



Eastern Connecticut Health Network
DEPARTMENT OF PATHOLOGY
AND LABORATORY SERVICES

**COMPLETE ALL FIELDS OR ATTACH A COPY OF OFFICE
FACE SHEET & PATIENT INSURANCE CARD.**

Account # (Hospital Use Only)

PHYSICIAN

AUTHORIZING PHYSICIAN'S SIGNATURE

DX / ICD-9 CODES / SYMPTOM (REQUIRED)

PRE-OP DX: _____
Requires additional codes relating to surgery/condition

COPY TO:
 COPY TO PATIENT

STAT:

SPECIAL INSTRUCTIONS
 FASTING NON-FASTING

NAME (LAST, FIRST, MIDDLE INITIAL)		PATIENT SS NO.	
ADDRESS		DATE OF BIRTH	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
CITY	STATE	ZIP CODE	PATIENT TELEPHONE NO.
PRIMARY INSURANCE			
INSURANCE NAME		STATE	INSURED'S NAME
RELATIONSHIP OF PATIENT TO INSURED		PATIENT'S (OR INSURED'S) I.D. NUMBER	
<input type="checkbox"/> SELF <input type="checkbox"/> SPOUSE <input type="checkbox"/> CHILD <input type="checkbox"/> OTHER			
GROUP NO.		INSURED'S EMPLOYER	
SECONDARY INSURANCE			
INSURANCE NAME		STATE	INSURED'S NAME
RELATIONSHIP OF PATIENT TO INSURED		PATIENT'S (OR INSURED'S) I.D. NUMBER	
<input type="checkbox"/> SELF <input type="checkbox"/> SPOUSE <input type="checkbox"/> CHILD <input type="checkbox"/> OTHER			
GROUP NO.		INSURED'S EMPLOYER	CT CARE PRE-AUTHORIZATION # (for genetic testing)

WHEN ORDERING TESTS, PLEASE SELECT ONLY THOSE TESTS WHICH ARE MEDICALLY NECESSARY FOR THE DIAGNOSIS OR TREATMENT OF THE PATIENT. MEDICARE DOES NOT PAY FOR ROUTINE SCREENING TESTS.

SPECIMEN REQUIREMENT KEY

S - SERUM SEP, TUBE B - BLUE TOP TUBE
R - RED TOP TUBE L - LAVENDER TOP
U - URINE, RANDOM T - TAN TOP TUBE
PK - PINK TOP TUBE W - WHITE TOP

ORGAN / DISEASE PANELS

BASIC **A.M.A. BASIC METABOLIC** S
BUN, Ca, Cl, CO₂, Creat, GFR,
Gluc, K, Na

COMP **A.M.A. COMPREHENSIVE METABOLIC** S
Alb, Alk Phos, ALT, AST,
BILT, BUN, Cal, Cl, Cre,
CO₂, GFR, Gluc, K, Na, TP

