		MIC	RC)B	IOLOGY	/ IMN	//UN	۷C	DLOGY			
RUSH UNIVERSITY MEDICAL CENTER RUSH MEDICAL LABORATORIES CHICAGO, ILLINOIS 60612 (312) 942-2378 DIRECTOR: ROBERT DE CRESCE, M.D. PATIENT NAME (LAST) (FIRST)				CALL RESULTS T	0:	ALL INFORMATION MUST BE PROVIDED						
						COLLECTI DATE:	ION	COLLECT TIME:	ION		.M.	
			(FIRST))	FAX RESULTS TO):	COLLECTI	ED BY	,		Р.	М.
MR#						REQUEST	ING F	PHYSICIAN	PAGER #			
R	IRTHDATE						ANTIBIOT	IC TH	FRAPY			
	EX M F						7.1111101					
	PLEASE USE BLACK INK*	DIAGNOSIS ICD-10 COD	(MAND E or NA	ATOR ARRAT	Y) TVE				RCH PATIENT NOT BILLE V70.7.	D TO A FUND) #,	
		TH	IS SE	CTIO	N TO BE COMPLE	TED FOR O	UTPAT	TIEN	TS ONLY			
В	BILL PATIENT	BILL INS	SURANG	CE		**ATTACH	COMPLI	ETEC	INSURANCE CLAIM FO	RM TO THIS F	REQ**	В
L	PATIENT ADDRESS					RESPONSIBLE PAR	RTY (IF DIFF	ERENT	THAN PATIENT)	SEX		L
Ğ	CITY	STATE			ZIP CODE	ADDRESS			CITY STATE	ZIP CO	M □ F DDE	N G
N F	TELEPHONE			SOC	SIAL SECURITY #	TELEPHONE			DATE OF BIRTH	SOCIAL SECURITY	Y #	NF
O R M	EMPLOYER NAME		ADDRE	SS		CITY		STATE	ZIP CODE	TELEPHONE		N F O R M A T
A T I	INSURANCE PROVIDER			/MEMBEF	D #		MEDICADE/		AID # (CIRCLE ONE)	MEDICAID RECIPIE	ENIT #	- 1
O N			FULIUT	VIVILIVIDLE	π #		IVILDIGANL/I	VILDIO	TID # (GINGLE GIVE)	WEDIOAID REGIFTE	LIVI #	O N
UK	DERING PHYSICIAN					U.P.I.N.						
SEI	ND ADDITIONAL REPORTS TO			ADDRE	SS CITY	STATE	Ē		ZIP CODE			
	AT ROUTINE	_					L STAT RE		,			
N	OTE: If federal reimbu medical necessit	rsement will b ty. Medicare go	e sougl enerally	nt for to does	he ordered services, ph not cover routine scree	ysicians must ning tests.	only ord	ler th	ose tests that meet Medic	are requiremer	nts for	
	IMMUNO SEROLOGY		CPT		INFECTIOUS SEROLOG	Υ	СРТ		MOLECULAR TESTS		CPT	
	ANTI-ds DNA [DNA]		86225	S	HEPATITIS B CORE TOTAL A	NTIBODY	86704	S	Chlamydia trachomatis	87491, 8	7591	PC
	ANTI-ENA (Sm, RNP) [ENA] ANTI-ENA (SS-A/SS-B) [SSA/B		86235x2 86235x2	_	[HBC AB] HEPATITIS B CORE IGM ANT	IBODY [HBC IGM]	86705	S	N. gonorrhoeae PROBE [CTNG HIV-1 RNA QUANTITATION # [37536	1
	ANTI-NUCLEAR ANTIBODY @		86038	S	HEPATITIS Be ANTIGEN [HBI		87350	S	(OUTPATIENTS ONLY)			_
	ANTI-NEUTROPHIL CYTOPLAS	SMIC	86255	S	HEPATITIS Be ANTIBODY [HI	-	86707	S	CYTOMEGALOVIRUS DNA QUA	NOITATITMA	37497	L
	ANTIBODY @ [ANCA]	nl		S	HEPATITIS B SURFACE ANTI		87340	S S	BLOOD [CMVQT] NON-BLOOD [CMVQO]			
	AUTOIMMUNE PROFILE @ [AI ANTI-CARDIOLIPIN ANTIBODII		86147x2	_	HEPATITIS B SURFACE ANTI HEPATITIS C ANTIBODY @ [86706 86803	S	HEPATITIS B DNA QUANTITATIO	N* [HBVQT] 8	37517	S
	IgG and IgM [CARDIOLIP]				HEPATITIS DELTA ANTIBODY		86692	S	HEPATITIS C RNA QUANTITATIO		37522	
	CRYOGLOBULIN [CRYOGLOB]		82595	S	HERPES SIMPLEX (TYPES 1 AM	ID 2) IgG [HSV IGG]	86694	S				
	THYROID ANTIBODIES [THYR	AB] 86376,	86800	S	HIV ANTIBODY @ [HIV]		86703	S				
					Legionella Antigen (Urine) [L		87449	S	OTHER TESTS: Please prin	t <u>LEGIBLY</u> one tes	st per line	•
				_	Legionella pneumophila ANT LYME ANTIBODY @ [LYME A		86713 86617x2	S S				
	INFECTIOUS SEROLOGY				MUMPS IgG [MUMPS IGG]	(D)	86735	S				
	Cryptococcus Antigen @ CSF [86403	ST	Mycoplasma pneumoniae ANTIB	ODY [MPNEUMO AB]		S				
	,,	D [CRYBL]			PARVOVIRUS B19 ANTIBOD		86747	S				
	MONOTEST [MONOTEST]		86308	S	(IgG AND IgM) [PARVO AB]							
	RPR @ [RPR]		86592	S	RUBELLA IgG [RUB IGG]		86762	S				
	VDRL @ (CSF ONLY) [C /VDRL	-		ST	RUBEOLA IgG [MEAS IGG]		86765	S				
	CYTOMEGALOVIRUS IgG [CMV	-	86644	S	TORCH PANEL @ [TORCH IG		80090	S				
_	CYTOMEGALOVIRUS IgM [CM]		86645 86665	S S	TOXOPLASMA IgG [TOXO IG		86777 86787	S S				
_	EPSTEIN-BARR VIRAL CAPSID I EPSTEIN-BARR VIRAL CAPSID I	-		S	VARICELLA-ZOSTER IgG [VZ	iuuj	00/0/	_	□ FSPECIMENS MUST BE PROC	ESSED WITH TH	F SERIIN	М
	Helicobacter pylori Antigen [HE	-	87338	S				_	OR PLASMA FROZEN WITHIN 8			
	Helicobacter pylori IgG [HELIC		86677	S				R	ML FORM NO. 4007		(09-28-	16)
	HEPATITIS ACUTE PANEL @ [A	AHP]	80074	S					. D			
	HEPATITIS A TOTAL ANTIBODY		86708	S				_ `	* Research Use Only Assays: Ret the sole mechanism of diagnos	suits snould not be is. Some materials	e used as s used in	5
_	HEPATITIS A IgM ANTIBODY [I	HAVAB IGM]	86709	S				-	the assay are pending FDA app			
				_				-	@ SEE REVERSE SIDE FO	AD DANEI /DDAEI	II E /	
				_				-			ILL/	
C	ONTAINER CODES: L=LAV	ENDER PC=G	EN PRO	BE TRA	NSPORT CONTAINER S =	-5ml SST (Serum	Separator	Tube)	REFLEX DESC ST=STERILE CONTAINER	RIPTIONS		

