

KIPU AIM Requisition Form

Instructions on ordering lab testing using AIM REQUISITION Form with face sheet information

TEST-1 Banyan Texas **TEX-TEST1**

Pronouns: He/him/his/his/himself
Age: 31 Birthdate: 01/01/1994
Allergies: No Known Allergies/NKA
Admission: 02/18/2025 (51) Care Team
Clinical LOC: Residential (70)
Location: Banyan Texas, LLC
(GMT-06:00) Central Time (US & Canada)

F11.20 Opioid use disorder, Severe
F10.20 Alcohol use disorder, Severe

Information Intake Consents Case Management D/C / Transfer Summary Doctor's Orders Holistic Tx Lab Results Group Sessions Chart Review
Record of Services Rounds Alumni Flags Wileys HX: TH Progress Notes (Archive) HX: TH Consents/Intake (Archive) Attendance Chart Summa

Lab Results

← Patients **Add form**

Name Date	Status	Entry	Review
Attachment Blood Lab Results 04/09/2025	open	Tech DON LPN RN LPN(A) RN(A)	PA-C MD
Drug Screen Results - PHP	open	CD ADM CM Tech DON LPN RN LPN(A) RN(A)	
Attachment - Lab Results 04/09/2025	open	ADM Tech DON LPN RN LPN(A) RN(A)	MD
AIM LAB REQUISITION FORM 04/09/2025 02:59 PM	open	CD ADM Tech DON ARNP LPN	MD
LAB REQUISITION FORM 04/09/2025 02:48 PM	open	CD ADM Tech DON ARNP LPN	MD
LAB REQUISITION FORM 04/09/2025 02:46 PM	ready for review 04/09/2025	CD ADM Tech DON ARNP LPN	MD

- **Select Lab Results Tab in patients' chart and ADD form**

Banyan Texas, LLC
Central Time (US & Canada) (GMT-06:00)

Occupancy Schedules Shifts Contacts

Texas **TEX-TEST1**

his/himself
01/1994
Allergies/NKA
5 (51) Care Team
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s, LLC
Central Time (US & Canada)

F11.20 Opioid use dis
F10.20 Alcohol use d

Lab Results forms

- Attachment Blood Lab Results Add
- Drug Screen Results - PHP Add
- Attachment - Lab Results Add
- AIM LAB REQUISITION FORM Add

Cancel

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Rounds Alumni Flags Wileys HX: TH Progress Notes (Archive) HX: TH Consents/Intake (Archive) Attendance Char

- **Select AIM REQUISITION FORM to add**

Lab Results

← Patients **Add form**

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Attachment - Lab Results 04/09/2025	open	ADM Tech DON LPN RN LPN(A) RN(A)	MD
AIM LAB REQUISITION FORM 04/09/2025 03:21 PM	open	CD ADM Tech DON ARNP LPN	MD

- **Select the AIM LAB REQUISITION with open status**

AIM LABORATORY REQUISITION FORM

Date/Time Created: 04/09/2025 05:12 PM

CLIENT INFORMATION

Patient Name: Z TEST-1 Banyan Texas

Patient MR#TEX-TEST1

Date of Birth01/01/1994

Gender: female

INSURANCE INFORMATION

ANTHEM BCBS Policy 12345567 Phone 888-222-1223

SPECIMEN INFORMATION

Specimen Type:

Oral Fluid

Blood

Urine

DIAGNOSIS (ICD-10) CODES (MEDICALLY NECESSARY)

Current as of 04/09/25 05:12 PM:

Hx

Update Diagnosis Code

F11.20 Opioid use disorder, Severe
F10.20 Alcohol use disorder, Severe

- Up to 3 sample types can be selected
 - UA requires collection Date /Time /By
- Face Sheet information included (DOB, Insurance, Policy, & Group)
- Diagnosis Codes are auto populated and can be updated as needed