LYTES **A.M.A. ELECTROLYTES** S
CL, CO₂, K, Na

LAB. HEALTH **A.M.A. GENERAL HEALTH SCREEN** S,L
CBC, Comp Metabolic
Panel, TSH

HEP **A.M.A. LIVER (HEPATIC)** S
Alb, Alk Phos, ALT, AST,
BILIC, BILT, TP

HEPPNI **A.M.A. ACUTE HEPATITIS** S
Hep A Ab IgM, Hep BcAB,
Hep Bs Ag, Hep C AB

LIPID RFLX Lipid Panel w/ reflex LDLD

LIPID **A.M.A. LIPID** S
Cholesterol, HDL, LDL (calc),
Trig

PRE NATAL CBC, HEPBAGP, HIV,
TPALL, RUBS, ABRHI

RENAL **A.M.A. RENAL FUNCTION** S
Alb, BUN, Cal, Cl, CO₂, Cre,
Glu, K, Na, Phos

IRON PANEL Iron, Iron Binding,
% Saturation, Ferritin,
Transferrin

ANY PROFILE OR ORGAN / DISEASE COMPONENT MAY BE ORDERED SEPARATELY

MATSCRN <input type="checkbox"/> AFP MATERNAL SCREEN S	HEPBAG <input type="checkbox"/> HEPATITIS B Surf Ag w/confirm S
ALB <input type="checkbox"/> ALBUMIN S	HEPC <input type="checkbox"/> HEPATITIS C Ab w/confirm S
ALK <input type="checkbox"/> ALK PHOSPHATASE S	HEPCRNA <input type="checkbox"/> HEP C RNA QUANT S
ALT <input type="checkbox"/> ALT (SGPT) S	HIV <input type="checkbox"/> HIV (W/ CONFIRM) S
AMY <input type="checkbox"/> AMYLASE S	HOMO <input type="checkbox"/> HOMOCYSTEINE S
ANA <input type="checkbox"/> ANA W/ REFLEX TITER S	IBC <input type="checkbox"/> IBC S
AST <input type="checkbox"/> AST (SGOT) S	INR <input type="checkbox"/> INR FINGERSTICK (Coventry Site Only) S
BILIC <input type="checkbox"/> BILIRUBIN (DIRECT) S	IRO <input type="checkbox"/> IRON S
BILIN <input type="checkbox"/> BILIRUBIN (NEONATAL) S	LDH <input type="checkbox"/> LDH S
BILT <input type="checkbox"/> BILIRUBIN (TOTAL) S	LEAD <input type="checkbox"/> LEAD S
BUN <input type="checkbox"/> BUN S	LH <input type="checkbox"/> LH S
CA125 <input type="checkbox"/> CA 125 S	LIPA <input type="checkbox"/> LIPASE S
CA19 <input type="checkbox"/> CA19-9 S	LIT <input type="checkbox"/> LITHIUM S
CAL <input type="checkbox"/> CALCIUM S	LYMA <input type="checkbox"/> LYME W/REFLEX WESTERN BLOT S
CBC <input type="checkbox"/> CBC w/ reflex to manual as required by designated CBC criteria S	MAG <input type="checkbox"/> MAGNESIUM S
CBCM <input type="checkbox"/> CBC W/ Manual diff L	MICROA <input type="checkbox"/> MICROALBUMIN (includes creatinine), URINE L
CBCN <input type="checkbox"/> CBC W/ no diff S	MONO <input type="checkbox"/> MONO SPOT S
CEA <input type="checkbox"/> CEA S	PHOS <input type="checkbox"/> PHOSPHOROUS S
CHOL <input type="checkbox"/> CHOLESTEROL S	K <input type="checkbox"/> POTASSIUM S
CL <input type="checkbox"/> CHLORIDE S	PRO <input type="checkbox"/> PROTEIN, TOTAL S
CO₂ <input type="checkbox"/> CO ₂ S	SPEP <input type="checkbox"/> PROTEIN ELECTROPHORESIS, SERUM S
CK <input type="checkbox"/> CK S	PROELU <input type="checkbox"/> PROTEIN ELECTROPHORESIS, URINE U
CRE <input type="checkbox"/> CREATININE S	PSA SCREEN <input type="checkbox"/> Screen ICD-9 V76.44 S
CRP <input type="checkbox"/> C-REACTIVE PROTEIN S	PSA DIAG <input type="checkbox"/> Diagnostic ICD-9 _____ S
CRPU <input type="checkbox"/> C-REACTIVE PROT./ULTRA CARDIO S	PT <input type="checkbox"/> PT / INR <input type="checkbox"/> COUMADIN <input type="checkbox"/> HEPARIN B
DHEA <input type="checkbox"/> DHEA S	PTT <input type="checkbox"/> PTT <input type="checkbox"/> COUMADIN <input type="checkbox"/> HEPARIN B
DHEAS <input type="checkbox"/> DHEA SULFATE S	RET <input type="checkbox"/> RETIC COUNT S
DIG <input type="checkbox"/> DIGOXIN R	RHE <input type="checkbox"/> RHEUMATOID FACTOR S
DILA <input type="checkbox"/> DILANTIN / PHENYTOIN U	RUBS <input type="checkbox"/> RUBELLA S
DRUS <input type="checkbox"/> DRUG SCREEN / URINE U	NA <input type="checkbox"/> SODIUM S
SED <input type="checkbox"/> ESR (SED RATE) L	TEGR <input type="checkbox"/> TEGRETOL / CARBAMAZEPINE S
ESTD <input type="checkbox"/> ESTRADIOL S	TEST <input type="checkbox"/> TESTOSTERONE S
FER <input type="checkbox"/> FERRITIN S	THYT3U <input type="checkbox"/> T3 UPTAKE S
FOLS <input type="checkbox"/> FOLATE S	THYT4 <input type="checkbox"/> T4 S
FSH <input type="checkbox"/> FSH S	THYT4F <input type="checkbox"/> T4, FREE S
GKT <input type="checkbox"/> GGT S	TPALL <input type="checkbox"/> TREPONEMA PALLIDIUM W/REFLEX RPR (32) S
GFR,E <input type="checkbox"/> GLOM FILTRA RATE S	TRIG <input type="checkbox"/> TRIGLYCERIDES S
Info * Age _____, Ht _____ S	TSH <input type="checkbox"/> TSH S
Info * Race _____, <input type="checkbox"/> Male <input type="checkbox"/> Female S	TSHREFLEX <input type="checkbox"/> TSH W/ REFLEX T4 FREE S
GLUT <input type="checkbox"/> GLUCOSE TOL. _____HRS. S	TYPES <input type="checkbox"/> TYPE & SCREEN PK
GLU <input type="checkbox"/> GLUCOSE S	URIC <input type="checkbox"/> URIC ACID S
GLYC <input type="checkbox"/> HEMOGLOBIN A1C L	URIN <input type="checkbox"/> URINALYSIS W/ RELFLEX MICROSCOPIC S
PREG <input type="checkbox"/> HCG QUAL S	URIND <input type="checkbox"/> URINE W/ MICROSCOPIC U
HCGB <input type="checkbox"/> HCG QUANT S	URINDRFLX <input type="checkbox"/> URINALYSIS W/ REFLEX CULTURE U
HCGM <input type="checkbox"/> HCG TUMOR MARKER S	VALP <input type="checkbox"/> VALPROIC ACID / DEPAKOTE U
HDL <input type="checkbox"/> HDL S	VITB12 <input type="checkbox"/> VITAMIN B12 S
HH <input type="checkbox"/> HEMOCRIT / HGB L	VITD25 <input type="checkbox"/> VITAMIN D25, HYDROXY S
HEPAAB <input type="checkbox"/> HEPATITIS A Ab Total, IgM S	
HEPBAB <input type="checkbox"/> HEPATITIS B Surf Ab S	
HEPBCOR <input type="checkbox"/> HEPATITIS B Core Ab S	

