

LABORATORY REQUEST – INPATIENT

Sample # _____

ORDER INFO DATE _____ TIME _____ BY _____

ORDERED IN LIS BY: _____

TO BE DONE _____

COLLECTED BY _____ TIME _____
DATE/TIME RECEIVED _____

INSTRUCTIONS _____

ROOM NO. _____

ORDERING MD: _____

FASTING YES NO

TECH CALLBACK CHARGE

HEMATOLOGY/COAGULATION	URINALYSIS/URINE CHEMISTRY	PANELS & CONVENIENCE PROFILES	
261 <input type="checkbox"/> CBC 1 <input type="checkbox"/> CBC W/DIFFERENTIAL 54 <input type="checkbox"/> HEMATOCRIT 71 <input type="checkbox"/> PLATELET COUNT 78 <input type="checkbox"/> RETIC COUNT 194 <input type="checkbox"/> SED RATE (ESR) 41 <input type="checkbox"/> PROTIME 42 <input type="checkbox"/> APTT 95 <input type="checkbox"/> FIBRINOGEN 89 <input type="checkbox"/> D-DIMER 92 <input type="checkbox"/> BLEEDING TIME <input type="checkbox"/>	5 <input type="checkbox"/> URINALYSIS, COMPLETE 423 <input type="checkbox"/> URINALYSIS, CHEM ONLY 14 <input type="checkbox"/> CREATININE CLEARANCE 570 <input type="checkbox"/> MICROALBUMIN SCREEN 331 <input type="checkbox"/> URINE AMYLASE _____ HR 404 <input type="checkbox"/> URINE CALCIUM 24 HR 476 <input type="checkbox"/> URINE GLUCOSE 24 HR 415 <input type="checkbox"/> URINE PHOSPHOROUS 24 HR 346 <input type="checkbox"/> URINE PROTEIN 24 HR 49 <input type="checkbox"/> URINE SOD/POT 24 HR ³²⁹ ³³⁰ <input type="checkbox"/> URINE SOD/POT, RANDOM 12 <input type="checkbox"/> URINE URIC ACID 24 HR	7 <input type="checkbox"/> ARTHRITIS PROFILE F3 <input type="checkbox"/> BASIC METABOLIC PANEL (BMP) 2 <input type="checkbox"/> CARDIAC ENZYME PROFILE F2 <input type="checkbox"/> COMPREHENSIVE METABOLIC PROFILE (CMP) F1 <input type="checkbox"/> ELECTROLYTE PANEL F4 <input type="checkbox"/> HEPATIC FUNCTION PANEL + GGT F7 <input type="checkbox"/> LIPID PANEL 10 <input type="checkbox"/> METABOLIC 10 PROFILE 4 <input type="checkbox"/> PRENATAL PROFILE WITHOUT RUBELLA 9 <input type="checkbox"/> PRENATAL PROFILE WITH RUBELLA 13 <input type="checkbox"/> RENAL FUNCTION PANEL 15 <input type="checkbox"/> THYROID PROFILE (TSH + FT4)	
BLOOD BANK	INDIVIDUAL CHEMISTRIES		
47 <input type="checkbox"/> TYPE & Rh 595 <input type="checkbox"/> ANTIBODY SCREEN 228 <input type="checkbox"/> DIRECT COOMBS (DAT) 322 <input type="checkbox"/> CROSSMATCH x _____ 522 <input type="checkbox"/> AUTOLOGOUS x _____ 722 <input type="checkbox"/> FRESH FR PLASMA x _____ 2 <input type="checkbox"/> PLATELETPHERESIS x _____ 822 <input type="checkbox"/> CRYOPRECIPTATE x _____ 380 <input type="checkbox"/> RhoGAM IF INDICATED	113 <input type="checkbox"/> ALBUMIN 122 <input type="checkbox"/> ALK PHOSPHATASE 125 <input type="checkbox"/> ALT (SGPT) 205 <input type="checkbox"/> AMYLASE 124 <input type="checkbox"/> AST (SGOT) 119 <input type="checkbox"/> BILIRUBIN, TOTAL 120 <input type="checkbox"/> BILIRUBIN, DIRECT 101 <input type="checkbox"/> BUN 114 <input type="checkbox"/> CALCIUM 104 <input type="checkbox"/> CHLORIDE 115 <input type="checkbox"/> CHOLESTEROL 105 <input type="checkbox"/> CARBON DIOXIDE (CO2) 127 <input type="checkbox"/> CK (CPK), TOTAL 109 <input type="checkbox"/> CREATININE 300 <input type="checkbox"/> FERRITIN 168 <input type="checkbox"/> FT4 (FREE T4) 130 <input type="checkbox"/> GGT 108 <input type="checkbox"/> GLUCOSE 18 <input type="checkbox"/> GLUCOSE TOL _____ HRS 311 <input type="checkbox"/> GLYCOHEMOGLOBIN 