

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 \_\_\_\_\_ **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.  
 DOB \_\_\_\_\_ SS# \_\_\_\_\_

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"/> <b>28192 Acute Hepatitis Panel*</b>		<input type="checkbox"/> <b>29241 Cholesterol, Total*</b>		<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"/> <b>31042 Digoxin*</b>		<input type="checkbox"/> 30016 T3, Free	
<input type="checkbox"/> 29525 Hepatic Function Panel		<input type="checkbox"/> <b>30055 Ferritin*</b>		<input type="checkbox"/> <b>30113 T4, Free*</b>	
<input type="checkbox"/> <b>29048 Lipid Panel*</b>		<input type="checkbox"/> <b>29129 Glucose*</b>		<input type="checkbox"/> <b>30213 T4, Total*</b>	
<input type="checkbox"/> 29526 Metabolic Basic Panel		<input type="checkbox"/> 30089 HCG, Qualitative		<input type="checkbox"/> <b>30017 TSH*</b>	
<input type="checkbox"/> 29527 Metabolic Comprehensive Panel		<input type="checkbox"/> <b>23409 Hemoglobin A1C*</b>		<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"/> <b>28272 HIV-1/2 Ag/Ab Combo*</b>		<input type="checkbox"/> 25075 Urinalysis w/Microscopic	
<input type="checkbox"/> 35839 Obstetric Panel		<input type="checkbox"/> <b>29100 Iron includes (TIBC)*</b>		<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)	
<b>Individual Tests</b>	<b>DX</b>	<input type="checkbox"/> 29168 Phosphorus		<b>Additional Tests</b>	<b>DX</b>
<input type="checkbox"/> 29109 Amylase		<input type="checkbox"/> 29127 Potassium			
<input type="checkbox"/> 29021 BUN		<input type="checkbox"/> 23119 Protein, Total			
<input type="checkbox"/> <b>30225 Ca 125*</b>		<input type="checkbox"/> <b>25045 Prothrombin Time (PT)*</b>			
<input type="checkbox"/> 29039 Calcium		<input type="checkbox"/> <b>30178 PSA, diagnostic*</b>			
<input type="checkbox"/> <b>25517 CBC with Diff*</b>		<input type="checkbox"/> <b>30078 PSA, screening*</b>			
<input type="checkbox"/> <b>25014 CBC without Diff*</b>		<input type="checkbox"/> 25230 Sed Rate			
<input type="checkbox"/> <b>30181 CEA*</b>		<input type="checkbox"/> 29255 SGOT (AST)			

**Fax completed request to 574-807-3640**