



## Clinical Laboratory – Outpatient/Verbal/Downtime Order Request

\*Note: This order is intended to be used during a short downtime. Extended downtimes use TX09-095xa SLHS

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):
<b>Specimen Collection</b> Date/Time:	Referring Phone:
Collection Nurse/Phleb: <small>Please print full name</small>	<input type="checkbox"/> Phone <input type="checkbox"/> Fax
Indicate Number of Tubes Submitted: Blue [ ] Gold [ ] Red [ ] Green [ ] Lav [ ] Gray [ ] Urine [ ] Swab [ ]	CC Results to:
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) \_\_\_\_\_

3) \_\_\_\_\_

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	Chemistry	Chemistry Panels
<input type="checkbox"/> Acetaminophen	<input type="checkbox"/> Estradiol	<input type="checkbox"/> Salicylate	<input type="checkbox"/> Electrolytes (Na, K, Cl, CO2)
<input type="checkbox"/> Alcohol (ETOH)	<input type="checkbox"/> Ferritin	<input type="checkbox"/> Tacrolimus Time/Dose: _____	<input type="checkbox"/> Basic Metabolic Panel (Na, K, Cl, CO2, Glu, Crea, BUN, Ca)
<input type="checkbox"/> Alpha 1 Anti-Trypsin	<input type="checkbox"/> Fetal Fibronectin	<input type="checkbox"/> Tegretol Level	<input type="checkbox"/> Comprehensive Metabolic Panel (Na, K, Cl, CO2, Glu, Crea, BUN, Ca, Alb, Tot Bili, Tot Protein, Alk Phos, ALT, AST)
<input type="checkbox"/> Ammonia	<input type="checkbox"/> Folate	<input type="checkbox"/> Tobramycin Time/Dose: _____	<input type="checkbox"/> Hepatic Function (Alb, Bili, Total and Direct, Alk Phos, Tot Protein, ALT, AST)
<input type="checkbox"/> Amylase	<input type="checkbox"/> FSH	<input type="checkbox"/> Testosterone	<input type="checkbox"/> Renal Function (NA, K, Cl, CO2, Crea, BUN, Glu, Alb, Ca, Phos)
<input type="checkbox"/> ANA Screen by IFA w/reflex to Titer and Pattern	<input type="checkbox"/> Gentamicin Time/Dose: _____	<input type="checkbox"/> Testosterone Free and Total	<input type="checkbox"/> Lipid Profile (Chol, Trig, HDL, LDL, VLDL, Chol/HDL ratio) with reflex to dLDL if Trig >400
<input type="checkbox"/> Anti-Peroxidase Ab (Anti TPO)	<input type="checkbox"/> Glucose, Fasting	<input type="checkbox"/> Troponin I	<b>Hematology</b>
<input type="checkbox"/> Anti-Thyroglobulin Ab	<input type="checkbox"/> Glucose, Non-Fasting (PP)	<input type="checkbox"/> Treponemal Ab with Reflex	<input type="checkbox"/> CBC with Auto Diff
<input type="checkbox"/> B-12	<input type="checkbox"/> Glycohemoglobin/A1C	<input type="checkbox"/> TSH (Thyroid Stim. Hormone)	<input type="checkbox"/> ESR/Sed Rate
<input type="checkbox"/> Beta HCG, Serum Quantitative	<input type="checkbox"/> HIV (4 <sup>th</sup> gen) with Reflex	<input type="checkbox"/> TSH Reflexing Cascade	<input type="checkbox"/> Hemoglobin/Hematocrit
<input type="checkbox"/> Beta HCG Screen, Serum	<input type="checkbox"/> Homocysteine	<input type="checkbox"/> T3, Free	<input type="checkbox"/> Hemogram
<input type="checkbox"/> Beta-hydroxybutyrate	<input type="checkbox"/> Immunoglobulin <input type="checkbox"/> IgA <input type="checkbox"/> IgG <input type="checkbox"/> IgM	<input type="checkbox"/> T3, Total	<input type="checkbox"/> Platelet Count
<input type="checkbox"/> Bilirubin, Direct	<input type="checkbox"/> Iron/TIBC	<input type="checkbox"/> T4, Free	<input type="checkbox"/> Retic Count
<input type="checkbox"/> Bilirubin, Total	<input type="checkbox"/> Lactic Acid	<input type="checkbox"/> T4, Total	<b>Coagulation</b>
<input type="checkbox"/> Blood Gases (Select Source)	<input type="checkbox"/> LDH	<input type="checkbox"/> TTG, IgA	<input type="checkbox"/> APTT
<input type="checkbox"/> Arterial <input type="checkbox"/> Venous <input type="checkbox"/> Cord	<input type="checkbox"/> Lipase	<input type="checkbox"/> Uric Acid	<input type="checkbox"/> AT3
<input type="checkbox"/> BNP NT Pro	<input type="checkbox"/> Lithium Level	<input type="checkbox"/> Vancomycin Time/Dose: _____	<input type="checkbox"/> Antiphospholipid Panel
<input type="checkbox"/> C-Reactive Protein	<input type="checkbox"/> Luteinizing Hormone	<input type="checkbox"/> Valproic Acid	<input type="checkbox"/> D-Dimer, Quantitative
<input type="checkbox"/> C-Reactive Prot, High Sensitivity	<input type="checkbox"/> Magnesium	<input type="checkbox"/> Vitamin D 25 OH	<input type="checkbox"/> Fibrinogen
<input type="checkbox"/> CA 125 (Ovarian)	<input type="checkbox"/> Mono Screen	<b>Prenatal</b>	<input type="checkbox"/> Heparin, Unfractionated
<input type="checkbox"/> CA 19-9	<input type="checkbox"/> Osmolality, Blood	<input type="checkbox"/> Amniure	<input type="checkbox"/> Heparin, LMW
<input type="checkbox"/> Calcium, Ionized	<input type="checkbox"/> Phosphorus	<input type="checkbox"/> Prenatal Workup w/ HIV	<input type="checkbox"/> Prottime/INR
<input type="checkbox"/> CEA	<input type="checkbox"/> Prealbumin	<input type="checkbox"/> Progesterone	<input type="checkbox"/> Thrombin Time
<input type="checkbox"/> CK	<input type="checkbox"/> Procalcitonin	<input type="checkbox"/> Prolactin	
Complement <input type="checkbox"/> C3 <input type="checkbox"/> C4	<input type="checkbox"/> PSA, Total (Diagnostic)	<b>Prenatal Risk Profiles</b>	
Cortisol <input type="checkbox"/> Random <input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> PSA, Total (Screening)	<input type="checkbox"/> AFP, Maternal Serum Screen	
<input type="checkbox"/> Cyclosporin Time/Dose: _____	<input type="checkbox"/> PSA, Total w/ reflex to Free	<input type="checkbox"/> PRP4/Quad Screen (AFP, HCG, Estriol, Inhibin, + Risk Assessment)	
<input type="checkbox"/> Digoxin	<input type="checkbox"/> PSA, Free and Total	<i>Requires Form Completion</i>	
<input type="checkbox"/> Dilantin	<input type="checkbox"/> PTH, Intact & Calcium		
<input type="checkbox"/> Epstein Barr Antibody Panel	<input type="checkbox"/> Rheumatoid Factor		
	<input type="checkbox"/> Rubella Screen		