999 <input type="checkbox"/> IRON 314 <input type="checkbox"/> LACTIC ACID 123 <input type="checkbox"/> LD (LDH) 237 <input type="checkbox"/> MAGNESIUM 189 <input type="checkbox"/> PHOSPHOROUS 103 <input type="checkbox"/> POTASSIUM 631 <input type="checkbox"/> PREALBUMIN 112 <input type="checkbox"/> PROTEIN, TOTAL 1008 <input type="checkbox"/> PSA (PROSTATIC SP ANT) 102 <input type="checkbox"/> SODIUM 126 <input type="checkbox"/> TRIGLYCERIDES 510 <input type="checkbox"/> TROPONIN I (COMPLEXED) 164 <input type="checkbox"/> TSH (THYR STIM HOR) 118 <input type="checkbox"/> URIC ACID		
MICROBIOLOGY			THERAPEUTIC/TOXIC DRUGS
SPECIMEN SOURCE: 99 <input type="checkbox"/> STREP SCREEN 558 <input type="checkbox"/> GRAM STAIN 131 <input type="checkbox"/> C. DIFFICILE TOXIN A 217 <input type="checkbox"/> CHLAMYDIA EIA SCREEN 692 <input type="checkbox"/> CULTURE, BLOOD 694 <input type="checkbox"/> CULTURE, GC 681 <input type="checkbox"/> CULTURE, SPUTUM 693 <input type="checkbox"/> CULTURE, STOOL 683 <input type="checkbox"/> CULTURE, STREP B 682 <input type="checkbox"/> CULTURE, THROAT/NP 680 <input type="checkbox"/> CULTURE, URINE 690 <input type="checkbox"/> CULTURE, OTHER—LIST SOURCE 450 <input type="checkbox"/> EOSINOPHIL SMEAR 449 <input type="checkbox"/> H. PYLORI ANTIBODY 686 <input type="checkbox"/> KOH/FUNGUS/WET MT 238 <input type="checkbox"/> OCCULT BLOOD 390 <input type="checkbox"/> RESP SYN VIRUS (RSV) 229 <input type="checkbox"/> STOOL WET MOUNT			DOSE TIME: 258 <input type="checkbox"/> ACETAMINOPHEN 199 <input type="checkbox"/> CARBAMAZEPINE (TEGRETOL) 499 <input type="checkbox"/> DIGOXIN 203 <input type="checkbox"/> ETHANOL (Blood Alcohol) 234 <input type="checkbox"/> GENTAMICIN, RANDOM 501 <input type="checkbox"/> GENTAMICIN, TROUGH 589 <input type="checkbox"/> GENTAMICIN, PEAK 317 <input type="checkbox"/> LITHIUM 335 <input type="checkbox"/> PHENOBARBITAL 227 <input type="checkbox"/> PHENYTOIN (DILANTIN) 248 <input type="checkbox"/> SALICYLATE 355 <input type="checkbox"/> THEOPHYLLINE 323 <input type="checkbox"/> VALPROIC ACID (DEPAKENE) 511 <input type="checkbox"/> VANCOMYCIN, RANDOM 326 <input type="checkbox"/> VANCOMYCIN, TROUGH 327 <input type="checkbox"/> VANCOMYCIN, PEAK 378 <input type="checkbox"/> TRIAGE (STAT URINE TOXIC SCREEN ONLY)
		IMMUNOLOGY & PREGNANCY	
		209 <input type="checkbox"/> ASO 235 <input type="checkbox"/> MONO SCREEN 242 <input type="checkbox"/> PREGNANCY, HCG, QUAL 96 <input type="checkbox"/> PREGNANCY, BHCG, QUAN 244 <input type="checkbox"/> RA (RHEUMATOID FACT) 246 <input type="checkbox"/> RPR 341 <input type="checkbox"/> RUBELLA	
		BODY FLUIDS	
		SPINAL FLUID (CSF) 343 <input type="checkbox"/> CELL COUNT W/DIFF 312 <input type="checkbox"/> CHLORIDE 107 <input type="checkbox"/> GLUCOSE 585 <input type="checkbox"/> PROTEIN, TOTAL OTHER FLUID _____ 550 <input type="checkbox"/> AMNIOTIC FLUID PG 813 <input type="checkbox"/> AMYLASE 343 <input type="checkbox"/> CELL COUNT W/DIFF 153 <input type="checkbox"/> CRYSTALS 506 <input type="checkbox"/> GLUCOSE 809 <input type="checkbox"/> LDH 17 <input type="checkbox"/> pH 151 <input type="checkbox"/> PROTEIN, TOTAL 811 <input type="checkbox"/> URIC ACID	
		NON LISTED TESTS	
		<input type="checkbox"/>	
		<input type="checkbox"/>	
		<input type="checkbox"/>	
		<input type="checkbox"/>	
		<input type="checkbox"/>	