Date and Time Collected

Date ☐☐/☐☐/☐☐

Time ☐☐:☐☐ ☐ AM ☐ PM

Place Requisition Label Here

PLEASE Fill in ALL Boxed Areas

888-522-4452
or 800-753-0511

Specimen Packaging: Check box for Temperature

- ☐ Local Temp 80F or above (Gel frozen)
- ☐ Local Temp 40F to 80F (Gel not frozen)
- ☐ Winter/Summer PAK Used

Pharmacy/Agency Name

☐☐☐☐

733 766 700 403 404 433 466 400 305 M Y N

Contracted Agency Name & Fax

☐ ☐☐☐☐
☐ ☐☐☐☐
☐ ☐☐☐☐
☐ ☐☐☐☐
☐ ☐☐☐☐

Also fax to: ☐☐☐☐☐☐☐☐☐☐☐☐

Fax ☐☐☐-☐☐☐-☐☐☐☐

It is not necessary to repeat Agency or Dr. Fax# here
HIPAA prevents faxing to a # w/out a name attached

Patient Information

Last ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

First ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Phone ☐☐☐-☐☐☐-☐☐☐☐

DOB ☐☐/☐☐/☐☐☐☐ Sex: ☐ M ☐ F

Ordering Physician / Nurse

Dr:Last ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

First ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Phone# ☐☐☐-☐☐☐-☐☐☐☐

Fax# ☐☐☐-☐☐☐-☐☐☐☐

UPIN# ☐☐☐☐☐☐

Nurse:Last ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

First ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

ICD-9 Codes or Written Diagnosis

1 ☐☐☐.☐☐ _____

2 ☐☐☐.☐☐ _____

3 ☐☐☐.☐☐ _____

4 ☐☐☐.☐☐ _____

Shade Laboratory Tests Below

Tests in Red are described under the National Coverage Determinations and require an ABN if there is not an appropriate ICD-9 code or Diagnosis

Hematology

- ☐ CBC W/O Diff (Purple)
- ☐ CBC with Diff (Purple)
- ☐ Hematocrit (Purple)
- ☐ Hemoglobin (Purple)
- ☐ Platelet Count (Purple)
- ☐ Reticulocyte (Purple)
- ☐ WBC (Purple)
- ☐ *PT with INR (Blue)
- ☐ PTT (Blue)
- ☐ Sed Rate (Purple)

*Recommend to Perform Locally

Urinalysis

- ☐ Urinalysis
- ☐ **Micro Albumin, random

**Remove pill from urine tube

Chemistry

- ☐ Albumin (GRN)
- ☐ Alkaline Phos (GRN)
- ☐ ANA (GRN)
- ☐ Amylase (GRN)
- ☐ B-Peptide (Purple)
- ☐ Bilirubin, Total (GRN)
- ☐ Bilirubin, Direct (GRN)
- ☐ BUN (GRN)
- ☐ Calcium, Total (GRN)
- ☐ *Calcium, Ionized (GRN)
- ☐ Carbon Dioxide (GRN)
- ☐ CEA (GRN)
- ☐ Chloride (GRN)
- ☐ Cholesterol (GRN)
- ☐ Creatine (GRN)
- ☐ CPK (GRN)
- ☐ C Reactive Protein (GRN)

*Separate Green Tube

- ☐ Ferritin (GRN)
- ☐ Folate (GRN)
- ☐ GGT (GRN)
- ☐ Glucose (GRY)
- ☐ Hemoglobin A1C (Purple)
- ☐ Immunoglobulin IgG (GRN)
- ☐ Immunoglobulin IgA (GRN)
- ☐ Immunoglobulin IgM (GRN)
- ☐ IgG subclasses (GRN)
- ☐ Iron (GRN)
- ☐ %Iron Saturation (GRN)
- ☐ IBC (GRN)
- ☐ LDH (GRN)
- ☐ Lipase (GRN)
- ☐ Magnesium, plasma (GRN)
- ☐ Mag RBC (Purple)
- ☐ Phosphorus (GRN)
- ☐ Potassium (Blue)
- ☐ Prealbumin (GRN)

- ☐ Protein (GRN)
- ☐ PSA (GRN)
- ☐ PTH intact (Purple)
- ☐ AST (SGOT) (GRN)
- ☐ ALT (SGPT) (GRN)
- ☐ Sodium (GRN)
- ☐ RA (GRN)
- ☐ Transferrin (GRN)
- ☐ T3 Uptake (GRN)
- ☐ T4 (Thyroxine) (GRN)
- ☐ TSH (GRN)
- ☐ Triglycerides (GRN)
- ☐ Vitamin B12 (GRN)
- ☐ Uric Acid (GRN)

Panels

- ☐ Basic Metabolic*
- ☐ Comp Metabolic*
- ☐ Electrolyte*
- ☐ Renal Function*
- ☐ Chem 20 (TPN Panel)*

*Panels listed above require 1 Blue, 1 Green, AND 1 Grey Tube

- ☐ Lipid (GRN)
- ☐ Acute Hep (Purple)
- ☐ Anemia (GRN)
- ☐ Hep Func (Liver) (GRN)

See Other Side For Components

Trace Elements (Royal Blue Tube Required)

☐ Chromium ☐ Manganese ☐ Zinc ☐ Lead
☐ Copper ☐ Selenium ☐ Mercury

Check Type: ☐ Plasma ☐ Whole Blood ☐ RBC

Microbiology / Cultures

- ☐ Urine Culture, Clean Catch
- ☐ Urine Culture, Cath
- ☐ Culture, Miscellaneous
- ☐ NO Sensitivity

MUST INDICATE SOURCE:

- ☐ Culture, Wound
- ☐ Culture, Sputum
- ☐ Culture, Blood
- ☐ Culture, Stool
- ☐ C.Diffible, Stool

Therapeutic Drug Monitoring

- ☐ Cyclosporin (Purple)
- ☐ Digoxin (GRN)
- ☐ Dilantin (GRN)
- ☐ Phenobarbital (GRN)
- ☐ Prograf (FK506) (Purple)
- ☐ Tegretol (GRN)
- ☐ Theophylline (GRN)
- ☐ Valproic Acid (GRN)

RANDOM, TROUGH and PEAK Drug Monitoring

Choose the drug, check Random, Peak and/or Trough then enter the time drawn. Please be sure to label each tube Peak or Trough along with the time drawn.

- ☐ Amikacin (GRN)
- ☐ Gentamicin (GRN)
- ☐ Tobramycin (GRN)
- ☐ Vancomycin (GRN)

Drug levels are extremely stable. They can be drawn and sent next day.

Time ☐☐:☐☐ ☐ AM ☐ PM ☐ Random

Time ☐☐:☐☐ ☐ AM ☐ PM ☐ Trough

Time ☐☐:☐☐ ☐ AM ☐ PM ☐ Peak

Additional Orders or Special Instructions

For Lab Use Only ☐ Purple ☐ GRN ☐ Blue ☐ GRN ☐ GRY

8661047686