

Laboratory Services

Madison Center | 904 7th Ave., 2nd Floor | Seattle, WA 98104

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THE POLYCLINIC**Manual Requisition for External Providers**

Date: _____ Doctor: _____

Phone/Fax Number: _____ Copy Results to: _____

PATIENT INFORMATION

Last Name: _____ First Name: _____ MI: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Patient ID/MRN: _____ Patient Birthdate: _____ Phone: _____

Collection Date/Time: _____

BILLING INFORMATION

Primary Insurance Co. Name: _____

Member ID: _____ Group Number: _____

Insurance Address: _____ City: _____ State: _____ Zip: _____

Chemistry Tests:	ICD10 Codes
Comprehensive Metabolic Panel (CMP)	
Basis Metabolic Panel (BMP)	
Lipid Panel	
Hepatic Function	
Renal Profile	
Thyroid Profile	
Testosterone, Free and Total	
Electrolytes	
Prostate Specific Antigen (PSA)	
Iron (FE)	
Iron and Iron Bind Capacity (FEIBC)	
B12/Folate	
Hemoglobin A1c	
Urine Micro-albumin and Creatinine Ratio (UMACRT)	

Hematology Tests:	ICD10 Codes
Complete Blood Count (CBC)	
Erythrocyte Sedimentation Rate (ESR)	
Protime (PT)	
Partial Thromboplastin Time, Activated (PTT)	
Urinalysis Tests:	ICD10 Codes
Urinalysis Complete, Culture if Indicated (UAC)	
Urinalysis with Additional Culture (UAWCUL)	
Other Tests:	ICD10 Codes

Comments: _____

Ordering Physician's Name (Print): _____

Ordering Physician's Signature: _____