TEST ORDER

AMMONIA <input type="checkbox"/>	Amylase <input type="checkbox"/>	BHCG Quantitative <input type="checkbox"/>	BMP <input type="checkbox"/>	CBC w/Differential <input type="checkbox"/>	CMP <input type="checkbox"/>	FERRITIN <input type="checkbox"/>	FOLATE <input type="checkbox"/>	
HCG, Beta Subunit, Quant <input type="checkbox"/>	HCV Antibody Reflex to Quant PCR <input type="checkbox"/>	HEMOGLOBIN A1C <input type="checkbox"/>	Hep C AB <input type="checkbox"/>	Hepatic Function <input type="checkbox"/>	Hepatitis Acute Panel with Quantitative <input type="checkbox"/>	HIV p 24 Antigen/Antibody With Reflex to Confirmation <input type="checkbox"/>		
HSV Screen (1 & 2) <input type="checkbox"/>	Lipase <input type="checkbox"/>	Lipid Panel <input type="checkbox"/>	Lithium (Eskalith) <input type="checkbox"/>	Potassium <input type="checkbox"/>	PT/INR <input type="checkbox"/>	PTT <input type="checkbox"/>	T 3, Free <input type="checkbox"/>	T 4, Free <input type="checkbox"/>
Tegretol Level <input type="checkbox"/>	TESTOSTERONE FREE <input type="checkbox"/>	TESTOSTERONE, TOTAL <input type="checkbox"/>	Thyroid Panel <input type="checkbox"/>	Thyroxine (T4) Free, Direct, S <input type="checkbox"/>	TSH w/reflex <input type="checkbox"/>	Urinalysis W/reflex to culture <input type="checkbox"/>		
UTI PCR with ABR <input type="checkbox"/>	VALPROIC ACID <input type="checkbox"/>	Vitamin B12 <input type="checkbox"/>	VITAMIN D, 25- HYDROXY <input type="checkbox"/>	TB PCR Test <input type="checkbox"/>				

Panel Orders

- SUD Admission Labs (CBC, CMP, Hepatitis C AB, TB PCR Test, RPR, Rfx Qn RPR/Confirm TP
- MH Admission Labs (CBC, CMP, Hepatitis C AB, TB PCR Test, TSH w/reflex, RPR, Rfx Qn RPR/Confirm TP

Sexually Transmitted Test:

- RPR, Rfx Qn RPR/Confirm TP
- STD Basic Panel – (Neisseria Gonorrhoeae, Chlamydia Trachomatis, Trichomonas Vaginalis, HSV 1& HSV2)

Tox Tests: Drug Screen Reflex to Confirmation

- (Amphetamine (Amph), Barbiturates (Barb), Benzodiazepines (Benz), Buprenorphine (BUP), Cocaine (COC), Ecstasy MDMA, Ethyl Glucuronide (Et G), Fentanyl (Fent), Heroin (6- AM), Methadone, Opiates, Oxycodone (Oxy), Phencyclidine (PCP), Tetrahydrocannabinol (THC), Tramadol (TRAM) Validity Testing (Urine Creatinine, p H, Specific Gravity (SPG)

Tox Medications List please add prescribed medications

Medications below include all current active orders logged via Doctor's Orders. These may include medications self-reported by the patient that were logged, medication orders entered at the facility, and medications brought to the facility by the patient ordered to be continued upon admission. If the patient is not being treated in a residential/inpatient setting, this list may not be inclusive of all medications taken by the patient outside of the facility.

Current as of 04/09/2025 06:12 PM:

[BACK TO TOP](#)

25 mg x 1 Tablet , oral, tablet, every 4 hours, until further notice, PRN, indication: Pain

[Update Medication list](#)

- Individual test(s) can be ordered
- Banyan Customized Panels can be ordered with 1 click
- Prescribed medication(s) are auto populated and can be edited

- Information
- Intake
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- Holistic Tx
- Lab Results
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- HX: TH Progress Notes (Archive)
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← Lab Results

LAB REQUISITION FORM 04/09/2025 02:46 PM

Notice x
Awaiting review

AIM LABORATORY REQUISITION FORM

Date/Time Collected: 04/09/2025 02:46 PM

SPECIMEN INFORMATION

Specimen Type: Oral Fluid , Blood , Urine: 4-9- 2025 5 am by Jay

- **Submit and Sign**
- **Print a copy for AIM Phlebotomist – AIM REQ has face sheet information**
- **LAB REQUISITION FORM in pending review status for provider signature**