



# Laboratory Services Down-Time Requisition

All Asterisk (\*) fields are required (please print) Complete ALL fields.

Patient Full Name*			DOB*	Sex (Circle)	SSN or MRN * (Circle)
Last	First	MI	MM / DD / YYYY	M F	
Location*			Ordered By (Printed) *		Collected By:
			Assumes responsibility for tests ordered		Name: _____
			Physician Signature (Please Print Name Above)		Date: _____ Time _____
<b>Priority</b>					
<input type="checkbox"/> Routine <input type="checkbox"/> Timed <input type="checkbox"/> STAT					

<b>Panel Tests:</b>	<b>Panel includes:</b>
<input type="checkbox"/> Basic Metabolic Panel	(CO2, Cl, Na, K, Glu, BUN, Ca, Crea)
<input type="checkbox"/> Comprehensive Metabolic	(Basic Metabolic tests, Alb, TBili, Alk Phos, TP, AST, ALT)
<input type="checkbox"/> Electrolytes	(CO2, Cl, Na, K)
<input type="checkbox"/> Hepatic (Liver) Function	(TBILI, DBILI, AST, Alk Phos, ALT, TP)
<input type="checkbox"/> Lipid Panel	(Chol, HDL, Trig, Chol/HDL Ratio, Calc LDL or Direct LDL if indicated)
<input type="checkbox"/> Prenatal Panel	(CBC, RPR, HBsAG, HIV, Rubella IgG, Type & RH, Ab Scrn, PT Hx Ck)
<input type="checkbox"/> Renal Function Panel	(Alb, Ca, CO2, Cl, Crea, Glu, Phos, K, Na, BUN)
<b>Additional Tests/Instruction:</b>	

