

# General Lab Requisition

Patient's Last Name	First	Middle	Birth Date (Required)	Legal Sex
Outside Patient Number	Outside Specimen Number	Send Report To		
Ordering Provider			Address	
Phone Number	Diagnosis/ICD Code (Required)	Phone/Fax		

**Required Specimen Information:**

DATE COLLECTED: \_\_\_\_ / \_\_\_\_ / \_\_\_\_       Whole Blood       Serum/Plasma       Urine  
 TIME COLLECTED: \_\_\_\_ : \_\_\_\_ AM/PM       Skin       Other \_\_\_\_\_

<p><b>CHEMISTRY</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Albumin (LAB45)</li> <li><input type="checkbox"/> Alkaline Phosphatase, Serum (LAB112)</li> <li><input type="checkbox"/> ALT (SGPT) (LAB132)</li> <li><input type="checkbox"/> Amylase Serum (LAB48)</li> <li><input type="checkbox"/> AST (SGOT) (LAB131)</li> <li><input type="checkbox"/> Basic Metabolic Panel (BMP)*(LAB15) <i>*BMP includes: Electrolytes (CO2, Cl, Na, K) Glucose, BUN, Creat, Calcium</i></li> <li><input type="checkbox"/> Bilirubin (Unconjugated/Conjugated) (LAB3606)</li> <li><input type="checkbox"/> Beta-Hydroxybutyrate (LAB2844)</li> <li><input type="checkbox"/> BUN (LAB140)</li> <li><input type="checkbox"/> Calcium Level, Total (LAB813)</li> <li><input type="checkbox"/> Calcium Ionized (LAB54)</li> <li><input type="checkbox"/> Chloride Level (LAB59)</li> <li><input type="checkbox"/> Cholesterol (LAB60)</li> <li><input type="checkbox"/> Creatine Kinase (CK) (LAB62)</li> <li><input type="checkbox"/> Carbon Dioxide, Total (CO2) (LAB55)</li> <li><input type="checkbox"/> Comprehensive Metabolic Panel* (LAB17) <i>*CMP Includes: Electrolytes (CO2, Cl, Na, K), Glucose, BUN, Creat, Calcium, AST, ALT, ALK PHOS, Protein, Albumin</i></li> <li><input type="checkbox"/> C-Reactive Protein (CRP) (LAB149)</li> <li><input type="checkbox"/> Creatinine (LAB383)</li> <li><input type="checkbox"/> Electrolytes (CO2, Cl, Na, K) (LAB16)</li> <li><input type="checkbox"/> Ferritin (LAB68)</li> <li><input type="checkbox"/> Gamma-glutamyl Transferase (GGT) (LAB85)</li> <li><input type="checkbox"/> Glucose Level (LAB3084)</li> <li><input type="checkbox"/> Immunoglobulin E Level (LAB74)</li> <li><input type="checkbox"/> Immunoglobulins Panel (IgA, IgG, IgM) (LAB3213) IgA (LAB73) IgG (LAB71) IgM (LAB72)</li> <li><input type="checkbox"/> Iron Level (LAB94)</li> <li><input type="checkbox"/> Iron Profile (Fe, TIBC, % Saturation) (LAB829)</li> <li><input type="checkbox"/> Lactic Acid Blood (LAB3574)</li> <li><input type="checkbox"/> Lactate Dehydrogenase (LDH) (LAB96)</li> <li><input type="checkbox"/> Lipase Level (LAB3253)</li> <li><input type="checkbox"/> Lipid Panel (Chol, Trig, LDL, HDL) (LAB18)</li> <li><input type="checkbox"/> Magnesium Serum (LAB103)</li> <li><input type="checkbox"/> Infectious Mono Screen (Monospot) (LAB3216)</li> <li><input type="checkbox"/> Phosphorous Serum (LAB113)</li> <li><input type="checkbox"/> Potassium Level (LAB114)</li> <li><input type="checkbox"/> Protein, Total (LAB118)</li> <li><input type="checkbox"/> Sodium Level (LAB122)</li> <li><input type="checkbox"/> Triglycerides (LAB134)</li> <li><input type="checkbox"/> VMA/HVA, Serum (LAB3548)</li> <li><input type="checkbox"/> Triglycerides (LAB134)</li> <li><input type="checkbox"/> Uric Acid (LAB141)</li> </ul> <p><b>COAGULATION</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> D-Dimer (LAB313)</li> <li><input type="checkbox"/> Fibrinogen (LAB314)</li> <li><input type="checkbox"/> Partial Thromboplastin Time (LAB325)</li> <li><input type="checkbox"/> Prothrombin Time + INR (LAB320)</li> </ul>	<p><b>HEMATOLOGY</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> CBC* (LAB294)</li> <li><input type="checkbox"/> CBC with Differential (LAB293)</li> <li><input type="checkbox"/> Erythrocyte Sedimentation Rate (ESR)(LAB322)</li> <li><input type="checkbox"/> Hematocrit (LAB289)</li> <li><input type="checkbox"/> Platelet Count (LAB301)</li> <li><input type="checkbox"/> Reticulocyte Count (LAB296)</li> <li><input type="checkbox"/> Sickle Cell Screen (LAB339)</li> <li><input type="checkbox"/> White Blood Cell (WBC) Count (LAB299) <i>*CBC Includes: RBC, HGB, HCT, MCV, MCH, MCHC, RDW, WBC, Platelet Count, MPV</i> <i>**CBC with Differential Includes: Polys, Bands, Lymphocytes, Monocytes, Eosinophils, Basophils in addition to CBC</i></li> </ul> <p><b>ENDOCRINOLOGY</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> 17-Hydroxyprogesterone (LAB720)</li> <li><input type="checkbox"/> Cortisol (LAB61)</li> <li><input type="checkbox"/> Estradiol (LAB523)</li> <li><input type="checkbox"/> Follicle Stimulating Hormone (FSH) (LAB86)</li> <li><input type="checkbox"/> Hemoglobin A1C (LAB90)</li> <li><input type="checkbox"/> IGF Binding Protein 3 (LAB3205)</li> <li><input type="checkbox"/> Insulin Level (LAB527)</li> <li><input type="checkbox"/> Insulin-Like Growth Factor 1 (LAB526)</li> <li><input type="checkbox"/> Luteinizing Hormone (LAB87)</li> <li><input type="checkbox"/> Testosterone Total by LC/MS (LAB3490)</li> <li><input type="checkbox"/> Thyroid Stimulating Hormone (TSH) (LAB129)</li> <li><input type="checkbox"/> Thyroxine (T4), Free (LAB127)</li> <li><input type="checkbox"/> Triiodothyronine (T3), Free (LAB3061)</li> <li><input type="checkbox"/> Triiodothyronine (T3), Total (LAB136)</li> <li><input type="checkbox"/> Vitamin A (LAB580)</li> <li><input type="checkbox"/> Vitamin D, 25-Hydroxy Level, Total (LAB535)</li> <li><input type="checkbox"/> Vitamin E (LAB130)</li> </ul> <p><b>MICROBIOLOGY</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Adenovirus PCR Quant, Blood (LAB2479)</li> <li><input type="checkbox"/> BK Virus PCR Quant, Blood (LAB1374)</li> <li><input type="checkbox"/> Blood Culture (Bacterial), Aerobic (LAB2525)</li> <li><input type="checkbox"/> Blood Culture (Bacterial), Aerobic + Yeast (LAB2526)</li> <li><input type="checkbox"/> Blood Culture (Bacterial), Anaerobic (LAB2527)                         <ul style="list-style-type: none"> <li><input type="checkbox"/> Check if Lab needs to extend incubation time for yeast or slow growing organisms.