

ST. LUKE'S UNIVERSITY HEALTH NETWORK

REQUISITION FORM

EMPLOYEE WELLNESS INITIATIVE 2018

Take this form to a St. Luke's Health Network Outpatient Lab Specimen Collection Site

Fasting is no longer required for this testing.

NAME _____
Last, First

BIRTHDATE _____
mm/dd/yyyy

GENDER: M _____ F _____

Ordering/Authorizing Provider: EMPLOYEE WELLNESS, PROVIDER (16295)

Diagnosis Code: Z00.8 Encounter for other general examination
- Choose 188073 Health examination in population survey from add'l list

Registrar: Use Epic Corporate Billing Code – C027 Employee Wellness

√	LAB90	Hemoglobin, Glycosylated (A1C)
√	LAB18	Lipid Panel

Specimen Collection Date/Time: _____

Please PRINT your Primary Care provider or other providers who should receive a copy of these results:
