



Call Center: **573-884-4522**  
 MU TEST CATALOG:  
[muhealth.testcatalog.org](http://muhealth.testcatalog.org)

Affix Label Here

PATIENT INFORMATION (PLEASE PRINT OR USE PATIENT LABEL) \*

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ MIDDLE I: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ SEX  MALE  FEMALE

**COMPLETION OF ALL FIELDS IS MANDATORY**

ORDERING PROVIDER (PLEASE PRINT)

ICD-10 CODE

NAME (First, Last, Middle I): \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 CITY, STATE, ZIP: \_\_\_\_\_  
 FAX: \_\_\_\_\_  
 PHONE (critical call-backs): \_\_\_\_\_  
 NPI: \_\_\_\_\_

PHYSICIAN SIGNATURE

General Laboratory Tests: Refer to the MU Test Catalog for a comprehensive list [muhealth.testcatalog.org](http://muhealth.testcatalog.org)

HEMATOLOGY	ALLERGEN PANELS	URINE	MISCELLANEOUS TESTING
<input type="checkbox"/> CBC WITH AUTO DIFFERENTIAL	<input type="checkbox"/> ANIMAL EPIDERMAL ALLERGENS	<input type="checkbox"/> 24 HR CREATININE	
<input type="checkbox"/> CBC W/ PLTS (NO DIFFERENTIAL)	<input type="checkbox"/> BASIC ENT ALLERGEN	<input type="checkbox"/> 24 HR TOTAL PROTEIN	
<input type="checkbox"/> HEMATOCRIT	<input type="checkbox"/> CENTRAL MO ALLERGEN	<input type="checkbox"/> 24 HR MICROABLUMIN	
<input type="checkbox"/> HEMOGLOBIN	<input type="checkbox"/> COMPREHENSIVE ENT ALLERGEN	<input type="checkbox"/> HCG QUALITATIVE	
<input type="checkbox"/> RETICULOCYTE COUNT	<input type="checkbox"/> COMPREHENSIVE FOOD ALLERGEN	<input type="checkbox"/> RANDOM CREATININE	
<input type="checkbox"/> SEDRATE (ESR)	<input type="checkbox"/> FOOD ENT	<input type="checkbox"/> RANDOM, PROTEIN CREATININE RATIO	
	<input type="checkbox"/> GRASS POLLEN ALLERGEN PANEL	<input type="checkbox"/> UA WITH RFLX MICROSCOPY	
	<input type="checkbox"/> MAJOR FOOD ALLERGEN	<input type="checkbox"/> URINALYSIS WITH MICROSCOPY	
<b>CHEMISTRY PANELS</b>	<input type="checkbox"/> MOLD ALLERGEN PANEL	<input type="checkbox"/> URINE CULTURE	
<input type="checkbox"/> BASIC METABOLIC PANEL	<input type="checkbox"/> NUT ALLERGEN	<input type="checkbox"/> URINE DRUG TEST W/ CONFIRM	
<input type="checkbox"/> COMPREHENSIVE METABOLIC PANEL	<input type="checkbox"/> PEDIATRIC ALLERGEN SCREEN	<input type="checkbox"/> URINE DRUG TEST W/O CONFIRM	
<input type="checkbox"/> ELECTROLYTE PANEL (LYTES)	<input type="checkbox"/> RESPIRATORY ENT ALLERGEN		
<input type="checkbox"/> HEPATIC FUNCTION PANEL	<input type="checkbox"/> TREE POLLEN ALLERGEN	<b>BLOOD BANK</b>	
<input type="checkbox"/> LIPID PANEL		<input type="checkbox"/> ABORh TYPE	
<input type="checkbox"/> RENAL FUNCTION PANEL	<b>IMMUNOLOGY</b>	<input type="checkbox"/> ANTIBODY SCREEN	
	<input type="checkbox"/> CELIAC PANEL	<input type="checkbox"/> DIRECT COOMBS	
<b>GENERAL CHEMISTRY</b>	<input type="checkbox"/> EBV TITER	<input type="checkbox"/> TYPE AND SCREEN	
<input type="checkbox"/> AMYLASE	<input type="checkbox"/> MONO SCREEN		
<input type="checkbox"/> BETA HCG QUALITATIVE - URINE		<b>COAGULATION</b>	
<input type="checkbox"/> BETA HCG QUANTITATIVE	<b>MOLECULAR</b>	<input type="checkbox"/> D-DIMER	
<input type="checkbox"/> BILURUBIN, DIRECT	<input type="checkbox"/> N. GONORRHEA BY NAAT	<input type="checkbox"/> FIBRINOGEN	
<input type="checkbox"/> BILURUBIN, FRACTIONATED	<input type="checkbox"/> C. TRACHAMATIS BY NAAT	<input type="checkbox"/> PARTIAL THROMBOPLASTIN TIME (PTT)	
<input type="checkbox"/> BILURUBIN, TOTAL	<input type="checkbox"/> C. GON AND C. TRACH BY NAAT	<input type="checkbox"/> PROTOME (PT)	
<input type="checkbox"/> CK			
<input type="checkbox"/> CORTISOL			
<input type="checkbox"/> CREATININE	<b>TOXICOLOGY</b>	<b>STATE TESTING</b>	
<input type="checkbox"/> CRP	<input type="checkbox"/> LEAD LEVEL, CAPILLARY	<input type="checkbox"/> NEWBORN SCREENING, REPEAT	
<input type="checkbox"/> ESTRADIOL	<input type="checkbox"/> LEAD LEVEL, VENOUS		
<input type="checkbox"/> FERRITIN			
<input type="checkbox"/> FOLATE	<b>MICROBIOLOGY</b>		
<input type="checkbox"/> IRON	<input type="checkbox"/> AFB CULTURE WITH SMEAR		
<input type="checkbox"/> IRON/TIBC	<input type="checkbox"/> FUNGUS CULTURE		
<input type="checkbox"/> MAGNESIUM	<input type="checkbox"/> FUNGUS SMEAR		
<input type="checkbox"/> POTASSIUM	<input type="checkbox"/> PINWORM PREP		
<input type="checkbox"/> PTH (INTACT)	<input type="checkbox"/> RESPIRATORY CULTURE		
<input type="checkbox"/> TSH 3RD GENERATION	<input type="checkbox"/> RESPIRATORY PATHOGEN PANEL		
<input type="checkbox"/> VITAMIN B12	<input type="checkbox"/> THROAT BETA STREP CULTURE		
<input type="checkbox"/> VITAMIN D, 25 HYDROXY			
	<b>STOOL</b>		
	<input type="checkbox"/> C. DIFF W/ REFLEX		
	<input type="checkbox"/> FECAL LEUKOCYTES		
	<input type="checkbox"/> FOBI		
	<input type="checkbox"/> GI PANEL		
	<input type="checkbox"/> H PYLORI STOOL ANTIGEN		
	<input type="checkbox"/> STOOL FOR OVA AND PARASITES		