

**Note: Non-color coded tests do not require blood specimens. Please consult Westman Lab manual for type of specimen and collection instructions.**

**Order of Collection:**

Order	Tube Type
1	4.5 mL Sodium Citrate - Blue top
2	4.0 mL Clot Activator - Red top - <b>ALIUQUOT</b>
3	5 mL SST - yellow top
4	5 mL Lithium Heparin PST - Green top
5	4 mL Lithium Heparin No Gel - Green top
6	4 mL EDTA - Lavender top
7	6 mL Sodium Fluoride - Grey top

Routine Chemistry	
<b>Collect 1 SST tube:</b>	
<input type="checkbox"/> Glucose	GLU
<input type="checkbox"/> 2hr PC (non tolerance)	GLU
<input type="checkbox"/> Sodium/Potassium/Chloride	NAK
<input type="checkbox"/> Urea	UREA
<input type="checkbox"/> Creatinine	CREP
<input type="checkbox"/> CK	CK
<input type="checkbox"/> LD	LD
<input type="checkbox"/> Albumin	ALB
<input type="checkbox"/> Alk Phos	ALK
<input type="checkbox"/> Bili Total	TBIL
<input type="checkbox"/> Bili Direct	DBIL
<input type="checkbox"/> Gamma GT	GGT
<input type="checkbox"/> Protein Total	TP
<input type="checkbox"/> ALT	ALT
<input type="checkbox"/> AST	AST
<input type="checkbox"/> Lipase	LIPA
<input type="checkbox"/> Phosphate	PHOS
<input type="checkbox"/> Magnesium	MG
<input type="checkbox"/> Uric Acid	UA
<input type="checkbox"/> Calcium	CAP
<input type="checkbox"/> Corrected Calcium	CAP
<input type="checkbox"/> TCO2	TCO2
<input type="checkbox"/> Anion Gap	ANION
<input type="checkbox"/> Cholesterol	CHO
<input type="checkbox"/> HDL	LIP
<input type="checkbox"/> Triglyceride	TRIG
<input type="checkbox"/> Iron	FEP
<input type="checkbox"/> TIBC	FEP
<input type="checkbox"/> Troponin T	TROT
<input type="checkbox"/> Vitamin B12	B12
<input type="checkbox"/> Ferritin	FER
<input type="checkbox"/> TSH	TSH
<input type="checkbox"/> PSA	PSA
<input type="checkbox"/> Estradiol	E2
<input type="checkbox"/> Progesterone	PROG
<input type="checkbox"/> FSH	FSH
<input type="checkbox"/> LH	LH
<input type="checkbox"/> Prolactin	PRL
<input type="checkbox"/> IgE	IGE
Tolerances	
<b>Collect 1 SST tube per collection time</b>	
<input type="checkbox"/> 50 Gram Challenge	50GLU
<input type="checkbox"/> 75 Gram Tolerance - Pregnancy (Fast;1 hr; 2hr )	GLUFG, GLU1, GLU2
<input type="checkbox"/> 75 Gram Tolerance - Non Preg. (Fast; 2hr)	GLUF, GLU2
<input type="checkbox"/> Lactose Tolerance (refer to manual for test codes)	

Chemistry	
<b>Collect 1 SST tube:</b>	
<input type="checkbox"/> Pre-Albumin	PAB
<input type="checkbox"/> CEA	CEA
<input type="checkbox"/> Lithium	LI
<input type="checkbox"/> Osmolality	OSMO
<input type="checkbox"/> BHCG	BHCG
<input type="checkbox"/> Testosterone	TES
<input type="checkbox"/> C-Reactive Protein	CRP
<input type="checkbox"/> Rheumatoid Factor	RF
<input type="checkbox"/> IgA	IGA
<input type="checkbox"/> IgG	IGG
<input type="checkbox"/> IgM	IGM
<input type="checkbox"/> BetaHydroxybuterate	BETH
<input type="checkbox"/> Myoglobin	MYOG

Cortisol Levels and ACTH Stimulation	
<b>Test - Collect 1 SST tube per collection</b>	
<input type="checkbox"/> Cortisol AM	CORA
<input type="checkbox"/> Cortisol PM	CORP
ACTH STIMULATION	
<input type="checkbox"/> Cortisol Baseline	CORB
<input type="checkbox"/> Cortisol 30 min post	COR30
<input type="checkbox"/> Cortisol 60 min post	COR60

Electrophoresis	
<input type="checkbox"/> Serum (2 SST required)	ELPP

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

Hematologic Blood Smear Review	
<input type="checkbox"/> <b>CLINICAL HISTORY MUST BE INCLUDED TO ENSURE PROCESSING</b>	

Routine Hematology	
<input type="checkbox"/> CBC	CBC
(HB, HCT, WBC, RBC, Platelets, Diff and RBC indices)	
<input type="checkbox"/> Sed. Rate	ESR
<input type="checkbox"/> Reticulocyte	RET/RBC
<input type="checkbox"/> Infectious Mono	IMT
<input type="checkbox"/> Malarial and BloodParasites	MAL
<input type="checkbox"/> Fetal Cell Stain	FCS

