

ALL AREAS IN RED MUST BE COMPLETED

HOSPITAL OF THE UNIVERSITY OF PENNSYLVANIA DEPARTMENT OF PATHOLOGY AND LABORATORY MEDICINE AUTOMATION LABORATORY 7 Founders Building 662-6833

AFFIX PATIENT'S LABEL or fill-in patient's full name and MR# below.

HUP BLOOD GAS REQUISITION

NAME

DOB

MR#:

GENDER

DATE

TIME

Requesting Physician's Name
Location:

*Phone # for Critical Results
*Phone # for Unacceptable Specimens/Cancellations:

*If no phone number(s) are provided, the lab will follow the standard operating procedure for calls.

	Blood Gas Arterial	BGART
	Blood Gas Venous	VBG
	BG Cord Arterial	CORDABG
	BG Cord Venous	CORDVBG
	Hgb, O ₂ Hgb, O ₂ Ct, COHgb & MetHgb)	COOX

	(Na + K)	NAK
	Ionized Calcium	ICA
	Lactate	NLAC
	Arterial Lactic Acid	ALAC
	Creatinine	NCRE

SPECIMEN LABEL REQUIREMENTS

PREPRINTED OR HANDWRITTEN LABEL MUST HAVE **PATIENT NAME & MR#**
SPECIMENS WILL BE REJECTED IF LABEL LACKS **PATIENT NAME & MR#**

081513-8

5/2024



All information requested in RED must be provided with every specimen.
Specimen must have preprinted or hand-written label with patient's name and MR#.

SAMPLE COLLECTION REQUIREMENTS

1. Syringe with needles are **NOT ACCEPTABLE**.
2. To prevent clotting, mix syringe/vacutainer immediately after collecting specimen.
3. Blood gases will not be performed out of a vacutainer.
4. Specimen must be clocked-in when delivered.

