

Patient Name: \_\_\_\_\_  
Medical Record Number: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Address: \_\_\_\_\_

**OUT OF NETWORK ORDER FORM**

Order Date: \_\_\_\_\_ Diagnosis: \_\_\_\_\_  
Facility Name: \_\_\_\_\_ Critical Call #: \_\_\_\_\_  
Address: \_\_\_\_\_  
Print Provider Name: \_\_\_\_\_ NPI #: \_\_\_\_\_  
Provider Signature: \_\_\_\_\_ Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

*\* MUST ORDER INDIVIDUAL TESTS, PANELS ARE NOT AVAILABLE*

**Chemistry**

- Albumin (ALB)
- Alk Phosphatase (ALKP)
- ALT (ALT)
- Amylase (AMY)
- AST (AST)
- A1C (A1C)
- Total Bilirubin (BILIT)
- BUN (BUN)
- Calcium (CA)
- Chloride (CL)
- CO2 (CO2)
- Creatinine (CREAT)
- Electrolytes (LYTES)
- GGT (GGT)
- Glucose (GLU)
- HCG, Quantitative (BHCG)
- HLA Class 1 & 2 Ab
- Iron/Iron Binding (IRON)
- LDH (LDH)
- Lipase (LIPAS)
- Lipid Panel (LPA)
- Magnesium (MG)
- Methadone (METAD)
- Phosphorus (PHOS)
- Potassium (K)
- Sirolimus (SIROL)
- Sodium (NA)
- Tacrolimus (TACRO)
- Testosterone (TESTO)
- Total Protein (TP)
- TSH (TSH)

**Hematology/Coag**

- CBC (CBC)
- Hemogram (HEMG)
- Hemoglobin (HGB)
- HCT (HCT)
- WBC (WBC)
- Platelet Count (PLT)
- Sed Rate (ESR)
- PT-INR (PT)

**Microbiology**

- C. Difficile Toxin (PCR)
- Stool Culture (STLC)
- Urine Culture (URC)

Source: \_\_\_\_\_

**Urinalysis**

- UA Routine (UA)

**Other**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Frequency:** \_\_\_\_\_

**Special Instructions**

If multiple tests ordered with different instructions list DETAILS below by test:

\_\_\_\_\_  
\_\_\_\_\_

**\*\* This order is good for ONE YEAR ONLY from the date of order.**

For faxing or other information call the GHS location of the patient's choice 608-782-7300 or 800-362-5967.