### CHEMISTRY

- □ ALT (SGPT)
- □ Albumin
- □ Ammonia
- □ Amylase
- □ AST (SGOT)
- □ Bilirubin, Direct
- □ Bilirubin, Total
- □ Cholesterol, Total
- □ Cholesterol, HDL
- □ Cholesterol, LDL
- □ CK, Total
- □ CK, Reflex CKMB
- □ Creatinine
- □ Digoxin
- □ Dilantin (Phenytoin)
- □ Ferritin
- □ AFP, Non-Maternal
- □ ANA
- □ ANCA, Reflex to Titer
- □ CEA
- □ C-Reactive Protein
- □ ELP, Serum
- □ ELP, Urine
- □ Erythropoietin
- □ Homocysteine

### CHEMISTRY PANELS

- □ Electrolytes • Na • K+ • Cl • CO₂
- □ Basic Metabolic Panel
  - • Glu • BUN • Calcium • Creat • Lytes
  - • Alk Phos • ALT • AST • Total Bili • Total Protein
- □ Comprehensive Metabolic Panel
  - • Glu • BUN • Calcium • Creat • Lytes • Alb
  - • Alk Phos • ALT • AST • Total Bili • Total Protein
- □ Liver Function
  - • Total Cholesterol • HDL • LDL • Triglycerides
- □ Lipid Panel
  - • Total Cholesterol • HDL • LDL • Triglycerides

### HEMATOLOGY

- □ CBC with Diff
- □ CBC w/o Diff
- □ Hemoglobin & Hematocrit
- □ Hemoglobin
- □ Hematocrit
- □ Sed Rate (ESR)

### MICROBIOLOGY

- □ Culture, Routine (Aerobic)
  - Site: ______________________
- □ Culture, Sputum
- □ Culture, Stool
- □ Culture, Throat
- □ Gram Stain
- □ Rapid Strep
- □ Strep Screen
- □ Stool, Occult Blood

### COAGULATION

- □ PT/INR
- □ APTT
- □ D-Dimer

### URINE

- □ HCG, Urine
- □ Urinalysis, Reflex
- □ Urinalysis w/o Reflex
- □ Urinalysis w/ Microscopic
- □ Culture Only

### PATHOLOGY

- □ Pathology/Cytology
  - Site: ______________________

### MISC

- □ Other: ____________________

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**Notification to Physicians and Other Persons Legally Authorized to Order Tests for Which Medicare Reimbursement Will Be Sought.** Medicare will pay only for tests that meet the Medicare coverage criteria and are reasonable and necessary to treat or diagnose an individual patient. Medicare does not pay for tests for which documentation, including the patient record, does not support that the tests were reasonable and necessary. Medicare generally does not cover routine screening tests. Complete the ABN for tests that Medicare will not consider “medically necessary” for the noted diagnosis. Procedures governed by local or national coverage determination (LCD or NCD) are found in the Medicare A and Medicare B publications and listed on their respective websites: www.iamedicare.com (Part A) and www.noridianmedicare.com (Part B).