



AUBURN

MONTGOMERY

Auburn University Student Health Services

TO: Dr. Vaughn

COMPANY:

FROM: Amy Morris RN-BC

DATE: 2/20/18

FAX NUMBER:

TOTAL PAGES, INCLUDING COVER

PHONE NUMBER:

272-8877

SENDER'S REFERENCE NUMBER

244 3281

RE:

Yujin AN

CC:

☐ URGENT

☐ FOR REVIEW

☐ PLEASE COMMENT

☐ PLEASE REPLY

NOTES/COMMENTS

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P. O. Box 244023 Montgomery, AL 36124/ 334-244-3281 fax 334-244-3396

COMPLETE PATIENT, INSURANCE, PHYSICIAN AND DIAGNOSIS INFORMATION MUST BE PROVIDED TO BILL THIRD PARTY. IF NOT PROVIDED, YOUR ACCOUNT WILL BE BILLED FOR THE TEST(S).

CLIENT INFORMATION

PLEASE REMEMBER

ADVANCE BENEFICIARY NOTICE (Separate Form)

(CALENT) CENTRAL AL. EAR, NOSE AND THROAT
6900 WINTON BLVD
MONTGOMERY, AL 36117 PH 334-284-1870

1. Include diagnosis codes
2. Include all pink fields
3. Mark or write in Tests and Test Codes
4. Check appropriate Bill To box

Please Check if Appropriate:
☐ Signed ABN Attached

PATIENT INFORMATION (Please Print)				BILL TO:			
PATIENT NAME (LAST)	(FIRST)	(MI)	SEX	☐ CLIENT	☐ PATIENT	☐ MEDICARE	☐ MEDICAID
An Luquin							
STREET ADDRESS	APT #			INSURANCE INFORMATION			
8705 Lindsey Ln				PRIMARY INSURANCE COMPANY			
CITY	STATE	ZIP		INSURANCE ADDRESS			
Montgomery	AL	36117		UHC			
PHONE (H)	WORK PHONE			ID #	GROUP	PRIOR-AUTHORIZATION NO	
(334) 587-9354				2018-38-4	7833364		
D.O.B.	PATIENT ID / CHART #	MRN		NAME OF INSURED	RELATIONSHIP TO PATIENT	INSURANCE COB	
5/16/97				An Luquin	Self	5/16/97	
SECONDARY INSURANCE / ID#				Guarantor (if patient is a minor) / Relationship to patient			
				PROVIDE ICD-10 CODES/NARRATIVE SIGNS AND SYMPTOMS			
				E06.09			

SPECIMEN INFORMATION				LAB USE ONLY	
COLLECTED BY:	DATE:	TIME:	AM / PM	VENI	VENIPUNCTURE
FASTING YES / NO (CIRCLE)	CURVE	RANDOM		STAT	STAT TESTING
☐ RED TOP/SS (R/SS)	☐ URINE	TIMED		VENO	FINGER/HEEL STICK
☐ PLASMA EDTA (P)	VOL.				
☐ PLASMA CITRATED (B)	HOURS				
☐ FLUID (SOURCE)	☐ OTHER				
☐ SWAB (SOURCE)					
SPECIAL INSTRUCTIONS FOR LAB				Total #	
				Test Orders:	

PLACE MASTER LABEL HERE
(LAB USE ONLY)

ADDITIONAL TESTS - (PLEASE LIST AEL MNEMONIC AS IT APPEARS IN THE AEL MEMPHIS TEST DIRECTORY)

AMA PANELS (SEE BACK FOR COMPONENTS)

INDIVIDUAL TESTS (X each box)

AMP	Acute Hepatitis Panel*	R
BMP	Basic Metabolic Panel	R
BMPGFR	BMP w/est GFR	R
CMP	Comprehensive Metabolic Panel	R
CMPGFR	CMP w/est GFR	R
ELEC	Electrolyte Panel	R
GENH	General Health Panel*	R & P
HFFA	Hepatic Function Panel	R
LPP	Lipid Panel*	R
OBP1	Obstetric Panel*	R & P
OBP3	Obstetric Panel w/ HIV*	R & P
RFP	Renal Function Panel	R

HEMATOLOGY

APT	Act. Partial Thromboplastin Time	B(P)
CBCI	CBC/DIFF/Platelet*	P
CBC	CBC w/o DIFF*	P
HCT	Hematocrit*	P
PX	Prothrombin Time/INR*	B
RET	Reticulocyte Count	P
ESR	Sedimentation Rate	P
SD	Sicklelex Screen	P

INDIVIDUAL TESTS

MABO	ABO, Rh Type	P
MTYSC	ABO, Rh, Antibody Screen	P
AMY	Amylase	R
BHCG	Beta-HCG, Quantitative*	R
BBIL	Bilirubin, Neonate, Total/Direct	M
BILD	Bilirubin, Direct, Adult	R
BILT	Bilirubin, Total, Adult	R
BNP	Brain Natriuretic Peptide*	P
CHOL	Cholesterol*	R
CK	Creatine Kinase	R
CRE	Creatinine	R
CRP	C-Reactant Protein (CRP)	R
CCRP	CRP, High Sensitivity*	R
CRCP	Creatinine Clearance	24U
	Patient HT WT	
DIG	Digoxin*	R
DIL	Dilantin	R
ESD	Estradiol	R
FERR	Ferritin*	R
FANA	Anti-Nuclear Antibody@	R
FOL	Folate Serum	R
FSH	Follicle Stimulating Hormone	R
GGT	Gamma Glutamyl Transferase*	R

