

Affix Patient Label Here

## Ambulatory Requisition Form

<b>PROVIDER INFORMATION</b>	Ordering Provider (Last, First, MI)		<b>PATIENT</b>	Legal Name (Last, First MI)	
	NPI:	Fax Number:		HRN:	
	Contact Information for Critical Results:			Date of Birth: ____/____/____	
	Ordering Provider Clinic Address:			Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	
	City/State Zip Phone Suite #			<b>DIAGNOSIS CODE(S)</b>	
<b>COLLECTION</b>	Collector Name or NUID:		<b>GYN CYTOLOGY</b>		
	Collection Date:		<b>SPECIMEN SOURCE:</b>		
	Collection Time:		<input type="checkbox"/> Cervix <input type="checkbox"/> Vaginal/Hyst Date of Last Menstrual Period: _____		
	Last Date ____ Time ____	Fasting Hrs: _____	<input type="checkbox"/> PAP Only <input type="checkbox"/> PAP + CoTest (Includes HVP)		
	Clinical Information:		<input type="checkbox"/> PAP + Triage (Reflex to HVP) Dx: _____		

**Mark associated Dx code next to selected test**      S= STAT    T= Trough    P= Peak

<b>PANELS</b>	<b>Basic Metabolic Panel</b> Dx: ____ <input type="checkbox"/> S (Na, K+, CL, C <sub>2</sub> , Glu, BUN, Creat, Ca)		<b>CHEMISTRY</b>	Ferritin	Dx: ____ <input type="checkbox"/> S	<b>CHEMISTRY</b>	PSA	Dx: ____ <input type="checkbox"/> S	<b>THERAPEUTIC DRUGS</b>	Digoxin	Dx: ____ <input type="checkbox"/> S <input type="checkbox"/> T <input type="checkbox"/> P
	<b>Comprehensive Metabolic Panel</b> Dx: ____ <input type="checkbox"/> S (Na, K+, Cl, C <sub>2</sub> , Glu, BUN, Creat, Ca, TP, Alb, Tbil, ALK, AST, ALT)			Folate	Dx: ____		Rheumatoid Factor	Dx: ____		Methadone Screen Dx: ____ <input type="checkbox"/> S <input type="checkbox"/> T <input type="checkbox"/> P	
	<b>Lipid Panel</b> Dx: ____ (Chol, Trig, HDL, LDL)			Free T4	Dx: ____		RPR Qual (For Syphilis Positive Patients)	Dx: ____		Phenytoin Dx: ____ <input type="checkbox"/> S <input type="checkbox"/> T <input type="checkbox"/> P	
<b>CHEMISTRY</b>	<b>A1C (Hgb A1C)</b> Dx: ____		Hemoglobin Evaluation (Sickle Cell Testing)	Dx: ____ <input type="checkbox"/> S	<b>CHEMISTRY</b>	Rubella IgG	Dx: ____ <input type="checkbox"/> S	<b>URINE TESTING</b>	Urinalysis culture & micro if indicated Dx: ____ <input type="checkbox"/> S		
	<b>Albumin</b> Dx: ____ <input type="checkbox"/> S		Hepatitis A IgG	Dx: ____		Syphilis Screen (TrepPal IgG w/ Rfx RPR /TPPA) Dx: ____	Urine Microscopic Dx: ____ <input type="checkbox"/> S				
	<b>Alk Phos</b> Dx: ____ <input type="checkbox"/> S		Hepatitis A IgM	Dx: ____		T-Spot (Mycobacterium Tuberculosis Stimulated Gamma Interferon)	Dx: ____		Urine Chlam/GC Dx: ____ <input type="checkbox"/> S		
	<b>Allergy IgE</b> Dx: ____ <input type="checkbox"/> S Specify Allergen: _____		Hepatitis B Testing	Dx: ____ Specify Test: _____		Testosterone, Total Dx: ____	Thyroperoxidase (TPO) Dx: ____		Urine Culture Dx: ____		
	<b>ALT (SGPT)</b> Dx: ____ <input type="checkbox"/> S		Hepatitis C AB	Dx: ____		Total T3 Dx: ____	Triglycerides Dx: ____		Urine Drug Scn Dx: ____ <input type="checkbox"/> S		
	<b>Amylase</b> Dx: ____ <input type="checkbox"/> S		HIV 1/2 Screen	Dx: ____		TSH Dx: ____	TSH Dx: ____		Urine hCG Dx: ____ <input type="checkbox"/> S		
	<b>ANA Screen</b> Dx: ____		HSV 1/2 Ab	Dx: ____		TTG Dx: ____ <input type="checkbox"/> S	Uric Acid Dx: ____ <input type="checkbox"/> S		Urine Protein Electrophoresis Dx: ____ <input type="checkbox"/> S		
	<b>Anti-dsDNA</b> Dx: ____ <input type="checkbox"/> S		HSV, NAA	Dx: ____		Uric Acid Dx: ____ <input type="checkbox"/> S	Vit B12 Dx: ____		Test: _____ Dx: ____ <input type="checkbox"/> S		
	<b>AST (SGOT)</b> Dx: ____ <input type="checkbox"/> S		Iron	Dx: ____ <input type="checkbox"/> S		Vit D 25, OH Dx: ____	Automated Diff Dx: ____ <input type="checkbox"/> S		Test: _____ Dx: ____ <input type="checkbox"/> S		
	<b>Bilirubin, Direct</b> Dx: ____ <input type="checkbox"/> S		Iron + TIBC	Dx: ____ <input type="checkbox"/> S		CBC Dx: ____ <input type="checkbox"/> S	CBC w/ Auto Diff Dx: ____ <input type="checkbox"/> S		Test: _____ Dx: ____ <input type="checkbox"/> S		
	<b>Bilirubin, Total</b> Dx: ____ <input type="checkbox"/> S		Lipase	Dx: ____ <input type="checkbox"/> S		ESR (Sed Rate) Dx: ____ <input type="checkbox"/> S	PT INR Dx: ____ <input type="checkbox"/> S		Test: _____ Dx: ____ <input type="checkbox"/> S		
	<b>BUN</b> Dx: ____ <input type="checkbox"/> S		Luteinizing Hormone (LH)	Dx: ____		PTT Dx: ____ <input type="checkbox"/> S	Chalm/GC, Swab Amp Prob Dx: ____ Source: _____		Test: _____ Dx: ____ <input type="checkbox"/> S		
	<b>Calcium</b> Dx: ____ <input type="checkbox"/> S		Magnesium	Dx: ____ <input type="checkbox"/> S		Fecal Immunoassay Tests (FIT) DX: ____	H-Pylori (stool) Dx: ____		Test: _____ Dx: ____ <input type="checkbox"/> S		
	<b>CCP</b> Dx: ____ <input type="checkbox"/> S		Methylmalonic Acid	Dx: ____ <input type="checkbox"/> S		Rapid Strep Dx: ____ <input type="checkbox"/> S	Throat Culture Dx: ____		Test: _____ Dx: ____ <input type="checkbox"/> S		
	<b>Chloride</b> Dx: ____ <input type="checkbox"/> S		Parathyroid	Dx: ____ <input type="checkbox"/> S							
	<b>Cholesterol</b> Dx: ____		Phosphorus	Dx: ____ <input type="checkbox"/> S							
	<b>Cortisol</b> Dx: ____ <input type="checkbox"/> S		Potassium	Dx: ____ <input type="checkbox"/> S							
	<b>Creatinine</b> Dx: ____		Progesterone	Dx: ____							
	<b>CRP</b> Dx: ____ <input type="checkbox"/> S		Protein, Total	Dx: ____ <input type="checkbox"/> S							