MICROBIOLOGY

SPECIMEN SOURCE: Please provide

AFB AFB CULTURE (TB) S

AFFIRM AFFIRM S

BC BLOOD CULTURE *X_____ S

PATIENT ON ANTIBIOTICS YES NO

BFL FLUID CULTURE S

SOURCE _____ S

CHLGC CHLAMYDIA / GC DNA PROBE S

EAR EAR CULTURE * / GRAM STAIN T

EYE EYE CULTURE * / GRAM STAIN S

FUN FUNGUS CULTURE S

GTFCV GENITAL CULTURE • S

GPBS GROUP B STREP CULTURE S

HER HERPES CULTURE U

HERPCUL HERPES CULTURE W/REFLEX TYPNG S

RSV RSV CULTURE (NP SWAB OR WASHING) S

SPT SPUTUM CULTURE * / GRAM STAIN S

FEC STOOL CULTURE • S

CDIFF C. DIFF TOXIN ASSAY S

GIAC GIARDIA CRYPTO Ag S

OCCD OCCULT BLOOD S

O&P OVA + PARASITES S

GSFEC STOOL FOR WBCs S

THRGSAS THROAT CULTURE FOR STREP B

STREPA RAPID GROUP A STREP SCREEN B

URC URINE CULTURE • L

STRAIGHT CLEAN CATCH S

FOLEY S

VIR VIRAL CULTURE R

WD WOUND CULTURE / GRAM STAIN R

* ID and antibiotic susceptibility will be performed if indicated, at an additional charge.

BLOOD BANK

DIRAHG DIRECT COOMBS PROFILE PK

ANTT ANTIBODY TITER PROFILE PK

RHOAN Rh IMMUNE GLOBULIN PK

TYPE & SCREEN PK

ABRHI PRENATAL TYPE & SCREEN ROUTINE S

PRE-OP DATE OF SURGERY _____

OTHER: _____

Phlebotomist section: Initials: _____ Time collected: _____ Blood Draw: Venipuncture Capillary

Verify before collection: Name D.O.B. Patient ID

Specimen Inventory: Urine #: _____ Swab(s) #: _____ Blue Top #: _____ Pumpkin #: _____ Gray top #: _____ Green top #: _____

Lav. top #: _____ Red top #: _____ Yellow #: _____ Sedrate tube #: _____ Other: _____ #:

ECHN LABORATORY PATIENT SERVICE CENTERS

Centralized Active Fax 860-643-4894

COVENTRY

Meadowbrook Plaza

1707 Boston Turnpike
 (Next to Highland Park Market)
 Phone: 860.742.6792
 Fax: 860.643.4894

Hours: M-F 7:30 am – 3:45

(Closed Daily for lunch from 12:30-1pm)

ELLINGTON

ECHN Medical Offices

175 West Road
 Phone: 860.375.9138
 Fax: 860.643.4894

Hours: M-F 6 am – 2:15 pm

(Closed Daily for lunch from 12:30 – 1pm)

GLASTONBURY

ECHN Glastonbury Wellness Center

628 Hebron Avenue, Suite 104 B
 Phone: 860.652.3182
 Fax: 860.652.3185

Hours: M-F 7:30 am – 5pm

TOLLAND

ECHN Medical Offices

6 Fieldstone Commons
 (Corner of Rte 195 – Merrow Road and
 Fieldstone Commons)

Phone: 860.896.4872
 Fax: 860.643.4894

Hours: M-F 7 am – 3:30 pm

(Closed daily for lunch from 12-1pm)