Routine Coagulation	
<input type="checkbox"/> INR	INR
<input type="checkbox"/> Activated Partial Thromboplastin Time	APTT
<input type="checkbox"/> Fibrinogen	FIB
<input type="checkbox"/> D-Dimer(quantitative)	DD
<b>Must Check box if patient receiving anticoagulant therapy:</b>	
<input type="checkbox"/> Coumadin or Warfarin	
<input type="checkbox"/> Heparin	
<input type="checkbox"/> Thrombolytic Therapy	
<input type="checkbox"/> Other	

CSF Collections	
<input type="checkbox"/> CSF Protein	CTP
<input type="checkbox"/> CSF Glucose	CGLU
<input type="checkbox"/> CSF Lactate	CLAC
<input type="checkbox"/> CSF Chloride	CSFCL
<input type="checkbox"/> CSF Cell Count	CCBC

Fluid collections	
<b>TYPE:</b> _____	
<input type="checkbox"/> Fluid Cell Count	FCBC
<input type="checkbox"/> Fluid Glucose	FGLU
<input type="checkbox"/> Fluid Lipase	FLIPA
<input type="checkbox"/> Fluid Total Protein	FTP
<input type="checkbox"/> Fluid LD	FLD
<input type="checkbox"/> Fluid pH	FPH

Urine Drug Analysis ( 5 mL Aliquot)	
<input type="checkbox"/> Urine Ethanol	UETOH
<input type="checkbox"/> Amphetamine	AMP
<input type="checkbox"/> Barbiturate	BARB
<input type="checkbox"/> Benzodiazepine	BENZO
<input type="checkbox"/> Cocaine metabolite	COC
<input type="checkbox"/> Methadone	METH
<input type="checkbox"/> Canabinoids	CANAB
<input type="checkbox"/> Opiates	OPI
<input type="checkbox"/> Oxycodone	OXYC
<input type="checkbox"/> Urine Tricyclic	UTRI

Random Urine - No Preservative - 5mL aliquot	
<input type="checkbox"/> Random Microalbumin	RMA
<input type="checkbox"/> Ur. Protein/Creatinine ratio	RUTP

24 hr Urine - No Preservative - 5mL aliquot	
<input type="checkbox"/> 24 hr Microalbumin	24MA
<input type="checkbox"/> Creatinine Clearance	CC
<input type="checkbox"/> Urine Creatinine	UCRE
<input type="checkbox"/> Urine Urea	UUREA
<input type="checkbox"/> Urine Sodium	UNAK
<input type="checkbox"/> Urine Potassium	UNAK
<input type="checkbox"/> Urine Uric Acid	UUA
<input type="checkbox"/> Urine Protein	UTP
<input type="checkbox"/> Urine Osmolality	UOSMO

24 hr Urine - Acid preservative - 5 mL aliquot	
<b>Adjust pH &lt;2 prior to aliquoting</b>	
<input type="checkbox"/> Urine Calcium	UCA
<input type="checkbox"/> Urine Phosphorus	UPHOS
Urine Volume: _____	
Patient Height: _____	
Patient Weight: _____	

Routine Urinalysis (50 mL Urine)	
<input type="checkbox"/> Urinalysis	RUP
Multistix for Leukocytes, Blood, Protein, pH, Specific Gravity	
Ketone and Glucose	
<input type="checkbox"/> Pregnancy Test	PREG
<input type="checkbox"/> Urine Myoglobin	UMYO
<input type="checkbox"/> Urobilinogen	UUROB
<input type="checkbox"/> Bile (Ictotest)	BIL

**Specimen Collection Date/Time:** \_\_\_\_\_

**Phlebotomist's Initials:** \_\_\_\_\_

**Number of Tubes Sent:** \_\_\_\_\_

EDTA: \_\_\_\_\_ SST: \_\_\_\_\_ Citrate: \_\_\_\_\_ Red top: \_\_\_\_\_ Urine: \_\_\_\_\_

Cryoglobulin - Red top Serum	
<input type="checkbox"/> Cryoglobulin	CRYO
<b>MUST BE CLOTTED AT 37 DEGREES CELCIUS</b>	

Miscellaneous - EDTA Whole Blood	
<input type="checkbox"/> Hgb A1C	GH
<input type="checkbox"/> Carbon Monoxide	CO

Frozen EDTA Plasma required	
<input type="checkbox"/> Ammonia (EDTA)	AMM
<input type="checkbox"/> Lactate (Na. Fluoride)	LAC

Special Hematology	
<input type="checkbox"/> Hemoglobin S	CBC/HBS
<input type="checkbox"/> Nasal Smear for Eosinophils	NSEO
<input type="checkbox"/> Sputum for Eosinophils	SEO
<input type="checkbox"/> Urine Eosinophils	UEO

Semen Analysis	
<input type="checkbox"/> Fertility Testing	SFT
<input type="checkbox"/> Post Vasectomy	SPS
<input type="checkbox"/> Sperm Morphology	SSM

Cervical Swab	
<input type="checkbox"/> Fetal Fibronectin	FIBRO

Amniotic Fluid	
<input type="checkbox"/> Fetal Lung Maturity	FLM

Stool Analysis	
<input type="checkbox"/> Feces Occult Blood	FOB
<input type="checkbox"/> Stool Osmolality	STOSMO