<input type="checkbox"/> Albumin Level	<input type="checkbox"/> Pregnancy BHCG Qnt	<b>Uro-Genital Specimen</b>	<b>Respiratory Specimen</b>
<input type="checkbox"/> Alkaline Phosphatase	<input type="checkbox"/> Protein, Total	<input type="checkbox"/> Chlamydia (Check Source)	<input type="checkbox"/> Bordetella Pertusis
<input type="checkbox"/> ALT (SGPT)	<input type="checkbox"/> PT/INR	<input type="checkbox"/> Gonorrhea (Check Source)	<input type="checkbox"/> Bronch Wash/Lavage
<input type="checkbox"/> Ammonia	<input type="checkbox"/> PTT	<input type="checkbox"/> Cerv <input type="checkbox"/> Ureth <input type="checkbox"/> ThinPrep	<input type="checkbox"/> Influenza A&B; RSV
<input type="checkbox"/> Amylase	<input type="checkbox"/> RHIV	<input type="checkbox"/> Urine-First Stream	<input type="checkbox"/> Respiratory Virus Panel
<input type="checkbox"/> AST (SGOT)	<input type="checkbox"/> Reticulocyte Count	<input type="checkbox"/> Group B Strep	<input type="checkbox"/> SARS CoV-2
<input type="checkbox"/> B-Type Natriuretic Peptide	<input type="checkbox"/> RPR Screen	Source: <input type="checkbox"/> Rectal <input type="checkbox"/> Vaginal	<input type="checkbox"/> Sputum & gram stain
<input type="checkbox"/> Betahydroxybutyrate (Acetone)	<input type="checkbox"/> Sedimentation Rate	<input type="checkbox"/> Vaginosis/Vaginitis Panel	<input type="checkbox"/> Throat Screen GpA Strep - GAS
<input type="checkbox"/> Bilirubin Testing	<input type="checkbox"/> T3 Total	for BV, Trichomonas and Yeast	
<input type="checkbox"/> Direct Bilirubin	<input type="checkbox"/> TSH-if abn, Free T4	<b>Stool Specimen</b>	<b>Miscellaneous Culture</b>
<input type="checkbox"/> Calcium <input type="checkbox"/> Total <input type="checkbox"/> Ionized	<input type="checkbox"/> TSH	<input type="checkbox"/> C. Difficile Assay	<input type="checkbox"/> Acid Fast Culture
<input type="checkbox"/> CBC <input type="checkbox"/> CBC and Differential	<input type="checkbox"/> Free T4	<input type="checkbox"/> Giardia/Cryptosporidia Ag	*Source: _____
<input type="checkbox"/> Cholesterol <input type="checkbox"/> CHOL (Total)	<input type="checkbox"/> Troponin	<input type="checkbox"/> Ova & Parasite	<input type="checkbox"/> Fungus Culture
<input type="checkbox"/> HDL CHOL <input type="checkbox"/> LDL Direct <input type="checkbox"/> TRIG	<input type="checkbox"/> Urea Nitrogen, Blood	<input type="checkbox"/> Rotavirus	*Source: _____
<input type="checkbox"/> CK	<input type="checkbox"/> Uric Acid	<input type="checkbox"/> Stool Culture	<input type="checkbox"/> Herpes PCR
<input type="checkbox"/> Cortisol	<input type="checkbox"/> Vitamin B12	<b>Urine Specimen</b>	<input type="checkbox"/> Meningitis/Enceph Panel (CSF)
<b>CRP Testing:</b>	<b>Therapeutic Drugs</b>	<input type="checkbox"/> Urinalysis - Microscopic if indicated	<input type="checkbox"/> MRSA screen - Nasal
<input type="checkbox"/> CRP Quant <input type="checkbox"/> CRP High Sens	<input type="checkbox"/> Carbamazepine Level	<input type="checkbox"/> Urinalysis; Culture performed if indicated	<input type="checkbox"/> MRSA screen - Non-Nasal
<input type="checkbox"/> Creatinine	<input type="checkbox"/> Digoxin	<input type="checkbox"/> Urine Culture <input type="checkbox"/> Midstrm	<input type="checkbox"/> MSSA/MRSA Scrn(PreOp)
<input type="checkbox"/> Ferritin	<input type="checkbox"/> Lithium	<input type="checkbox"/> Cath Straight <input type="checkbox"/> Cath Indwell	<input type="checkbox"/> Yeast
<input type="checkbox"/> Folate Level	<input type="checkbox"/> Phenobarbitol	<b>Abscess, Fluid, Wound &amp; Blood Culture</b>	
<input type="checkbox"/> Glucose	<input type="checkbox"/> Phenytoin	<input type="checkbox"/> Abscess & Gram Stain	
<input type="checkbox"/> Iron Level	<input type="checkbox"/> Theophylline	*Source: _____	
<input type="checkbox"/> Iron+Transferrin+Sat	<input type="checkbox"/> Valproic Acid	<input type="checkbox"/> Anaerobic Culture	
<input type="checkbox"/> Cholesterol	<input type="checkbox"/> Vancomycin (check one)	*Source: _____	
<input type="checkbox"/> Lactic Acid	<input type="checkbox"/> Random <input type="checkbox"/> Trough	<input type="checkbox"/> Blood Culture	
<input type="checkbox"/> LDH	<b>Testing for Possible</b>	<input type="checkbox"/> Catheter Related Sepsis	
<input type="checkbox"/> Lipase	<b>Transfusion (BB Armband</b>	<input type="checkbox"/> Vascular related sepsis	
<input type="checkbox"/> Magnesium	<input type="checkbox"/> Type and Crossmatch - 1 unit	<input type="checkbox"/> Body Fluid & gram stain	
<input type="checkbox"/> Mononucleosis	<input type="checkbox"/> Type and Screen	*Source: _____	
<input type="checkbox"/> Parathyroid Hormone	<input type="checkbox"/> Blood Bank Tube to Hold	<input type="checkbox"/> CSF & Gram Stain	
<input type="checkbox"/> Phosphorus		<input type="checkbox"/> Tissue & gram stain	
<input type="checkbox"/> Potassium		*Source: _____	
<input type="checkbox"/> Prealbumin		<input type="checkbox"/> Wound & Gram stain	
		*Source: _____	