



Clinical Laboratory – Extended Downtime Order Request

Patient Name:		Ordering Provider: <small>Please print full name</small>	
DOB:	<input type="checkbox"/> Male <input type="checkbox"/> Female <small>*Gender assigned at birth</small>	Provider Address: <small>Only necessary if provider address is different than receiving lab</small>	
MRN:		Provider Signature (Req):	
Specimen Collection Date/Time:		Referring Phone:	
Collection Nurse/Phleb: <small>Please print full name</small>		<input type="checkbox"/> Phone	<input type="checkbox"/> Fax
		CC Results to:	
Indicate Number of Tubes Submitted: Blue [] Gold [] Red [] Green [] Lav [] Gray [] Urine [] Swab []			
Unit/Floor/Dept:		Tube Station:	
Patient Insurance (Req):		Name of person taking verbal order:	
Indications, Diagnosis, SX, ICD-10:		<input type="checkbox"/> STAT Order <input type="checkbox"/> Downtime <input type="checkbox"/> Verbal Order <input type="checkbox"/> Readback	

**In accordance with CLIA '88 regulations, all verbal orders must be followed up with the ordering provider's signature.

Please sign this verbal order and return to the Laboratory _____ at fax# _____

Physician Signature Attempts: Please document Date, Time and your Initials. 1) _____ 2) _____

Place downtime labels in this space

System Connect Fax numbers
Lab Orders main fax: (208) 706-5855
Lab Orders 2nd Fax: (208) 706-9812

When ordering tests for which Medicare reimbursement will be sought, licensed Providers should only order tests that are medically necessary for the diagnosis or treatment of a patient.