IF POSITIVE, THE FOLLOWING TESTS WILL BE REFLEXED FOR FURTHER TESTING.

RPR to titer and Confirmatory Testing	86593, 86781	ANCA to MPO and PR3	86021x2
VDRL to titer	86593	ANCA titer,	86256
HIV to HIV Western blot	86689	Chlamydia/GC PROBE to Chlamydia tr	rachomatis Probe
LYME ANTIBODY to LYME Western Bl	ot 86617	and N. gonorrhoeae Probe	87490, 87590

AUTOIMMUNE PROFILE

ANA (IFA) for titer and pattern	86039	If the ANA test is abnormal the following test(s)	
C3	86160	will be performed:	
C4	86160	Anti-ds-DNA	86225
CRP	86140	Anti-ENA (Sm, RNP)	86235X2
RF	86431	Anti-ENA (SS-A/SS-B)	86235X2

TORCH PANEL

Cytomegalovirus IgG	86644	Rubella IgG	86762
Herpes simplex (Types 1 and 2) IgG	86694	Toxoplasma IgG	86777

HEPATITIS PANEL

Hepatitis B Surface Antigen	87340	Hepatitis A IgM Antibody	86709
If positive, neutralization will be performed	87341	Hepatitis C Antibody	86803
Hepatitis B Core IgM Antibody	86705	If moderate or low level of antibody is detected,	
		RIBA II confirmation will be performed	86804

HEPATITIS C ANTIBODY

If moderate or low level of antibody is detected, RIBA II confirmation will be performed.

86804

CRYPTOCOCCAL ANTIGEN

If positive, a titer will be determined 86406