Health First CLINICAL LABORATORY ORDER FORM (PML) PARADISE MOBILE LABS

Holmes Regional Medical Center
1350 S. Hickory Street
Melbourne, FL 32901

Cape Canaveral Hospital
701 W. Cocoa Bch Causeway
Cocoa Beach, FL 32931

Palm Bay Hospital
1425 Malabar Rd NE
Palm Bay, FL 32907

Viera Hospital
8745 N. Wickham Rd
Viera, FL 32940

DR _____

Customer Service Phone (321) 434-7158 Fax (321) 434-5237

FAX RESULTS TO 321-989-0226

PATIENT NAME (LAST, FIRST MI)				BILL TO: ☐ FACILITY ☐ INSURANCE ☐ MEDICARE ☐ MEDICAID	
DOB	SEX: ☐ FEMALE ☐ MALE			INSURANCE NAME (Copy of Card Required)	
SSN	PHONE			POLICY HOLDER NAME	DOB
ADDRESS	CITY	ZIP		POLICY #	GROUP #
☐ STAT ☐ ROUTINE	COLLECT TIME	COLLECT DATE		COLLECTED BY	COPY TO ☐ COPY TO FAX

PANELS AND PROFILES	DX
☐ ACUTE HEPATITIS PANEL (Anti-HAV IgM, Anti-HBC IgM, HBS Ag, Hepatitis C)	
☐ BASIC METABOLIC PROFILE (Na, K, CL, CO2, Glu, Bun, Creat, Ca)	
☐ COMP METABOLIC PROFILE (Na, K, Cl, CO2, Glu,Bun, Crea, Ca, TP, Alb, ALT, AST, AIP, TBili)	
☐ HEPATIC (Liver) PROFILE (Alb, AST, ALT, Alk Phos, TBili, DBili, Tot Protein)	
☐ HEPATITIS PROFILE (Anti-HBe & HBeAg will be performed if HBsAg Anti-HBc or Anti-HBc-Igm are positive)	
☐ HYPOTHYROID PROFILE (T3 Uptake,T4 Total, TSH)	
☐ IRON PROFILE	
☐ LIPID PANEL (Chol, Trig, HDL, LDL calc, Chol/HDL Ratio)	
☐ PRENATAL PROFILE	
☐ THYROID PROFILE	
☐ RENAL PANEL (Na, K, Cl, CO2, Glu, Bun, Crea, Ca, Alb, Pho)	
HEMATOLOGY/COAGULATION	**DX**
☐ CBC W / DIFF	
☐ HEMOGLOBIN & HEMATOCRIT	
☐ RETICULOCYTE COUNT	
☐ SED RATE	
☐ HEMOGLOBIN A1C	
☐ PT / INR	
☐ PTT, ACTIVATED	
☐ D-DIMER	
☐ ANTITHROMBIN III	
URINE ☐ Clean Catch ☐ Cath	**DX**
☐ URINALYSIS W / MICROSCOPIC	
☐ URINE CULTURE	
☐ URINALYSIS, CULTURE IF	
☐ URINE DRUG SCREEN (toxi IV)	
☐ URINE PREGNANCY (HCG)	
☐ MICROALBUMIN	
STOOLS	**DX**
☐ C-DIF	
☐ GIARDIA/CRYPTOSPORIDIUM AG	
☐ OCCULT BLOOD SINGLE	
☐ OCCULT BLOOD MULTIPLE	
☐ OVA & PARASITES	
☐ ROTAVIRUS	
☐ STOOL CULTURE	

ALPHABETICAL LISTING	DX
☐ AMMONIA (Lav tube in ICE)	
☐ AMYLASE	
☐ ANA	
☐ BILIRUBIN DIRECT	
☐ BILIRUBIN TOTAL	
☐ BUN	
☐ CALCIUM	
☐ CHLAMYDIA & GC AMPLIFICATION	
☐ CK (Creatine Kinase)	
☐ CK-MB	
☐ CREATININE	
☐ CRP	
☐ ESTRADIOL	
☐ FERRITIN	
☐ FOLATE	
☐ FSH (Follicle Stimulating Hormone)	
☐ GLUCOSE	
☐ HCG, QUALITATIVE (Serum Only)	
☐ HCG, QUANTITATIVE	
☐ HEPATITIS B SURFACE AB	
☐ HEPATITIS B SURFACE AG	
☐ HIV 1 / 2 ANTIBODY SCREEN	
☐ INFLUENZA A / B ANTIGEN	
☐ K+ (Potassium)	
☐ LH (Luteinizing Hormone)	
☐ LIPASE	
☐ MAGNESIUM	
☐ MONONUCLEOSIS	
☐ MYCOPLASMA Pneumoniae IgM	
☐ PLATELET ANTIBODY	
☐ PRO B-NATRIURETIC PEPTIDE	
☐ PROLACTIN	

ALPHABETICAL LISTING	DX
☐ PSA DIAGNOSTIC	
☐ PSA SCREENING	
☐ PTH (INTACT)	
☐ PTH PACKAGE	
☐ RHEUMATOID FACTOR	
☐ RPR (Rapid Plasma Reagin)	
☐ RSV DIRECT ANTIGEN	
☐ RUBELLA ANTIBODY, IgG	
☐ RUBEOLA ANTIBODY, IgG	
☐ STREP GROUP A ANTIGEN	
☐ T3 UPTAKE	
☐ THYROXINE	
☐ TESTOSTERONE TOTAL	
☐ TROPONIN	
☐ TSH	
☐ VIRAL RESP DIRECT PANEL	
☐ VITAMIN B12	
☐ VITAMIN D, 25 (OH) TOTAL	

THERAPEUTIC DRUG LEVELS	DX
LAST DOSE: _____ NEXT DOSE: _____	
☐ CARBAMAZEPINE (Tegretol)	
☐ DIGOXIN	
☐ GENTAMICIN TROUGH	
☐ GENTAMICIN PEAK	
☐ LITHIUM	
☐ PHENOBARBITAL	
☐ DILANTIN (Phenytoin)	
☐ VANCOMYCIN TROUGH	
☐ VANCOMYCIN PEAK	
☐ THEOPHYLLINE	
☐ VALPROIC ACID (Depakene)	
ELECTROPHORESIS	**DX**
☐ HGB ELECTRO WITH INTERP	
☐ SPEP WITH INTERP	
☐ SERUM IFE WITH INTERP	
☐ UPEP WITH INTERP	
☐ URINE IFE WITH INTERP	

CULTURES	DX
☐ CULTURE AEROBIC & ANAEROBIC W/GRAM STAIN: **Source** _____	
☐ CULTURE AFB	
☐ CULTURE BLOOD	
☐ CULTURE FUNGUS: **Source** _____	
☐ CULTURE GENITAL: **Source** _____	
☐ CULTURE GRAM STAIN LOWER RESPIRATORY **(SPUTUM)**	
☐ CULTURE UPPER RESPIRATORY: **Source** _____	
☐ CULTURE GROUP A STREP: **Source** _____	
☐ CULTURE GROUP B VAGINAL _____	
☐ CULTURE HERPES VIRUS: **Source** _____	
☐ CULTURE VIRUS COMPREHENSIVE: **Source** _____	
☐ CULTURE WOUND/GRAM STAIN: **Source** _____	
☐ CULTURE OTHER: **Source** _____	

ADDITIONAL TESTS / COMMENTS:

I hereby authorize the above testing: Signature: _____ Date: _____