

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: _____ CWID: _____

Date: _____ Time: _____ Call Back Number: _____

Patient Name (Must Print Legibly): _____

Patient MRN (Must Print Legibly): _____

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

CK

Lipase

Cortisol

Magnesium

CRP (Inflammation)

Parathyroid Intact

Cardiac CRP (hsCRP)

Phosphorus

Direct Bilirubin

Triglycerides

Haptoglobin

TSH without Reflex

Hepatic Panel

Ferritin

LDH

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: _____)

Other Requested Test(s) (requires review by lab for approval): _____

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