</li> </ul> </li> <li><input type="checkbox"/> CMV PCR Quant, Blood (LAB2487)</li> <li><input type="checkbox"/> CSF Meningitis/Encephalitis PCR Qual Panel (LAB2421)</li> <li><input type="checkbox"/> EBV PCR Quant, Blood (LAB2987)</li> </ul>	<p><b>STOOL TESTS</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> C. difficile Antigen and Toxin, plus Reflex PCR (LAB2535)</li> <li><input type="checkbox"/> Calprotectin, Stool (LAB2392)</li> <li><input type="checkbox"/> Rapid Stool Infectious Diarrhea PCR Panel (LAB2451)</li> <li><input type="checkbox"/> Stool Culture (LAB223)</li> <li><input type="checkbox"/> Stool Giardia + Crypto EIA (LAB1319)</li> </ul> <p><b>URINE TESTS</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Calcium, Urine Random (LAB371)</li> <li><input type="checkbox"/> Creatinine, Urine Random (LAB384)</li> <li><input type="checkbox"/> hCG, Urine Pregnancy Test (LAB437)</li> <li><input type="checkbox"/> Microalbumin/Creatinine Urine (LAB689)</li> <li><input type="checkbox"/> Osmolality, Urine (LAB420)</li> <li><input type="checkbox"/> Potassium, Urine (LAB434)</li> <li><input type="checkbox"/> Protein, Urine (LAB439)</li> <li><input type="checkbox"/> Sodium, Urine (LAB444)</li> <li><input type="checkbox"/> Urine Culture (LAB239)</li> <li><input type="checkbox"/> Urinalysis (LAB1968) or <input type="checkbox"/> UA w/Micro (LAB348)</li> <li><input type="checkbox"/> Culture if indicated?</li> </ul> <p>Collection Method: _____</p> <p><b>THERAPEUTIC DRUG MONITORING</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> 10-OH Oxcarbazepine Level (LAB2687)</li> <li><input type="checkbox"/> Carbamazepine (Tegretol) Level (LAB21)</li> <li><input type="checkbox"/> Cyclosporin Level (LAB874)</li> <li><input type="checkbox"/> Everolimus Level (LAB3012)</li> <li><input type="checkbox"/> Gabapentin (Neurontin) (LAB470)</li> <li><input type="checkbox"/> Lamotrigine (Lamictal) (LAB475)</li> <li><input type="checkbox"/> Levetiracetam (Keppra) (LAB477)</li> <li><input type="checkbox"/> Methotrexate Level Blood (LAB481)</li> <li><input type="checkbox"/> Methotrexate Level CSF (LAB2434)</li> <li><input type="checkbox"/> Phenobarbital (LAB30)</li> <li><input type="checkbox"/> Phenytoin (Dilantin) (LAB31)</li> <li><input type="checkbox"/> Posaconazole Level (LAB3397)</li> <li><input type="checkbox"/> Sirolimus Level (LAB875)</li> <li><input type="checkbox"/> Tacrolimus (FK506) (LAB876)</li> <li><input type="checkbox"/> Topiramate (Topamax) (LAB498)</li> <li><input type="checkbox"/> Valproic Acid (Depakene) (LAB24)</li> <li><input type="checkbox"/> Voriconazole Level (LAB3552)</li> <li><input type="checkbox"/> Zonisamide (Zonegran) Level (LAB504)</li> </ul> <p><b>VIROLOGY</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Hepatitis A Antibody, Total (LAB797)</li> <li><input type="checkbox"/> Hepatitis B Core Antibody, IgM (LAB549)</li> <li><input type="checkbox"/> Hepatitis B Surface Antibody (LAB472)</li> <li><input type="checkbox"/> Hepatitis B Surface Antigen (LAB471)</li> <li><input type="checkbox"/> Hepatitis C Antibody (LAB868)</li> <li><input type="checkbox"/> HIV Antigen and Antibody (LAB3170)</li> <li><input type="checkbox"/> Varicella Zoster Immune Status (LAB3573)</li> </ul>	
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Provider Print Name: \_\_\_\_\_ Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_



**LAB REQUISITION - GENERAL OUTSIDE**

PATIENT LABEL

