



Monument Health Laboratory Testing Requests & Reporting

Updated 9/10/2024

Request Forms for Non-Electronic Ordering (see second page for form preview)

Laboratory outpatient request forms are available for all testing from Monument Health Laboratories. The entirety of the top portion of the form (Patient Name down to Ordering Provider) needs to be filled out. Indicate the requested testing below patient information by marking a listed test or specifying special tests not listed. If ordering a test not listed, please be as specific as possible.

Please label tubes with patient's name, date of birth, and test requested on each tube. Refer to specimen collection requirements found in the Monument Health Test Catalog for specific test requirements and transport information. Send filled out test request form with collected specimen(s).

Feel free to reach out to (605) 755-8080 for any further questions.

Auto faxing of Results

If the submitting facility or provider is set up in Monument Health's EMR as a submitter, any requested tests will be resultated and transmitted through electronic transmittal to the provided submitter fax number.

If you are not currently set up as a submitter with Monument Health and wish to be, please reach out to Monument Health Laboratory at (605) 755-8080.

Requesting Test Results

If you have not received expected test results, please contact (605) 755-8080.



Laboratory Outpatient Request

Notification to provider and other persons legally authorized to order test for which Medicare reimbursement will be sought. Medicare will pay only for tests that meet the Medicare coverage criteria and are reasonable and necessary to treat or diagnose an individual patient. Medicare does not pay for test for which documentation, including the patient record, does not support that the tests were reasonable and necessary. Medicare generally does not cover routine tests even if the provider or other authorized test requester considers the tests appropriate for the patient.

<input type="checkbox"/> Bill Facility <input type="checkbox"/> Bill Patient		Requesting Location / Billing Contact					
Patient Name Last First Middle			Social Security Number			Phone #	
Date of Birth	Age	SEX M or F	Height	Weight	Specimen Date	Time	
Responsible Party or Insured Name			Relationship	Medicare Number	Medicaid Number		
Address			Commercial Insurance			Subscriber or Group Number	
City	State	Zip	Requesting Provider Signature				
Diagnosis / Symptom / Complaint / ICD-10							

Please provide an ICD-10 code or diagnosis information for each ordered test. However, if the test is marked as subject to the intermediary's Local Medical Review Policy, please provide an ICD-10 code.

MEDICARE CLINICALLY RELEVANT ORGAN AND DISEASE SPECIFIC PANELS	
Acute Hepatitis** - HAV Ab, HBC IgM, HBS Ag, HCV Ab	Hepatic - Alb, D Bil, T Bil, Alk P, T Protein, ALT, AST
BMP - Ca, CO2, CL, Crea, Gluc, K, Na, BUN	Renal - Alb, Ca, CL, CO2, Crea, Gluc, Phos, K, Na, BUN
BMP with Ionized Ca - CaION, CO2, CL, Crea, Gluc, K, Na, BUN	Lipid** - Chol, Trig, HDL, LDLC
CMP - Alb, Alk P, ALT, AST, T Bil, Ca, CL, CO2, Crea, Gluc, K, Na, T, Prot, BUN	Lytes - CO2, CL, K, Na
General Health Panel - CBC with auto diff, TSH, CMP (CMS requires an ABN to be signed for this test)	

OTHER NON-MEDICARE APPROVED PANELS		CRYPTOSPORIDIUM/GIARDIA PANEL	
INDIVIDUAL TESTS	INDIVIDUAL TESTS	ICD-10	INDIVIDUAL TESTS
ABO RH	HCG Qual (Pos-Neg) Serum / Urine		Vitamin D 25-OH**
Albumin	HCV Ab**		WBC**
Alkaline Phosphatase	HDL**		THERAPEUTIC DRUGS
ALT (SGPT)	Hematocrit**		Acetaminophen
Amylase	Hemoglobin**		Digoxin**
Antibody Screen / Identification	HIT Panel		Dilantin (PTN)/Dilantin Free
AST (SGOT)	HIV I-II**		Drug Screen Urine
B12	Homocysteine		Gentamicin, Peak/Trough
Bilirubin, Direct / Total	Iron Binding Cap (IBC)**		Kenpa
BNP**	Iron**		Lamictal
BUN	Luteinizing Hormone		Lithium
CA125	Magnesium**		Phenobarbital
C3 / C4	Microalbumin/Creat Ratio		Tegretol (Carbamazepine)
Calcium, Ionized	MONO		Theophylline
Calcium	Occult Blood**		Tobramycin, Peak/Trough
CBC - No Diff**	Phosphorus		Valproic Acid (Depakene)
CBC with Auto Diff**	Platelet**		Vancomycin, Peak/Trough
CBC with Manual Diff**	Potassium		MICROBIOLOGY
CEA**	Progesterone		Specify Site:
Chloride	Prolactin		AFB Culture / Sensitivity
Cholesterol**	Prof. Electrophoresis Serum/Urine		Blood Culture / Sensitivity
CO2	PSA Diagnostic**		Body Fluid Culture / Sensitivity
Cortisol, Random / AM / PM	PSA Screen** Covered Annually		Chlamydia / GC
Creatinine	PT/INR**Aud		CSF Culture / Sensitivity
Creatinine Clearance	PTH		Eye Culture / Sensitivity
CRP (Inflammation)	PTT**		Fecal Lactoferrin
hs CRP (Cardiac and Neonatal)	RA		Fungal Culture / Sensitivity
Cyclic Citrullinate Peptide Ab (CCP)	Syphilis Ab		Group B PCR
Cyclosporine	Rubella IgG		Lesion Culture / Sensitivity
D-Dimer	Sodium		MRSA Culture / MRSA PCR
Diff Auto / Manual**	Strep A (Rapid)		Respiratory Culture / Sensitivity
Digoxin**	T, Protein 24 hour (PRO-Q)		Respiratory Pathogen Panel PCR
Estradiol	T4 Free**		Throat Culture
FANA	T4 Total**		Tissue Culture / Sensitivity
Ferritin**	TB Gold		TVAG PCR
Folate	Testosterone (Total)		Urine Culture / Sensitivity
FSH, Serum	Triglyceride**		Wound Culture / Sensitivity
Gestational Diabetes (GDM-1)	Troponin I		5T GI PCR Panel - C Diff Not Suspected
Glucose Tolerance, Hours	TSH**		Acute GI PCR Panel - Short term with C Diff
Glucose, Fasting / Random**	Type and Screen/ID		Chronic GI PCR Panel - Long term with C Diff
Glycosylated Hb (A1C)**	UA Microscopic only**		Full GI PCR Panel (ABN REQUIRED)
HAVAb, IgM**	UA Dip only**		OTHER TESTS
HBs AG**	UA with Microscopic**		
HBs AB**	UADIP/MIF		
HCG Quant** (Numerical)	Uric Acid		

**Test is subject to the intermediary's Local Medical Review Policy