Chemistry	Chemistry	Urine Testing	Molecular/Misc
<input type="checkbox"/> Acetaminophen	<input type="checkbox"/> SGOT/AST	<input type="checkbox"/> Creatinine Clearance (include HT/WT)	<input type="checkbox"/> Chlamydia (NAA) <input type="checkbox"/> GC (NAA)
<input type="checkbox"/> Albumin	<input type="checkbox"/> SGPT/ALT	HT: _____ WT: _____	<input type="checkbox"/> COVID-19
<input type="checkbox"/> Alcohol [ETOH]	<input type="checkbox"/> Sodium	<input type="checkbox"/> Drug Screen, Urine	<input type="checkbox"/> Clostridium difficile Stool
<input type="checkbox"/> Alkaline Phosphatase	<input type="checkbox"/> Tacrolimus Time/Dose: _____	<input type="checkbox"/> Beta HCG Screen, Urine	<input type="checkbox"/> Enteric Bacterial Screen (PCR)
<input type="checkbox"/> Ammonia	<input type="checkbox"/> Tegretol Level	<input type="checkbox"/> Legionella AG, Urine	<input type="checkbox"/> Enteric Parasitic Screen (PCR)
<input type="checkbox"/> Amnisure	<input type="checkbox"/> Tobramycin Time/Dose: _____	<input type="checkbox"/> Microalbumin, Urine	<input type="checkbox"/> Enteric Viral Screen (PCR)
<input type="checkbox"/> Beta HCG, Serum Quantitative	<input type="checkbox"/> Triglycerides	<input type="checkbox"/> Strep pneumoniae AG, Urine	<input type="checkbox"/> HSV 1 & 2 (PCR) <input type="checkbox"/> VZV (PCR)
<input type="checkbox"/> Beta HCG Screen, Serum	<input type="checkbox"/> Troponin	<input type="checkbox"/> Total Protein, Urine	<input type="checkbox"/> MRSA/SA Screen (PCR)
<input type="checkbox"/> Beta-hydroxybutyrate	<input type="checkbox"/> TSH (Thyroid Stim. Hormone)	<input type="checkbox"/> Urinalysis, C&S if indicated	<input type="checkbox"/> Occult Blood
<input type="checkbox"/> Bilirubin, Direct	<input type="checkbox"/> Uric Acid	<input type="checkbox"/> Urine Culture	<input type="checkbox"/> Rapid Respiratory Panel (PCR)
<input type="checkbox"/> Bilirubin, Total	<input type="checkbox"/> Vancomycin Time/Dose: _____	Select the Urine Specimen Source	<input type="checkbox"/> Rapid RSV (NAA)
<input type="checkbox"/> Blood Gases (Select Source)	<input type="checkbox"/> Valproic Acid	<input type="checkbox"/> Urine, Clean Catch	<input type="checkbox"/> Rapid Influenza A&B (NAA)
<input type="checkbox"/> Arterial <input type="checkbox"/> Venous <input type="checkbox"/> Cord	Chemistry Panels	<input type="checkbox"/> Urine, Indwelling Catheter	<input type="checkbox"/> Rapid Strep A (NAA)
<input type="checkbox"/> BNP NT Pro	<input type="checkbox"/> Electrolytes (Na, K, Cl, CO2)	<input type="checkbox"/> Urine, Straight/Mini Cath	<input type="checkbox"/> Vaginitis Panel
<input type="checkbox"/> BUN	<input type="checkbox"/> Basic Metabolic Panel (Na, K, Cl, CO2, Glu, Crea, BUN, Ca),	<input type="checkbox"/> Urine, Timed	<i>*Write in Lab Order: must be approved by laboratory Medical Director.</i>
<input type="checkbox"/> C-Reactive Protein	<input type="checkbox"/> Comprehensive Metabolic Panel (Na, K, Cl, CO2, Glu, Crea, BUN, CA Alb, Tot Bili, Tot Protein, Alk Phos, SGPT/ALT, SGOT/AST)	<input type="checkbox"/> Other: _____	
<input type="checkbox"/> CK	<input type="checkbox"/> Hepatic Function (Alb, Bili, Total and Direct, Alk Phos, Tot Protein, SGPT/ALT, SGOT/AST)	Body Fluid/CSF	
<input type="checkbox"/> Calcium	<input type="checkbox"/> Renal Function (NA, K, Cl, CO2, Crea, BUN, Glu, Alb, Ca, Phos)	<input type="checkbox"/> BF Culture/Gram	
<input type="checkbox"/> Creatinine		Source: _____	
<input type="checkbox"/> Cyclosporin Time/Dose: _____		<input type="checkbox"/> Cell Count/Diff (CSF)	
<input type="checkbox"/> Digoxin		<input type="checkbox"/> Cell Count/Diff (Other BF)	
<input type="checkbox"/> Dilantin		Source: _____	
<input type="checkbox"/> Fetal Fibronectin		<input type="checkbox"/> CSF Culture/Gram	
<input type="checkbox"/> Gentamicin Time/Dose: _____		<input type="checkbox"/> CSF Glucose	
<input type="checkbox"/> Glucose, Fasting		<input type="checkbox"/> CSF Protein	
<input type="checkbox"/> Glucose, Non-Fasting (PP)	Hematology	Microbiology	
<input type="checkbox"/> Iron/TIBC	<input type="checkbox"/> CBC with Platelet/Auto diff	<input type="checkbox"/> Acid Fast Bacilli (AFB)	Source: _____
<input type="checkbox"/> Lactic Acid	<input type="checkbox"/> ESR/Sed Rate	<input type="checkbox"/> Aerobic Culture/Gram	Source: _____
<input type="checkbox"/> LDH	<input type="checkbox"/> Hemoglobin/Hematocrit	<input type="checkbox"/> Anaerobic Culture	Source: _____
<input type="checkbox"/> Lipase	<input type="checkbox"/> Retic Count	<input type="checkbox"/> Blood Culture	Source: _____
<input type="checkbox"/> Lithium Level	Coagulation	<input type="checkbox"/> CF Respiratory Culture	Source: _____
<input type="checkbox"/> Magnesium	<input type="checkbox"/> APTT	<input type="checkbox"/> Culture for Specific Organism	Source: _____
<input type="checkbox"/> Mono Screen	<input type="checkbox"/> AT3	List Organism: _____	Source: _____
<input type="checkbox"/> Phosphorus	<input type="checkbox"/> D-Dimer, Quantitative	<input type="checkbox"/> Fungal Culture	Source: _____
<input type="checkbox"/> Potassium	<input type="checkbox"/> Fibrinogen	<input type="checkbox"/> Grp A Strep (rapid w/culture reflex)	Source: _____
<input type="checkbox"/> Prealbumin	<input type="checkbox"/> Heparin, Unfractionated	<input type="checkbox"/> Grp B Strep Culture	Source: _____
<input type="checkbox"/> Procalcitonin	<input type="checkbox"/> Heparin, LMW	<input type="checkbox"/> Respiratory Culture/Gram	Source: _____
<input type="checkbox"/> Salicylate	<input type="checkbox"/> Prottime/INR	<input type="checkbox"/> Throat Culture	Source: _____
	<input type="checkbox"/> Thrombin Time	*Refer to separate Blood Bank TX09-077 and Histology specific downtime forms. TX09-207,	