	website	nm.org
patient scheduling	847.535.8000	physician referral	847.535.6171