

NAME: Male Female Patient information verified from PHIN Card
 No PHIN Card
 DOB: _____ Hosp.#: _____ PHIN: _____

DOCTOR: _____ **Facility Name:** _____
(Fax number alone is not sufficient)

***CLINICAL/MEDICATION HISTORY:**

Lab Visit-Reference Number: _____

Routine Chemistry
Collect 1 SST tube:

- Glucose GLU
- 2hr PC (non tolerance) GLU
- Sodium/Potassium/Chloride NAK
- Urea UREA
- Creatinine CREP
- CK CK
- LD LD
- Albumin ALB
- Alk Phos ALK
- Bili Total TBIL
- Bili Direct DBIL
- Gamma GT GGT
- Protein Total TP
- ALT ALT
- AST AST
- Lipase LIPA
- Phosphate PHOS
- Magnesium MG
- Uric Acid UA
- Calcium CAP
- Corrected Calcium CAP
- TCO2 TCO2
- Anion Gap ANION
- Cholesterol CHO
- HDL LIP
- Triglyceride TRIG
- Iron FEP
- TIBC FEP
- Troponin T TROT
- Vitamin B12 B12
- Ferritin FER
- TSH TSH
- PSA PSA
- Estradiol E2
- Progesterone PROG
- FSH FSH
- LH LH
- Prolactin PRL
- IgE IGE

- Tolerances**
Collect 1 SST tube per collection time
- 50 Gram Challenge 50GLU
 - 75 Gram Tolerance - Pregnancy (Fast: 1 hr; 2hr) GLUFG, GLU1, GLU2
 - 75 Gram Tolerance - Non Preg. (Fast: 2hr) GLUF, GLU2
 - Lactose Tolerance (refer to manual for test codes)

Chemistry
Collect 1 SST tube:

- Pre-Albumin PAB
- CEA CEA
- Lithium LI
- Osmolality OSMO
- BHCG BHCG
- Testosterone TES
- C-Reactive Protein CRP
- Rheumatoid Factor RF
- IgA IGA
- IgG IGG
- IgM IGM
- BetaHydroxybuterate BHB
- Myoglobin MYOG

Cortisol Levels and ACTH Stimulation
Test - Collect 1 SST tube per collection

- Cortisol AM CORA
 - Cortisol PM CORP
- ACTH STIMULATION**
- Cortisol Baseline CORB
 - Cortisol 30 min post COR30
 - Cortisol 60 min post COR60

Electrophoresis
 Serum (2 SST required) ELPP

Therapeutic Drug Monitoring and Serum Drug Analysis

- 1 Red top tube - Must be Aliquoted**
Record Date and Time of Last and Next dose for drugs marked with an *
 Last Dose: _____
 Next Dose: _____
- Digoxin * DIG
 - Gentamycin Trough * GENTT
 - Gentamycin Peak * GENTP
 - Carbamazepine * CARB
 - Phenobarbital * PHENO
 - Phenytoin/Dilantin * DILS
 - Valproic Acid * VAL
 - Vancomycin Trough * VANCT
 - Vancomycin Peak * VANCP
 - Theophylline * THEO
 - Salicylate SAL
 - Serum Ethanol ETOH
 - Acetaminophen ACET
 - Osmo. Gap OSMGAP

Hematologic Blood Smear Review
 CLINICAL HISTORY MUST BE INCLUDED TO ENSURE PROCESSING

Routine Hematology

- CBC CBC
- (HB, HCT, WBC, RBC, Platelets, Diff and RBC indices)
- Sed. Rate ESR
- Reticulocyte RET/RBC
- Infectious Mono IMT
- Malarial and BloodParasites MAL
- Fetal Cell Stain FCS

Routine Coagulation

- INR INR
 - Activated Partial Thromboplastin Time APTT
 - Fibrinogen FIB
 - D-Dimer(quantitative) DD
- Must Check box if patient receiving anticoagulant therapy:**
- Coumadin or Warfarin
 - Heparin
 - Thrombolytic Therapy
 - Other

CSF Collections

- CSF Protein CTP
- CSF Glucose CGLU
- CSF Lactate CLAC
- CSF Chloride CSFCL
- CSF Cell Count CCBC

Fluid collections

- TYPE:** _____
- Fluid Cell Count FCBC
 - Fluid Glucose FGLU
 - Fluid Lipase FLIPA
 - Fluid Total Protein FTP
 - Fluid LD FLD
 - Fluid pH FPH

Urine Drug Analysis (5 mL Aliquot)

- Urine Ethanol UETOH
- Amphetamine AMP
- Barbiturate BARB
- Benzodiazepine BENZO
- Cocaine metabolite COC
- Methadone METH
- Canabinoids CANAB
- Opiates OPI
- Oxycodone OXYC
- Urine Tricyclic UTRI

Random Urine - No Preservative - 5mL aliquot

- Random Microalbumin RMA
- Ur. Protein/Creatinine ratio RUTP

24 hr Urine - No Preservative - 5mL aliquot

- 24 hr Microalbumin 24MA
- Creatinine Clearance CC
- Urine Creatinine UCRE
- Urine Urea UUREA
- Urine Sodium UNAK
- Urine Potassium UNAK
- Urine Uric Acid UUA
- Urine Protein UTP
- Urine Osmolality UOSMO

24 hr Urine - Acid preservative - 5 mL aliquot
Adjust pH <2 prior to aliquoting

- Urine Calcium UCA
- Urine Phosphorus UPHOS

Urine Volume: _____
 Patient Height: _____
 Patient Weight: _____

Routine Urinalysis (50 mL Urine)

- Urinalysis RUP
- Multistix for Leukocytes, Blood, Protein, pH, Specific Gravity Ketone and Glucose
- Pregnancy Test PREG
- Urine Myoglobin UMYO
- Urobilinogen UUROB
- Bile (Ictotest) BIL

Specimen Collection Date/Time: _____

Phlebotomist's Initials: _____

Number of Tubes Sent: _____

EDTA: _____ SST: _____ Citrate: _____ Red top: _____ Urine: _____

Cryoglobulin - Red top Serum
 Cryoglobulin CRYO
MUST BE CLOTTED AT 37 DEGREES CELSIUS

Miscellaneous - EDTA Whole Blood
 Hgb A1C GH
 Carbon Monoxide CO

Frozen EDTA Plasma required
 Ammonia (EDTA) AMM
 Lactate (Na. Fluoride) LAC

Special Hematology
 Hemoglobin S CBC/HBS
 Nasal Smear for Eosinophils NSEO
 Sputum for Eosinophils SEO
 Urine Eosinophils UEO

Semen Analysis
 Fertility Testing SFT
 Post Vasectomy SPS
 Sperm Morphology SSM

Cervical Swab
 Fetal Fibronectin FIBRO

Amniotic Fluid
 Fetal Lung Maturity FLM

Stool Analysis
 Feces Occult Blood FOB
 Stool Osmolality STOSMO