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Glucose Tolerance Testing	Urinalysis & Culture	24 Hour Urine Testing	Molecular/Miscellaneous
<input type="checkbox"/> Gestational GTT 1 hr (50 gm)	<input type="checkbox"/> Urinalysis with Reflex to Micro <input type="checkbox"/> With C&S if indicated	<input type="checkbox"/> Creatinine Clearance HT:            WT:	<input type="checkbox"/> Chlamydia & GC Aptima
<input type="checkbox"/> Gestational GTT 2 hr (75 gm)	<input type="checkbox"/> Urine Culture	<input type="checkbox"/> Total Protein	<input type="checkbox"/> Chlamydia Aptima only
<input type="checkbox"/> Gestational GTT 3 hr (100 gm)	Source:	<b>Body Fluid/CSF</b>	<input type="checkbox"/> GC Aptima only
<input type="checkbox"/> Non-Gestational GTT 2 hr (75 gm)	<input type="checkbox"/> Clean Catch <input type="checkbox"/> Straight/Mini Cath	<input type="checkbox"/> BF Culture/Gram	<input type="checkbox"/> HSV 1 & 2 (PCR) <input type="checkbox"/> VZV (PCR)
Hepatitis Testing	<input type="checkbox"/> Indwelling Catheter <input type="checkbox"/> Pedi Bag	Source: <input type="checkbox"/> Ascites <input type="checkbox"/> Peritoneal	<input type="checkbox"/> Influenza A&B (NAAT)
<input type="checkbox"/> Acute Hepatitis (Hep A IgM, Hep B Core IgM, Hep B Surface Ag, HCV Ab)	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Pleural <input type="checkbox"/> Other: _____	<input type="checkbox"/> MRSA/SA Screen (PCR)
<input type="checkbox"/> Hepatitis A Antibody, Total	<b>Random Urine Testing</b>	<input type="checkbox"/> BF Cell Count/Differential	<input type="checkbox"/> Rapid Respiratory Panel (PCR)
<input type="checkbox"/> Hepatitis A Ab, IgM (Anti-HAV)	<input type="checkbox"/> Beta HCG Urine Pregnancy	<input type="checkbox"/> BF Total Protein	<input type="checkbox"/> Rapid RSV (NAAT)
<input type="checkbox"/> Hepatitis B Core Ab, IgM	<input type="checkbox"/> Drug Screen	<input type="checkbox"/> BF LDH	<input type="checkbox"/> Rapid Strep A (NAAT)
<input type="checkbox"/> Hepatitis B Core Ab, Total	<input type="checkbox"/> Microalbumin	<input type="checkbox"/> BF Crystals	<input type="checkbox"/> Vaginitis Panel (Candida (x3), BV Trichomonas)
<input type="checkbox"/> Hep B Surface Antigen (HbsAg) with Reflex	<input type="checkbox"/> Urine Creatinine	<input type="checkbox"/> CSF Culture/Gram	<b>Additional Tests</b>
<input type="checkbox"/> Hep B Surface Antibody (HbsAb)	<input type="checkbox"/> Urine Osmolality	Source: <input type="checkbox"/> Lumbar <input type="checkbox"/> Other: _____	<i>Indicate any additional tests. Many panel tests may be ordered individually.</i>
<input type="checkbox"/> Hepatitis C Antibody (Anti-HCV)	<input type="checkbox"/> Urine Total Protein	<input type="checkbox"/> CSF Cell Count/Differential	
	<input type="checkbox"/> Legionella AG	<input type="checkbox"/> CSF Glucose	
	<input type="checkbox"/> Strep pneumoniae AG	<input type="checkbox"/> CSF Protein	
		<b>Blood Bank Testing</b>	
		<input type="checkbox"/> ABO, Rh	
		<input type="checkbox"/> ABO, Rh, Antibody Screen	
		<input type="checkbox"/> Antibody Titer	
		RHIG Workup	
		<input type="checkbox"/> <20 Weeks Gestation	
		<input type="checkbox"/> >= 20 Weeks Gestation	
		<input type="checkbox"/> Postpartum	

