



UPHS MRN

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PATIENT NAME _____

Male Female DOB: ____/____/____

Patient Location: _____

STAT

Name of collector and phone number (required): Collector's Name: _____ Collector's Phone/Pager: _____	Date of Collection (required): ____/____/____ Time of Collection (required): ____:____	Patient Fasting? <input type="checkbox"/> Yes <input type="checkbox"/> No
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First and last name of ordering provider (required):
 Name: _____
 Phone: _____

**EMERGENCY DEPARTMENT
 PATIENT**

CBC with Diff	ESR -Sed rate	COVID-19 Testing -STAT
Basic Metabolic Panel	CRP – C-Reactive Protein	Influenza Testing STAT
Magnesium	TSH w Reflex	Type and Screen
Phosphorus	ETOH Alcohol level	Type and Cross: _____
Coags: PT/PTT INR	Acetaminophen Level	_____
Hepatic Panel LFTs	Aspirin Level	_____
HCG Quant - Serum	Urinalysis	_____
Lipase	Urine Drug Screen	_____
Troponin HS	Urine Culture	_____
BNP	Blood Cultures x 2	_____
D-Dimer	VBG performed in lab Stat	_____
CK – Creatinine Kinase	Creatinine VBG in Lab	_____

	<input type="checkbox"/> Send Copy To: IF RESULTS INTERFACE IS DOWN CALL RESULTS TO PROVIDER AND FAX RESULTS TO: 215-893-5526
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