uchealth

Memorial North Hospital

Clinical Laboratory Intraoperative PTH Request □ STAT

Patient Identification Label
Name _____
MRN _____
DOB _____
Date of service

Call Results to extension #		Patient OR Room/Location
Ordering Physician (required)		Ordering Physician Contact Number
Ordering Physician Clinic/Service		
Collection Date (Required)	Collection Time	Collected by

Enter **ICD-10** Code(s) here

Physicians should only order tests medically necessary for the treatment or diagnosis of the patient. For outpatient services only, enter the appropriate ICD-10 codes which demonstrate the medical necessity of each test ordered (REQUIRED).

□ Purple Top EDTA tube preferred (Serum acceptable)

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