Acid Fast Bacilli	Miscellaneous Microbiology	Bacteriology
<input type="checkbox"/> Acid Fast Bacilli Cult & Smear	<input type="checkbox"/> Cryptococcal Ag <input type="checkbox"/> Serum <input type="checkbox"/> CSF	<input type="checkbox"/> Aerobic (Routine) Culture/Gram   Source: _____
<input type="checkbox"/> Acid Fast Bacilli Smear only	<input type="checkbox"/> Lactoferrin	<input type="checkbox"/> Anaerobic Culture   Source: _____
Source: _____	<input type="checkbox"/> Pneumocystis DFA	<input type="checkbox"/> Blood Culture   Source: _____
<input type="checkbox"/> QuantiFERON Gold	<input type="checkbox"/> Wet Mount (KOH)	<input type="checkbox"/> Catheter Tip Culture   Source: _____
Stool Testing		<input type="checkbox"/> CF Respiratory Culture   Source: _____
<input type="checkbox"/> <i>Clostridium difficile</i> Stool	<input type="checkbox"/> Parasitology Exam with Travel History Concentration and Trichrome indicated for patients with the following history:	<input type="checkbox"/> Culture for Specific Organism List Organism: _____   Source: _____
<input type="checkbox"/> Enteric Bacterial Screen (PCR) (Salmonella, Shigella, E. coli (EHEC & EIEC), Shiga Toxin 1&2, Campylobacter)	<input type="checkbox"/> Persistent undiagnosed diarrhea	<input type="checkbox"/> Fungal Culture   Source: _____
<input type="checkbox"/> Enteric Parasitic Screen (PCR) (Cryptosporidium, Giardia & E. histolytica)	<input type="checkbox"/> Immunosuppressed	<input type="checkbox"/> Group A Strep Culture   Source: <input type="checkbox"/> Rectal <input type="checkbox"/> Throat
<input type="checkbox"/> Enteric Viral Screen (PCR) (Norovirus, Rotavirus, Adenovirus Sapovirus, Human Astrovirus)	<input type="checkbox"/> Travel or immigration from developing country	<input type="checkbox"/> Group B Strep Culture   Source: _____
<input type="checkbox"/> Occult Blood	Specify Country: _____	<input type="checkbox"/> Respiratory Culture/Gram   Source: _____
<input type="checkbox"/> Pinworm	<input type="checkbox"/> FIT Testing	<input type="checkbox"/> Throat Culture   Source: _____
		Additional Comments