

 **Harris Methodist Hospital - Alliance**

**Downtime Laboratory Order and Report Form**

**Collection Date/Time \_\_\_\_\_\_\_\_\_\_\_ Collector ID \_\_\_\_\_\_\_\_ (also write on specimen container)**

**Patient Chart Label Here**

\*No need to fill out if patient chart sticker is available

\*Patient Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*MRN \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Location \_\_\_\_\_\_\_\_\_\_\_\_\_

\*Doctor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Indicate Priority - if not will be treated as Routine.**

STAT URGENT ROUTINE TIMED\_\_\_\_\_\_\_\_ (indicate time of needed collection)

***\*\*CIRCLE REQUESTED TEST \*\*CIRCLE REQUESTED TEST***

|  |  |  |
| --- | --- | --- |
| **CHEMISTRY** | **HEMATOLOGY** | **SEROLOGY** |
| PANELS | CBC w/ AUTO DIFF | C-DIFF | PREG TEST (Urine / Serum) |
| BILI – DIRECT and TOTAL | H/H | * Negative
 | * Negative
 |
| BMP | PLATELET COUNT | * Positive
 | * Positive
 |
| CMP | RETIC COUNT | * Indeterminate \*\*

\*\*Will be sent out for further testing | * Indeterminate \*\*

 \*\**b*HCG auto ordered |
| LIPID | SED RATE |
| RENAL | **BODY FLUID**CSF or **SOURCE**: CELL COUNTGLUCOSEPROTEINOTHER: | COVID / FLU / RSV / STREP | VAG PATH (BD AFFIRM) |
| COMMON ANALYTES | * Negative
 | Lab record temps with **each** specimen. Room Temp: Block Temp: |
| ACETAMINOPHEN | * Positive
 |
| ALCOHOL | FFN |
| AMMONIA | * Negative
 | * NEGATIVE
 |
| *b*HCG QUANT | * Positive
 | * POSITIVE \*\*
 |
| BNP | **COAGULATION** | OCCULT BLOOD / GASTRIC | \*\*If VagPath **Positive**, circle organism *Candida* albicans *Gardnerella* vaginalis *Trichomonas* vaginalis |
| BHOB | DDIMER | * Negative
 |
| CK | FIBRINOGEN | * Positive
 |
| HS TROP or HS Baseline | PT/INR | MONO |
| IONIZED CALCIUM | aPTT | * Negative
 |  |
| LACTIC ACID | **URINALYSIS** | * Positive
 |  |
| MAGNESIUM | UA COMPLETE | ROM + |  |
| POTASSIUM | URINE DRUG SCREEN | * Negative
 | **MICROBIOLGY \*INDICATE SOURCE** |
| PROCALCITONIN (PCT) |  | * Positive
 | BLOOD CULTURES |
| HEP B Ag / Ab | **BLOOD BANK** | GC/CHLAM (urine) |
| HIV | ABO/RH TYPE | RHOGAM: | URINE CULTURE |
| T. PAL (Syphilis) | ANTIBODY SCREEN | * ASSESSMENT (<20)
 | Other Culture w/ Source: |
| VBG (Venous Blood Gas) | CORD Workup | * WORK-UP (>20)
 |  |
|  | CROSSMATCH |  |  |
| DRUGS | * Number of Units:
 | Other BB Test(S): | **OTHER TEST(s):** |
| DIGOXIN | * Special Requirements:
 |  |  |
| SALICYLATE |  CMV NEG |  |  |
| VANCOMICIN | IRRADIATED |  |  |
|  | SICKLE CELL NEG |  |  |
|  |  |  |  |
|  |

**\*\*\*\*CRITICAL CALL INFORMATION**:

Date/Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Spoke to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Tech Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_