NewYork-Presbyterian Brooklyn Methodist Hospital
Department of Pathology and Laboratory Medicine

Laboratory Add-On Request Form

Ordering Physician Name (Must Print Legibly): _____

Ordering Physician Signature (Must Print Legibly): _____

Date: _____ Time: _____ CWID: _____

Call Back Number (Must Print Legibly): _____

Patient Name (Must Print Legibly): _____

Patient MRN (Must Print Legibly): _____

*****Add-on of the approved tests below allowed within 12 hours of collection unless otherwise noted below.**

- ☐ CK
- ☐ Cortisol
- ☐ CRP (Inflammation)
- ☐ Cardiac CRP (hsCRP)
- ☐ Direct Bilirubin
- ☐ Haptoglobin
- ☐ Hepatic Panel
- ☐ LDH
- ☐ Lipase
- ☐ Magnesium
- ☐ Parathyroid Intact
- ☐ Phosphorus
- ☐ Triglycerides
- ☐ TSH without Reflex
- ☐ Ferritin
- ☐ Reticulocyte Count
- ☐ BMP (add-on allowed within 2 hours of collection)
- ☐ CMP (add-on allowed within 2 hours of collection)
- ☐ Request Slide/Smear (Department Affiliation: _____)

Please contact Microbiology directly for add on requests (718-780-3660).

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