MANCHESTER

Manchester Hospital

71 Haynes Street
 Phone: 860.647.4717
 Fax: 860.647.0437

Hours: M-F 6:45 am – 6 pm

Sat 7 am – 12 pm

Tolland Tpk

360 Tolland Tpk
 Phone: 860.646.2177
 Fax: 860.645.3630

Hours: M-F 6:30 am – 3pm

(Closed daily for lunch from 12:30-1)

Manchester Medical Offices

130 Hartford Road
 Phone: 860.647.2912
 Fax: 860.647.0437

Hours: M-Th 7 am – 5 pm

F 7 am – 4 pm

VERNON / ROCKVILLE

Rockville Hospital

31 Union Street
 Phone: 860.872.5172
 Fax: 860.872-5204

Hours: M-F 6:45 am – 5 pm

Sat 8 am – 12 pm

Hartford Turnpike

428 Hartford Turnpike
 Hours: M-F 6:30 am – 6 pm
 Sat 7 am – 12 pm
 Phone: 860.533.4606
 Fax: 860.533.4605

SOUTH WINDSOR

Evergreen Walk I

2800 Tamarack Road, Suite 002
 Phone: 860.533.4604
 Fax: 860.533.4601

Hours: M-F 7 am – 4 pm

Sat 9 am – 1 pm

(Closed daily for lunch 12-1 pm)

Evergreen Walk II

2400 Tamarack Avenue
 Phone: 860.533.4693
 Fax: 860.533.4694

Hours: M-F 8:30 am – 4:45 pm

(Closed daily for lunch from 12:30-1 pm)

South Windsor Patient Service Center

25 Oakland Road
 Phone: 860.644.1182
 Fax: 860.644.1318

Hours: M-F 10 am – 2:30 pm

(Closed Daily for lunch 12 – 12:30 pm)

COMMONLY USED ICD CODES

789.00 Abdominal Pain – Unspecified Site	780.6 Fever	346.90 Migraines
682.9 Abscess – Unspecified Site	487.1 Flu	787.02 Nausea w/ vomiting
706.1 Acne	535.50 Gastritis – Unspecified	382.9 Otitis Media
995.3 Allergy – Unspecified	V70.0 Gen Med Exam Adult	785.1 Palpitations
626.0 Amenorrhea	V20.2 Gen Med Exam Child	533.90 Peptic Ulcer
285.9 Anemia – Unspecified	274.9 Gout	486 Pneumonia
716.90 Arthritis – Unspecified Site	V72.3 Gen Exam, Routine w/ Pap	V22.1 Pregnancy
414.00 ASHD	784.0 Headache, (General)	V70.4 Premarital
493.90 Asthma	429.9 Heart Disease – Unspecified	601.9 Prostatitis
724.5 Backache	573.3 Hepatitis	V76.44 PSA Screening
041.9 Bacterial Infection – Unspecified	V01.7 Exposure to Other Viral Diseases (HIV and Hepatitis)	782.1 Rash
490 Bronchitis	272.0 Hypercholesterolemia	999.7 Rh Incompatibility (656.1 in Preg.)
727.3 Bursitis	272.4 Hyperlipidemia	780.39 Seizure – Unspecified
786.50 Chest Pain	600.00 Hyperplasia of Prostate	473.9 Sinusitis
558.9 Colitis	401.9 Hypertension (HTN) – Unspecified	462 Sore Throat
428.0 Congestive Heart Failure	242.90 Hyperthyroidism	848.90 Sprain, Strain
372.30 Conjunctivitis	244.90 Hyperthyroidism – Unspecified	041.10 Staphylococcus – Unspecified
496 COPD	136.9 Infection – Unspecified	041.00 Streptococcus – Unspecified
414.00 Coronary Artery Disease	628.9 Infertility, Female – Unspecified	785.6 Swollen Glands
786.2 Cough	606.9 Infertility, Male – Unspecified	246.9 Thyroid Disorder
692.9 Dermatitis	V26.21 Infertility Testing	995.2 Unspecified Adverse Effect of Drug
250.01 Diabetes Mellitus Type I	719.40 Joint Pain – Unspecified Site	465.9 URI Upper Respiratory Infection
250.00 Diabetes Mellitus Type II	593.9 Kidney Disease	599.0 UTI Urinary Tract Infection
787.91 Diarrhea	573.9 Liver Disease	616.10 Vaginitis
780.4 Dizziness	V58.61 Long term (current) use of anticoagulant	V74.5 Venereal Disease, screening for
388.70 Earache		099.9 Venereal Disease
780.79 Fatigue		079.99 Viral Infection
		078.10 Viral Warts – Unspecified

Diagnosis codes must be medically appropriate for the patient's condition and consistent with the documentation in the patient's medical record. ECHN does not recommend specific diagnosis codes.