



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

NAME (LAST, FIRST, MIDDLE INITIAL)
ADDRESS
CITY STATE ZIP CODE

PATIENT SS NO.
DATE OF BIRTH MALE FEMALE
PATIENT TELEPHONE NO.

AUTHORIZING PHYSICIAN'S SIGNATURE

DX / ICD CODES / SYMPTOM (REQUIRED)

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

COPY TO:
 COPY TO PATIENT

STAT:
 SPECIAL INSTRUCTIONS
 FASTING NON-FASTING

PRIMARY INSURANCE

INSURANCE NAME STATE INSURED'S NAME
RELATIONSHIP OF PATIENT TO INSURED PATIENT'S (OR INSURED'S I.D. NUMBER)
 SELF SPOUSE CHILD OTHER

GROUP NO. INSURED'S EMPLOYER CT CARE PRE-AUTHORIZATION # (for genetic testing)

SECONDARY INSURANCE

INSURANCE NAME STATE INSURED'S NAME
RELATIONSHIP OF PATIENT TO INSURED PATIENT'S (OR INSURED'S I.D. NUMBER)
 SELF SPOUSE CHILD OTHER

GROUP NO. INSURED'S EMPLOYER

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 OBTAINED TESTS MICROBIOLOGY

DATE: TIME: INITIALS:
 FASTING NON-FASTING

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** S
METABOLIC
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** S,L
HEALTH SCREEN
CBC, Comp Metabolic Panel, TSH

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

HEPPNL **A.M.A. ACUTE HEPATITIS** S
Hep A Ab IqM, Hep BcAB,
Hep Bs Ag, Hep C AB

LIPID RELX Lipid Panel w/ reflex LDLD

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

PRE NATAL **A.M.A. OBSTETRIC** S,L,PK
CBC, HEPBAG, HIV, TPALL,
RUBS, ABRHI

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

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

PROFILES

CHEM **CHEMISTRY PROFILE**
Alb, ALT, AST, Tbil, Ca, Creat, Gluc,
Alk, Phos, K, TP, Na, Cl, CO₂, BUN,
Phos, LDH, Trig, Chol, GGT

LAB. PN3 **Prenatal**
CBC, RPR, Rubella Screen, Hep BS
AG, Urinalysis and Culture, ABORH,
Indir, AHG

M. DIARRHEA FEC, CDIFF, GIA, SFB, O&P, GSFE

M. DMPE COMP, LIPID, CBC, GLYC, MICROA
T4, IRON, URIC

M. HTHYROID THY3U, THY4, TSH, THYFT4

M. HYPERCHO LIPID, HEP, CK

M. MALE45PE COMP, LIPID, CBC, PSA, T4, IRON,
URIC

M. PE COMP, LIPID, CBC, T4, IRON, URIC

M. THYROIDPE LAB. HEALTH, THY4, LIPID, IRON,
THYROIDPE URIC

ANY PROFILE OR ORGAN / DISEASE
COMPONENT MAY BE ORDERED SEPARATELY

MATSCRN AFP MATERNAL SCREEN S
 ALBUMIN S
 ALK PHOSPHATASE S
 ALT (SGPT) S
 AMYLASE S
 ANA W/ REFLEX TITER S
 AST (SGOT) S
 BILIRUBIN (DIRECT) S
 BILIRUBIN (NEONATAL) S
 BILIRUBIN (TOTAL) S
 BUN S
 CA125 S
 CA19-9 S
 CALCIUM S
 CBC w/ reflex to manual
as required by designated CBC criteria

CBCM CBC W/ Manual diff L
CBCN CBC W/ no diff L
CEA CEA L
CHOL CHOLESTEROL S
CL CHLORIDE S
CO2 CO2 S
CK CK S
CRE CREATININE S
CRP C-REACTIVE PROTEIN S
CRPU C-REACTIVE
PROT. ULTRA CARDIO S

DHEA DHEA S
DHEAS DHEA SULFATE S
DIG DIGOXIN S
DILA DILANTIN / PHENYTOIN R
DRUS DRUG SCREEN / URINE U
SED ESR (SED RATE) L
ESTD ESTRADIOL S
FER FERRITIN S
FOLS FOLATE S
FSH FSH S
GGT GGT S
GFR,E GLOM FILTRA RATE S
Required * Age _____, Ht _____
Info * Race _____, Male Female