GLU	Glucose*	R or G
HA1	Hemoglobin A1C*	P
HBSB	Hepatitis B Surface Antibody	R
HBSG	Hepatitis B Surface Antigen*	R
HEC	Hepatitis C Antibody*	R
HIVS	HIV Antibody Screen*@	R
HOMO	Homocysteine	R
INS	Insulin	R
ICAL	Ionized Calcium	R
IRO	Iron & TIBC*	R
IRON	Iron*	R
LD	Lactate Dehydrogenase	R
PBE	Lead Blood	P
LIPASE	Lipase	R
LH	Luteinizing Hormone	R
MAG	Magnesium	R
MACR	Microalbumin Creatinine Ratio, Urine	U
PTH	Parathyroid Hormone	R
PHO	Phosphorous	R
POT	Potassium	R
PROG	Progesterone	R
PSA	Prostate Specific Antigen*	R
PEP	Protein Electrophoresis	R
RPR	RPR (with Reflex Titer)@	R
RAF	Rheumatoid Factor	R
RUBI	Rubella IGG	R
SGOT	SGOT (AST)	R
SGPT	SGPT (ALT)	R
TU	T Uptake*	R
T3	T3 Total*	R
FT3	T3 Free*	R
T4	T4 Total (Thyroxine)*	R
FT4	T4 Free*	R
TSH	Thyroid Stimulating Hormone*	R
TESTOS	Testosterone, Total	R
FTES	Testosterone, Free	R
TRI	Triglyceride*	R
TP	Total Protein	R
URA	Uric Acid	R
URM	Urinalysis w/Microscopic	U
URMPFX	Urinalysis Reflex Culture@	U
URCH	Urinalysis w/o Microscopic	U
B12	Vitamin B12	R
VD	Vitamin D*	R

FOR SPECIMEN PICKUP
CALL (901) 405-8200 OR

LAB COPY

MICROBIOLOGY/MOLECULAR @

☐ Nasal	☐ Vaginal	☐ Wound	
☐ Endocervical	☐ Throat	☐ Fluid	
☐ Urethral	☐ Sputum	☐ Other	
☐ Urine	☐ Stool		
C AFB/SY	Culture, AFB Stain +▲	C STOOL	Culture, Stool + PPK
C BLOOD	Culture, Blood +	C THROAT	Culture, Throat +
C NASAL	Culture, Nasal +	C URINE	Culture, Urine +
C GBS	Culture, Group B Strep +▲	C WOUND	Culture, Wound +▲
C GBS PEN	Culture, Group B Strep Penicillin Allergy +▲	C ANA	Culture, Anaerobe +
C FUNG/ST	Culture, Fungal/Stain +▲	C AEROBIC	Culture, Aerobic Stain +▲
C GEN	Culture, Genital +	C HERPES	Culture, Herpes +
C SPUTUM	Culture, Sputum/Stain +	C VIRUS	Culture, Virus +
CD TOXIN	C. Diff Toxin / GDH	OP	Ova / Parasites PPK
GCCTA	GC/Chlamydia Source		A Probe
TRICP	Trichomonas Source		A Probe
STPANL	Stool Panel, Molecular		STU
RVP	Respiratory Virus Panel, Molecular		VTM
CMV PCR	CMV Viral Load		P
HCVVL	Hepatitis C Viral Load		R or P
HBDV	Hepatitis B Viral Load		P or R
HIVVL	HIV Viral Load *		P

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PATIENT NAME
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Antibiotic Susceptibility Studies.
* Medication coverage test.
* Not covered by Medicare.

Patient Information	Specimen Information	Client Information
AN, YUJIN DOB: 05/16/1997 AGE: 21 Gender: F Fasting: U Phone: NG Patient ID: NG	Specimen: AL548135B Requisition: 0140966 Collected: 02/19/2019 / 15:30 CST Received: 02/20/2019 / 01:17 CST Reported: 02/20/2019 / 04:28 CST	Client #: 49100638 QATL0000 TUCK, PAMELA P AUM NURSING CARE CENTER 7461 EAST DRIVE #102 MONTGOMERY, AL 36117

Test Name	In Range	Out Of Range	Reference Range	Lab
TSH		0.02 L	mIU/L Reference Range > or = 20 Years 0.40-4.50 Pregnancy Ranges First trimester 0.26-2.66 Second trimester 0.55-2.73 Third trimester 0.43-2.91	AT
T4, FREE	1.7		0.8-1.8 ng/dL	AT

PERFORMING SITE:

AT QUEST DIAGNOSTICS-ATLANTA, 1777 MONTREAL CIRCLE, TUCKER, GA 30084-6802 Laboratory Director: ANDREW N YOUNG, MD, PHD, CLIA: 11D0255931

LIST OF RESULTS PRINTED IN THE OUT OF RANGE COLUMN:

TSH	0.02 L	mIU/L Reference Range > or = 20 Years 0.40-4.50 Pregnancy Ranges First trimester 0.26-2.66 Second trimester 0.55-2.73 Third trimester 0.43-2.91	AT
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