



Lab Requisition

Apply Patient Label

Routine Stat ASAP Timed

Collection Date/Time: _____

Collected by (Emp ID #): _____

PATIENT DIAGNOSIS: _____

Profiles		Blood Bank	
Electrolytes (Na, K, Cl, CO ₂)		Type & Screen	Date Needed:
BMP (Lytes, Glu, BUN, Creat, Ca)		Type & Crossmatch	# Units
CMP (BMP, TP, Alb, AST, ALT, ALP, TBil)		Platelets	# Units
Hepatic Function (ALB, AST, ALT, ALP, T bili, D bili, TP) <input type="checkbox"/> w/GGT		Plasma	# Units
Lipid (Chol, Trig, HDL, LDL, VLDL)		Other:	# Units
Renal Function (Alb, CA, Na, K, Cl, CO ₂ , Creat, Gluc, Phos, Bun)		Special Requirements	
Acute Hepatitis (Hep A IGM, HBS Ag, Hep B Core IgM, Hep C Ab)		Reason	
DIC Panel (PT, INR, PTT, Fib, TT, Plt, RBC frag, D-dimer)			
Iron Profile w/ Ferritin (Iron, TIBC, UIBC, % sat, Ferritin)			
Chemistry	Therapeutic Drugs	Hematology	Spinal/ Body Fluids
Ammonia	Cyclosporine	CBC w/diff, reflex to manual	Body Fluid Source
Amylase	Gentamicin	CBC, hemogram only	
Bilirubin, Direct	Methotrexate	Hematocrit	CSF Exam (cell ct, gluc, T protein)
Bilirubin, Total	Last dose:	Hemoglobin	Cell count Tube #
CK	Mycophenolic acid w/ metab.	Platelet Count	Glucose Tube #
BUN	Phenobarbital	Reticulocyte count	T Protein Tube #
Cortisol <input type="checkbox"/> AM, <input type="checkbox"/> PM, <input type="checkbox"/> Rndm	Sirolimus	Sed Rate	LDH Tube #
CRP (C-Reactive protein)	Tacrolimus (FK506)	Special Hematology	Amylase Tube #
Ferritin	Tobramycin	Clinical History required; indicate in Comments section	Microbiology
GGT	Valproic Acid		Specimen Source:
Hemoglobin A1C	Vancomycin	Path Smear/Review	
Immunoglobulins <input type="checkbox"/> A <input type="checkbox"/> G <input type="checkbox"/> M		Flow Cytometry, if indicated	Culture type (indicate below)
Iron <input type="checkbox"/> TIBC	Urine Tests		Bacteria Cult/Gram Stain
Lactic acid	Urinalysis (w/ microscopic)		Fungus Cult/Stain
LDH	Urine Culture & Sensitivity	Coagulation	AFB Cult/Stain
Lipase	Urine Pregnancy Test	Protime	Viral Cult(use viral transport media)
Magnesium		PTT	MRSA Screen [MRSASC]
	Drug Testing		MRSA/MSSA Pre-OP Screen [STAPHS]
Osmolality, serum	Drug screen, urine (in-house)	Fibrinogen	Culture, Beta Strep
Phosphorus	Drug screen, meconium	Heparin XA	Strep Screen/Rapid
Potassium	Comp drug screen (send-out)	Serology	C. difficile antigen & toxin
Pro-BNP		Cocci Screen (IgG/IgM)	Stool pathogen panel, PCR
Procalcitonin		EBV Early Antigen	O&P (Trichrome & Concentration)
Sodium	PCR Testing (Quantitative), on plasma (unless otherwise noted)	EBV Nuclear Antigen	Occult Blood
T4, Free	Adenovirus	EBV Viral Capsid, IgG	Smear for Polys
Triglycerides	BK Virus <input type="checkbox"/> urine	EBV Viral Capsid, IgM	Respiratory PCR Panel
Troponin	CMV	HIV Ag/Ab	Legionella PCR
TSH	Epstein-Barr (EBV)	Rubella IgG	Bordetella PCR Panel
Uric acid	HHV-6	Rubeola IgG	
	Herpes Virus 1/2	Rotavirus Ag	
		Vaccella, Zoster-Imm, Screen	

Other Tests -- Comments -- Clinical History

MUST COMPLETE

Ordering Practitioner: _____
(PRINTED NAME)

Practitioner Signature: _____

Date: _____ Time: _____

Contact/Pager #: _____

FOR REFERENCE LAB SPECIMENS RECEIVED IN THE LAB AFTER NOON, SAME-DAY SHIPPING CANNOT BE GUARANTEED