GLUT GLUCOSE TOL. _____ HRS. S
GLU GLUCOSE S
GLYC HEMOGLOBIN A1C S
PREG HCG QUAL L
HCGB HCG QUANT S
HCGM HCG TUMOR MARKER S
HDL HDL S
HH HEMOCRIT / HGB L
HEPAAB HEPATITIS A Ab Total, IqM S
HEPBAB HEPATITIS B Surf Ab S
HEPBCOR HEPATITIS B Core Ab S

HEPBAG HEPATITIS B Surf Ag w/ confirm S
HEPC HEPATITIS C Ab w/ confirm S
HEPCRNA HEP C RNA QUANT W
HIV HIV (W/ CONFIRM) P
HOMO HOMOCYSTEINE S
IBC IBC S
INR INR FINGERSTICK (Coventry Site Only) S
IRO IRON S
LDH LDH S
LEAD LEAD S
LH LH S
LIPA LIPASE S
LIT LITHIUM S
LYMA LYME W/REFLEX WESTERN BLOT S
MAG MAGNESIUM S
MICROA MICROALBUMIN (includes creatinine), URINE U
MONO MONO SPOT S
PHOS PHOSPHOROUS S
K POTASSIUM S
PRO PROTEIN, TOTAL S
SPEP PROTEIN ELECTROPHORESIS, SERUM S
PROELU PROTEIN ELECTROPHORESIS, URINE U
PSA SCREEN Screen ICD-9 V76.44 / ICD-10 Z12.5 S
PSA DIAG Diagnostic ICD-9 / ICD-10 _____ S

PT PT / INR COUMADIN HEPARIN B
PTT PTT COUMADIN HEPARIN B
RET RETIC COUNT R
RHE RHEUMATOID FACTOR S
RUBS RUBELLA S
NA SODIUM S
TEGR TEGRETOL / CARBAMAZEPINE R
TEST TESTOSTERONE S
THYT3U T3 UPTAKE S
THYT4 T4 S
THYT4F T4, FREE S
TPALL TREPONEMA PALLIDIUM W/REFLEX RPR (32) S
TRIG TRIGLYCERIDES S
TSH TSH S
TSHREFLEX TSH W/ REFLEX microscopic PK
TYPS TYPE & SCREEN S
URIC URIC ACID S
URIN URINALYSIS W/ RELFLEX MICROSCOPIC U
URIND URINE W/ MICROSCOPIC U
URINDRFLX URINALYSIS W/ REFLEX CULTURE U
VALP VALPROIC ACID / DEPAKOTE R
VITB12 VITAMIN B12 S
VITD25 VITAMIN D25, HYDROXY S

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 _____
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 • R
GPBS GROUP B STREP CULTURE S
HER HERPES CULTURE S
HERPCUL HERPES CULTURE W/REFLEX TYPNG U
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
OCDD OCCULT BLOOD U
O&P OVA + PARASITES S
GSFEC STOOL FOR WBCs S

THR GAS THROAT CULTURE FOR STREP B
STREPA RAPID GROUP A STREP SCREEN B
URC URINE CULTURE • L
 STRAIGHT CLEAN CATCH
 FOLEY S
VIR VIRAL CULTURE S
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
ANIT ANTIBODY TITER PROFILE PK
RHOAN Rh IMMUNE GLOBULIN PK
 TYPE & SCREEN PK
ABRHI PRENATAL TYPE & SCREEN ROUTINE PK

PRE-OP DATE OF SURGERY

OTHER: _____

STANDING ORDER:

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 12:30-1 pm)

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

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

Hours: M-Th 7:30 am - 5 pm

Fri 7:30-12:30 pm

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 12-1 pm)