## Northwest Regional Laboratory

13705 NE Airport Way  
Portland, OR 97230

Client Services (503) 258-6900 Fax: (503)258-6865

**For questions regarding Laboratory Services, contact Laboratory Client Services**

### Reflexed and Linked Tests

Additional laboratory testing may be performed and billed when initial tests requested require other testing to be performed due to initial results falling outside certain defined ranges or in order to meet accurate resulting criteria. Contact Laboratory Client Services for further details, if needed

## Kaiser Permanente Medical Office Laboratory Locations

**Please call for hours of operations**

### **Battle Ground Medical Office**

720 W Main St.  
Suite 115  
Battle Ground, WA 98604  
PH: 360-687-6515

### **Beaverton Medical Office**

4855 SW Western Ave  
Beaverton, OR 97005  
PH: 503-495-6508

### **Cascade Park Medical Office**

12607 SE Mill Plain Blvd.  
Vancouver, WA 98684  
PH: 360-896-4477

### **Eugene Chase Gardens Medical Office**

360 S Garden Way  
Eugen, OR 97401  
PH: 541-338-1242

### **Gateway Medical Office**

1700 NE 102nd Ave  
Portland, OR 97220  
PH: 971-229-6810

### **Hillsboro Medical Office**

5373 W Baseline Rd.  
Hillsboro OR, 97123  
PH: 503-547-1277

### **Interstate Medical Office (Central)**

**ONCOLOGY PATIENT ONLY**  
3600 N Interstate Ave.  
Portland, OR 97227  
PH: 503-331-6580

### **Interstate Medical Office (East)**

3550 N Interstate Ave.  
Portland, OR 97227  
PH: 503-249-3437

### **Interstate Medical Office (South)**

3550 N Interstate Ave.  
Portland, OR 97227  
PH: 503-331-6140

### **Keizer Station Medical Office**

5940 Ulali Dr.  
Keizer (Salem) OR, 97303  
PH: 503-304-5630

### **Longview-Kelso Medical Office**

1230 7th Ave.  
Longview, WA. 98632  
PH: 360-636-6223

### **Mt. Scott Medical Office**

9800 SE Sunnyside Rd  
Clackamas OR, 97015  
PH: 503-571-3401

### **Mt. Talbert Medical Office**

10100 SE Sunnyside Rd.  
Clackamas, OR 97015  
PH: 503-571-2636

### **Murrayhill Medical Office**

11200 SW Murray Scholls Pl  
Suite 100  
Beaverton OR, 97007  
PH: 503-590-2195

### **North Lancaster Medical Office**

2400 Lancaster Dr. NE.  
Salem, OR 97305  
PH: 503-370-4909

### **Orchards Medical Office**

7101 NE 137th Ave  
Vancouver, WA 98682  
PH: 360-944-4894

### **Rockwood Medical Office**

19500 SE Stark St.  
Portland, OR 97233  
PH: 503-669-3959

### **Salmon Creek Medical Office**

14406 NE 20th Ave.  
Vancouver, WA 98686  
PH: 360-571-3061

### **Skyline Medical Office**

5125 Skyline Rd. S.  
Salem, OR 97306  
PH: 503-588-5990

### **Sunnybrook Medical Office**

9900 SE Sunnyside Rd.  
Clackamas OR 97015  
PH: 503-571-9714

### **Tualatin Medical Office**

19185 SW 90th Ave  
Tualatin, OR 97062  
PH: 503-885-7331

### **West Salem Medical Office**

1160 Wallace Rd NW.  
Salem, OR 97304  
PH: 503-315-3043

### **Westside Medical Specialty**

2875 NE Stucki Ave  
Hillsboro, OR 97214  
PH: 971-310-3160