



530 North Lafayette Boulevard
South Bend, IN 46601-1098

Client Code _____
Interface Clients: Test Uploaded
 Physician _____
 Doctor number _____
 Date of request _____
 Faxed by _____

Test Add-on Physician Authorization

Signature of Ordering Provider _____ Date _____
 (Signature is required for all non-electronically submitted orders. Signatures must be dated, legible and include first and last name)

Patient Name _____
 DOB _____ SS# _____

Original Collection Date _____
 Specimens are held 7 days. However, specimen stability is dependent upon the test being added. Please refer to the Test Directory on our website sbmf.org for specimen requirements and specimen stability.

Stat Phone _____ Fax _____ Copy To _____

REMINDER: IF YOU HAVE REQUESTED ANY TEST INDICATED IN BOLD AND NOTED WITH AN ASTERISK (*), THE PATIENT MAY NEED TO SIGN THE ADVANCE BENEFICIARY NOTICE (ABN). REFER TO THE SOUTH BEND MEDICAL FOUNDATION WEBSITE WWW.SBMF.ORG

Panel Tests	DX	Individual Tests	DX	Individual Tests	DX
<input type="checkbox"/> 28192 Acute Hepatitis Panel*		<input type="checkbox"/> 29241 Cholesterol, Total*		<input type="checkbox"/> 29152 SGPT (ALT)	
<input type="checkbox"/> 23058 Electrolyte Panel		<input type="checkbox"/> 29131 Creatinine		<input type="checkbox"/> 29028 Sodium	
<input type="checkbox"/> 35205 General Health Panel		<input type="checkbox"/> 31042 Digoxin*		<input type="checkbox"/> 30016 T3, Free	
<input type="checkbox"/> 29525 Hepatic Function Panel		<input type="checkbox"/> 30055 Ferritin*		<input type="checkbox"/> 30113 T4, Free*	
<input type="checkbox"/> 29048 Lipid Panel*		<input type="checkbox"/> 29129 Glucose*		<input type="checkbox"/> 30213 T4, Total*	
<input type="checkbox"/> 29526 Metabolic Basic Panel		<input type="checkbox"/> 30089 HCG, Qualitative		<input type="checkbox"/> 30017 TSH*	
<input type="checkbox"/> 29527 Metabolic Comprehensive Panel		<input type="checkbox"/> 23409 Hemoglobin A1C*		<input type="checkbox"/> 25074 UA w/Micro C&S if ind	
<input type="checkbox"/> 21110 (MIC) Susceptibility (list specific drugs if needed)		<input type="checkbox"/> 28272 HIV-1/2 Ag/Ab Combo*		<input type="checkbox"/> 25075 Urinalysis w/Microscopic	
<input type="checkbox"/> 35839 Obstetric Panel		<input type="checkbox"/> 29100 Iron includes (TIBC)*		<input type="checkbox"/> 21054 Urine C&S clean catch (sens if ind)	
<input type="checkbox"/> 29528 Renal Function Panel		<input type="checkbox"/> 23084 Magnesium		<input type="checkbox"/> 31032 Valproic Acid (Depakote)	
Individual Tests	DX	<input type="checkbox"/> 29168 Phosphorus		Additional Tests	DX
<input type="checkbox"/> 29109 Amylase		<input type="checkbox"/> 29127 Potassium			
<input type="checkbox"/> 29021 BUN		<input type="checkbox"/> 23119 Protein, Total			
<input type="checkbox"/> 30225 Ca 125*		<input type="checkbox"/> 25045 Prothrombin Time (PT)*			
<input type="checkbox"/> 29039 Calcium		<input type="checkbox"/> 30178 PSA, diagnostic*			
<input type="checkbox"/> 25517 CBC with Diff*		<input type="checkbox"/> 30078 PSA, screening*			
<input type="checkbox"/> 25014 CBC without Diff*		<input type="checkbox"/> 25230 Sed Rate			
<input type="checkbox"/> 30181 CEA*		<input type="checkbox"/> 29255 SGOT (AST)			

Fax completed request to 574-807-3640