MANCHESTER

Manchester Hospital

71 Haynes Street
Phone: 860.647.4717
Fax: 860.647.4768

Hours: M-F 6:45 am - 6 pm

Sat 7 am - 12 pm

East Point, Tolland Tpke

360 Tolland Tpke, Suite 3E, Third Floor
Phone: 860.646.2177

Fax: 860.645.3630

Hours: M-F 6:30 am - 3 pm

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

Manchester Medical Offices

130 Hartford Road
Phone: 860.533.4680
Fax: 860.647.2957

Hours: M-Th 7 am - 5 pm

Friday: 7 am - 4 pm

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

VERNON / ROCKVILLE

Rockville Hospital

31 Union Street
Phone: 860.872.5172
Fax: 860.872.5204

Hours: M-F 7:30 am - 5 pm

Sat 8 am - 12 pm

Hartford Turnpike

428 Hartford Turnpike
Hours: M-F 8 am - 5:30 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

Hours: M-Th 1 pm - 4:45 pm

Fri - Closed

Sat 8 am - 12 pm

Evergreen Walk II

2400 Tamarack Avenue
Phone: 860.533.4693
Fax: 860.533.4694

Hours: M-F 6:30 am - 2:30 pm

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

South Windsor Patient Service Center

25 Oakland Road

****THIS SERVICE CENTER IS CLOSED****

116 East Center Street

Manchester, CT 06040

****THIS SERVICE CENTER IS CLOSED****

COMMONLY USED ICD CODES

ICD-9	ICD-10	Description	ICD-9	ICD-10	Description	ICD-9	ICD-10	Description
789.00	R10.9	Abdominal Pain-Unspecified	780.79	R53.83	Fatigue	346.90	G43.909	Migraine
682.9	L03.90	Abscess - Unspecified Site	535.50	K29.70	Gastritis - Unspecified	787.02	R11.0	Nausea w/vomiting
626.0	N91-2	Amenorrhea	V70.0	Z00.00	Gen Med Exam Adult	382.9	H66.90	Otitis Media
285.9	D64.9	Anemia - Unspecified	V20.2	Z00.129	Gen Med Exam Child	785.1	R00.2	Palpitations
414.00	I25.10	ASHD	V72.3	Z01.419	Gen Exam, Routine w/Pap	533.90	K27.9	Peptic Ulcer
493.90	J45.909	Asthma	274.9	M10.9	Gout	486	J18.9	Pneumonia
724.5	M54.9	Back Pain	784.0	R51	Headache (General)	V22.1	Z34.80	Pregnancy
790.7	R78.81	Bacteremia	429.9	I51.9	Heart Disease - Unspecified	601.9	N41.9	Prostatitis
490	J40	Bronchitis	573.3	K71.6	Hepatitis	V76.44	Z12.5	PSA Screening
727.3	M71.50	Bursitis	272.0	E78.0	Hypercholesterolemia	782.1	R21	Rash
786.50	R07.9	Chest Pain	272.4	E78.4	Hyperlipidemia	780.39	R56.9	Seizure - Unspecified
558.9	K52.89	Colitis	600.00	N40.0	Hyperplasia of Prostate	473.9	J32.9	Sinusitis
428.0	I50.9	Congestive Heart Failure	401.9	I10	Hypertension (HTN) - Unspecified	462	J02.9	Sore Throat
372.30	H10.9	Conjunctivitis	242.90	E05.90	Hyperthyroidism	848.90	T14.90	Sprain, Strain
496	J44.9	COPD	136.9	B99.9	Infection - Unspecified	041.10	B95.8	Staphylococcus - Unspecified
414.00	I25.10	CORONARY Artery Disease	628.9	N97.9	Infertility, Female - Unspecified	785.6	R59.9	Swollen Glands
786.2	R05	Cough	606.9	N46.9	Infertility, Male - Unspecified	465.9	J06.9	URI Upper Respiratory Infection
692.9	L25.9	Dermatitis	V26.21	Z31.41	Infertility Testing	V74.5	Z11.3	Venereal Disease, screening for
787.91	R19.7	Diarrhea	719.40	M25.50	Joint Pain - Unspecified Site	099.9	A64	Venereal Disease
780.4	R42	Dizziness	593.9	N28.9	Kidney Disease	079.99	B97.89	Viral Infection
388.70	H92.09	Earache	573.9	K76.9	Liver Disease	078.10	B07.9	Viral Warts
V01.7	Z20.6	Exposure to HIV						

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.