

# Laboratory Requisition

<b>Patient's Last Name</b>		<b>First</b>	<b>Middle</b>	<b>Client/Submitter</b>	
<b>Birth date (required)</b>		<b>Sex</b>		<b>Phone</b>	<b>Fax</b>
<b>Ordering Provider Name</b>				<b>Provider Signature (required)</b>	
<b>Diagnosis/ICD Code (required)</b>				<b>Bill to (circle one)</b> <b>CLIENT                      PATIENT</b>	
<b>REQUIRED SPECIMEN INFORMATION:</b> DATE COLLECTED: ____ / ____ / ____ TIME COLLECTED: ____ : ____ SPECIMEN TYPE: <input type="checkbox"/> WHOLE BLOOD <input type="checkbox"/> SERUM <input type="checkbox"/> PLASMA <input type="checkbox"/> URINE <input type="checkbox"/> STOOL <input type="checkbox"/> OTHER (please specify): _____				<b>SPECIMEN PRIORITY:</b> <input type="checkbox"/> STAT <input type="checkbox"/> ROUTINE	
<b>HEMATOLOGY</b> Lavender top		<b>CHEMISTRY</b> Mint green PST		<b>CHEMISTRY</b> Gold/Tiger top SST	
<input type="checkbox"/> CBC (no diff) <input type="checkbox"/> CBC with auto diff <input type="checkbox"/> Hematocrit <input type="checkbox"/> Hemoglobin <input type="checkbox"/> Platelet Count <input type="checkbox"/> Reticulocyte Count <input type="checkbox"/> Sedimentation rate		<input type="checkbox"/> BMP (Basic Metabolic Panel) <input type="checkbox"/> CMP (Comprehensive Metabolic Panel) <input type="checkbox"/> RFP (Renal Function Panel) <input type="checkbox"/> HFP (Hepatic Function Panel) <input type="checkbox"/> Albumin <input type="checkbox"/> Amylase <input type="checkbox"/> BHCG (Beta-hCG, Quantitative) <input type="checkbox"/> Bilirubin, direct <input type="checkbox"/> Bilirubin, fractional <input type="checkbox"/> Bilirubin, total <input type="checkbox"/> Calcium <input type="checkbox"/> Cortisol AM (must be drawn between 0400 and 0859) <input type="checkbox"/> Cortisol, Random <input type="checkbox"/> CRP (C-Reactive Protein) <input type="checkbox"/> Creatinine <input type="checkbox"/> Digoxin <input type="checkbox"/> Ethanol <input type="checkbox"/> Ferritin <input type="checkbox"/> Folate <input type="checkbox"/> FT3 (Free T3) <input type="checkbox"/> FT4 (Free T4) <input type="checkbox"/> GGT (Gamma Glutamyl Transferase) <input type="checkbox"/> Glucose <input type="checkbox"/> Iron <input type="checkbox"/> Lipase <input type="checkbox"/> Lipid Panel <input type="checkbox"/> Magnesium <input type="checkbox"/> Phosphorus <input type="checkbox"/> Potassium <input type="checkbox"/> Sodium <input type="checkbox"/> TSH (Thyroid Stim Hormone) <input type="checkbox"/> TSH w/Reflex to FT4 <input type="checkbox"/> T3 (Triiodothyronine, Total) <input type="checkbox"/> T4 (Thyroxine, Total) <input type="checkbox"/> TIBC (Iron and Iron Binding) <input type="checkbox"/> Triglycerides <input type="checkbox"/> Troponin <input type="checkbox"/> Uric Acid <input type="checkbox"/> Vitamin B12 <input type="checkbox"/> Vitamin D 25-Hydroxy		<input type="checkbox"/> ANA with reflex to AB identification <input type="checkbox"/> EBV (Epstein-Barr Virus) Antibody Profile <input type="checkbox"/> Estradiol <input type="checkbox"/> FH (Follicle-Stimulating Hormone) <input type="checkbox"/> Hepatitis A Antibody, IgG <input type="checkbox"/> Hepatitis A Antibody, IgM <input type="checkbox"/> Hepatitis B Core Antibody, IgM <input type="checkbox"/> Hepatitis B Core Antibody, Total <input type="checkbox"/> Hepatitis B Surface Antibody <input type="checkbox"/> Hepatitis B Surface Antigen <input type="checkbox"/> Hepatitis C Antibody Screen with Reflex to HCV RNA PCR <input type="checkbox"/> LH (Luteinizing Hormone) <input type="checkbox"/> Lithium <input type="checkbox"/> Measles Antibody, IgG <input type="checkbox"/> Mumps Antibody, IgG <input type="checkbox"/> Prealbumin <input type="checkbox"/> PSA (Prostate Specific Antigen), Diagnostic <input type="checkbox"/> PSA (Prostate Specific Antigen), Screening <input type="checkbox"/> Rubella Antibody, IgG <input type="checkbox"/> SARS-CoV-2 Semi-Quant Spike, IgG <input type="checkbox"/> Syphilis IgG Antibody with reflex to RPR Screen <input type="checkbox"/> Testosterone, Total <input type="checkbox"/> Varicella Zoster Virus Antibody, IgG	
<b>COAGULATION</b> Blue top				<b>CHEMISTRY</b> See specimen requirements	
<input type="checkbox"/> Anti-Xa Heparin Assay, UFH <input type="checkbox"/> D-Dimer <input type="checkbox"/> Fibrinogen <input type="checkbox"/> PT (Prothrombin Time) <input type="checkbox"/> PTT (Partial Thromboplastin Time)				<input type="checkbox"/> Ammonia – mint green top, draw with no tourniquet, separate immediately and freeze plasma <input type="checkbox"/> BNP (NT-pro BNP) – dark green top, separate within two hours <input type="checkbox"/> Hemoglobin A1C – lavender top, whole blood <input type="checkbox"/> HIV Screen – lavender top, separate within two hours <input type="checkbox"/> Ionized Calcium – mint green top, must NOT be opened <input type="checkbox"/> Lactic Acid – gray top, draw with no tourniquet, separate immediately and freeze plasma <input type="checkbox"/> PTH (Parathyroid Hormone) – lavender top, separate within two hours <input type="checkbox"/> QFTB (Quantiferon TB Gold Plus) – two dark green tops (NO GEL), whole blood <input type="checkbox"/> Vancomycin: peak, trough, random (circle one) – dark green or red top (NO GEL), separate within two hours	
<b>URINE TESTS</b>					
<input type="checkbox"/> HCG, Qualitative, Urine <input type="checkbox"/> Nicotine and metabolites, Urine <input type="checkbox"/> Urine Drug Screen (LAB4078) <input type="checkbox"/> UA, Dipstick Only (LAB4217) <input type="checkbox"/> UA with Microscopic (LAB4215) <input type="checkbox"/> UA with Microscopic and Culture If Indicated (LAB4279)					
<b>MICROBIOLOGY</b>					
<input type="checkbox"/> Culture, blood Site: _____ <input type="checkbox"/> Culture, respiratory <input type="checkbox"/> Culture, urine <input type="checkbox"/> Culture, wound (includes Gram Stain) <input type="checkbox"/> Aerobic <input type="checkbox"/> Anaerobic Source: _____ <input type="checkbox"/> COVID-19 PCR <input type="checkbox"/> C. Diff DNA by PCR <input type="checkbox"/> FLU/COVID/RSV PCR <input type="checkbox"/> MRSA Nasal Screen by PCR <input type="checkbox"/> O & P (Ova & Parasites) <input type="checkbox"/> Respiratory Panel					
<b>SPECIAL INSTRUCTIONS AND MISCELLANEOUS TESTING (PLEASE SPECIFY):</b>					
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