



Clinical Laboratory Requisition

Cook Children's Medical Center
 Department of Pathology and Laboratory Medicine
 801 Seventh Avenue
 Fort Worth, Texas 76104
 Phone: 682-885-4300
 Fax: 682-885-7240

Cook Children's Medical Center
 Dodson Outpatient Laboratory
 1500 Cooper St.
 Fort Worth, Texas 76104
 Phone: 682-885-1095
 Fax: 682-885-3266

DATE: _____

SECTIONS WITH ** MUST BE COMPLETED & LEGIBLE

**PATIENT LEGAL NAME: Last		First	MI
**DATE OF BIRTH:		**SEX:	
**PHYSICIAN PHONE #:		**FAX RESULTS TO #:	
**ORDERING PHYSICIAN:		**PHYSICIAN SIGNATURE:	
**ICD CODE + DESCRIPTIVE DIAGNOSIS:		**FACILITY NAME / PHONE # / CONTACT:	

****THE LABORATORY IS ONLY ABLE TO COMPLETE TEST REQUESTS IF ALL OF THE ABOVE FIELDS ARE COMPLETED****

**STAT? Y / N	**Collected By:	**Collection Date:	**Collection Time:	**# of Tubes Submitted:	**Specimen Source:	
Call results? Y / N						
Chemistry ___ 82105 AFP ___ 82040 Albumin ___ 84075 ALK Phos ___ 84460 ALT (SGPT) ___ 82140 Ammonia ___ 86063 ASO, Serum ___ 84450 AST (SGOT) ___ 82248 Bilirubin, Direct ___ 82247 Bilirubin, Total ___ 82010 BOHB ___ 84520 BUN ___ 82310 Calcium ___ 82330 Ionized Calcium ___ 82435 Chloride ___ 82465 Cholesterol ___ 82550 CK ___ 82374 CO2 ___ 82565 Creatinine ___ 86140 CRP ___ 82610 Cystatin C ___ 82977 GGT ___ 82947 Glucose ___ 83540 Iron (Fe) ___ 82728 Ferritin ___ 83615 LDH ___ 83735 Magnesium ___ 84100 Phosphorous ___ 84132 Potassium ___ 84145 Procalcitonin ___ 86769 SARS-CoV-2 IgG ___ 84295 Sodium ___ 84155 Total Protein ___ 84478 Triglyceride ___ 84550 Uric Acid ___ 82306 Vit. D, 25-OH	Therapeutic Drug Monitoring ___ 80156 Carbamazepine ___ 80158 Cyclosporine ___ 80162 Digoxin ___ 80170 Gentamicin ___ 80176 Lidocaine ___ 80178 Lithium ___ 80299 Methotrexate ___ 80184 Phenobarbital ___ 80185 Phenytoin ___ 80197 Tacrolimus (FK506) ___ 80198 Theophylline ___ 80200 Tobramycin ___ 80164 Valproic Acid ___ 80202 Vancomycin	Hematology/Coagulation ___ 85025 CBC/Auto Diff (<i>Manual Diff reflexed if clinically indicated</i>) ___ 85014 Hematocrit ___ 85018 Hemoglobin ___ 85049 Platelet Count ___ 85044 Retic Count ___ 85610 PT w/ INR ___ 85730 PTT	Urinalysis ___ 81003 Urinalysis (UA) ___ 81025 Urine Pregnancy, Qual. ___ 84703 Serum Pregnancy, Qual.	Miscellaneous Testing ___ 86901 ABO/Rh	Microbiology/Molecular ___ 87631 Influenza A,B and RSV PCR ___ 87798 B. pertussis/parapertussis PCR ___ 87581 M. pneumoniae PCR ___ 87635 SARS-CoV-2 PCR ___ 87529 HSV PCR ___ 87497 CMV PCR, Quantitative ___ 87799 EBV PCR, Quantitative ___ 87498 EV PCR ___ 87493 C. difficile PCR ___ 87491/87591 CT/NG PCR ≥14yrs old ___ 87880 Rapid Strep ___ 86308 Mono, Heterophile Antibody ___ 87040 Blood Culture ___ 87086 Urine Culture ___ 87070 Culture, Other: _____ ___ 87633 Respiratory Pathogens Panel ___ 87506 Gastrointestinal Pathogens Panel	**Must schedule w/ Outpatient Lab** Call 682-885-1095 to schedule: ___ 82951 GTT 3 Hour** ___ 89230 Sweat Test** ***** Panel Reference Guide 80048 BASIC METABOLIC PANEL (LYTES II) 84295 Sodium 84132 Potassium 82435 Chloride 82374 CO2 84520 BUN 82565 Creatinine 82947 Glucose 82310 Calcium 80051 ELECTROLYTE PANEL (LYTES) 84295 Sodium 84132 Potassium 82435 Chloride 82374 CO2 80053 COMPREHENSIVE METABOLIC PANEL 84295 Sodium 84132 Potassium 82435 Chloride 82374 CO2 84520 BUN 82565 Creatinine 82947 Glucose 82310 Calcium 84075 ALK Phos 82040 Albumin 84155 Total Protein 84450 AST (SGOT) 84460 ALT (SGPT) 82247 Total Bilirubin 80061 LIPID PANEL 82465 Cholesterol 84478 Triglycerides 83715 HDL 83721 LDL 83719 VLDL 80069 NEPHROLOGY (RENAL) PANEL 84295 Sodium 84132 Potassium 82435 Chloride 82374 CO2 84520 BUN 82565 Creatinine 82947 Glucose 82310 Calcium 84100 Phosphorus 82040 Albumin 80074 ACUTE HEPATITIS PANEL 86705 Hbc AB IgM 86709 HAV IgM 87340 HBs AG 86803 HEP C Ab 80076 HEPATIC FUNCTION (LIVER) PANEL 84075 ALK Phos 82040 Albumin 84155 Total Protein 84450 AST (SGOT) 84460 ALT (SGPT) 82247 Total Bilirubin 82248 Direct Bilirubin 82977 GGT
Endocrinology						
___ 84443 TSH	___ 83001 FSH	___ 82533 Cortisol	___ 83970 iPTH	___ 83036 Hgb A1C		
___ 84439 Free T4	___ 83002 LH	___ 83525 Insulin	___ 84702 BHCG Quant.			

Additional Test(s) Not Listed Above:

MEDICARE/MEDICAID NOTICE

PHYSICIANS SHOULD ONLY ORDER TESTS THAT ARE MEDICALLY NECESSARY FOR THE DIAGNOSIS OR TREATMENT OF A PATIENT, RATHER THAN FOR SCREENING PURPOSES.

For Laboratory Use Only: TOTAL TESTS ORDERED:

Updated 9/2023